

addition to other immunomodulators, such as cyclophosphamide or rituximab.

**Objectives:** To present a case of a 64 year-old patient who came to the emergency service of our hospital with long-standing anxiety, irritability, recurrent amnesic failures, visual hallucinations and recent-onset episodes of aggressiveness with his family. He required admission to the psychiatry department and was finally diagnosed with autoimmune anti-NMDA encephalitis by detecting antibodies in blood and CSF.

**Methods:** Clinical case presentation and literature review of cases, focusing on psychotic symptoms.

**Results:** A 65-year-old patient who was being studied by neurology and psychiatry departments for cognitive impairment and psychotic symptoms was admitted to Neurology after a positive lumbar puncture result for NMDA antibodies. During admission, the patient continued with a significant behavioral alteration that gradually remitted with the use of Quetiapine, corticosteroids and rituximab.

**Conclusions:** NMDA-encephalitis has a highly variable clinical presentation, which can lead to confusion with infectious etiology or psychiatric disorders, making the diagnosis difficult, which is only possible by detecting anti-NMDA antibodies in CSF. Recognition of the disease and coordination between services is essential for early diagnosis and treatment.

**Disclosure:** No significant relationships.

**Keywords:** Treatment; Encephalitis; Psychosis; Anti-NMDA

## EPV1676

### Efficacy of tPBM on ADHD symptoms and Executive Function Deficits in Adults with high-functioning Autism Spectrum Disorder

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**Introduction:** Executive function (EF) deficits are often associated with Autism Spectrum Disorder (ASD), even in the absence of Attention Deficit Hyperactivity Disorder (ADHD) diagnosis. To date, no approved medication treatments exist for EF deficits associated with ASD.

**Objectives:** To assess the efficacy of transcranial photobiomodulation (tPBM) on EF in adults with ASD.

**Methods:** Adults (18-59) with high-functioning (HF)-ASD received twice a week tPBM for 8 weeks in an open-label single group design. ASD and EF deficits were assessed by clinician-rated Clinical Global Impression Scale and patient-rated scales of Behavior Rating Inventory of Executive Function-Adult (BRIEF-A).

**Results:** Eleven participants were enrolled. Ten participants completed the study. Nine participants who completed the study had comorbid ADHD diagnosis. All 10 participants were included in efficacy analyses of EF deficits. Statistically significant improvements in executive function deficits were found in BRIEF-A total score and in subdomains of Inhibition, Emotional Control, Planning and Organization, Organization of Materials, Behavioral Regulation, Metacognitive Index and Global Executive Control.

All participants were found to have mild to moderate improvement in their ADHD symptom severity per clinician rated CGIs. Statistically significant improvements in ADHD symptoms were noted in self-rated scales. No adverse events required changes in tPBM protocol.

**Conclusions:** tPBM is a safe and feasible treatment approach that has the potential to treat core features of ASD. Further research is necessary and warranted.

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**Keywords:** Transcranial Photobiomodulation; Autism Spectrum Disorder; attention-deficit/hyperactivity disorder

## EPV1678

### Comparative analysis of impulsivity profiles in adult Attention Deficit Hyperactivity Disorder and Borderline Personality Disorder

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**Introduction:** High levels of impulsive behavior represent a core symptom of different psychiatric conditions, such as Attention Deficit Hyperactivity Disorder (ADHD), Borderline Personality Disorder (BPD), impulse control and conduct disorders, bulimia nervosa, substance use disorders, and other maladaptive behaviors. Impulsivity is a multidimensional construct, having at least three factors.

**Objectives:** Our aim was to describe the impulsivity profile in adult ADHD and BPD patients in comparison with a healthy control group, taking into consideration the different impulsivity factors.

**Methods:** aADHD (n=80) and BPD Patients (n=60) were recruited, based on the DSM-5 criteria. Control subjects (n=80) were screened using Derogatis Symptom Checklist (SCL-90). Comorbidities were assessed by structured clinical interviews. Participants were further investigated with online questionnaires including the Barratt Impulsiveness Scale (BIS-11), Difficulties in Emotion Regulation Scale (DERS), and neuropsychological tests, like Rogers' decision-making test.

**Results:** Based on the BIS-11 and DERS results, significantly higher levels of impulsivity (motor, attentional, non-planning) and difficulties in emotion regulation were present both in the aADHD and BPD groups, compared to the control group. Impulsivity factors were more characteristic to aADHD, emotion dysregulation was more specific to BPD. In the Rogers test, aADHD group was significantly slower in decision-making, while in BPD decision quality and risk-taking were affected.

**Conclusions:** Impulsivity profiles of the two disorders are different, which leads to the assumption of potentially altered pathway of developing impulsive behavior. As a neuropsychiatric condition,