

Objectives: The aims of the present study are to describe the clinical characteristics of patients with BD more frequently associated with the different affective temperaments and to verify which affective temperaments are associated with a more severe clinical picture in a sample of patients with BD.

Methods: All patients with BD referring to the outpatient units of two Italian university sites have been recruited. Patients' psychiatric symptoms, affective temperaments, and quality of life were investigated through validated assessment instruments.

Results: 199 patients were recruited. 54.8% of patients had a diagnosis of bipolar I disorder. 56.8% of the sample reported at least one episode of aggressive behaviours and 30.2% of suicidal attempt. Predominant cyclothymic and irritable temperaments predicted more frequent relapses, a poorer quality of life ($p < 0.05$), more aggressive behaviours and suicide attempts ($p < 0.01$). The predominant hyperthymic disposition was a protective factor for several outcome measures, including relapses and suicidality ($p < 0.01$), and was correlated with a less severity of psychiatric symptoms and later age at onset ($p < 0.05$).

Conclusions: Early identification of affective temperaments in BD patients can help clinicians to identify those who could show a worse prognosis. A screening of affective temperaments can be useful to develop early targeted integrated pharmacological and psychosocial interventions.

Disclosure: No significant relationships.

Keywords: bipolar disorder; temperament; symptom; Screening

O019

The role of Vit D and parathyroid hormone in clinical severity of patients with bipolar disorder

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Introduction: Vitamin D modulates the biosynthesis of neurotransmitters and neurotrophic factors, thus influencing mood and its alterations. Decreased blood levels of Vitamin D are involved in many psychiatric disorders, in particular, affective disorders. As regards bipolar disorder (BD), an association between vitamin D deficiency and severity of illness has been found.

Objectives: In this observational study, we assessed calcium homeostasis imbalance in a sample of patients with BD; in particular, we explored whether serum levels of PTH, Vitamin D and calcium influence the clinical presentation of BD and its symptom severity.

Methods: All patients were administered with validated assessment instruments to assess psychopathology, affective temperaments and global functioning. Vitamin D and PTH levels were assessed in all patients. An ad hoc schedule was administered for socio-demographic and clinical characteristics.

Results: The total sample consisted of 199 patients (females: 51%; mean age: 47.1 ± 13.2 years). Levels of serum PTH were directly correlated with the total number of hospitalizations ($p < 0.01$), and of depressive ($p < 0.0001$), manic ($p < 0.001$) and hypomanic episodes ($p < 0.01$). Serum levels of Vitamin D were positively

associated with age at first psychiatric contact and were inversely correlated with the total number of depressive episodes ($p < 0.05$) and cyclothymic temperament ($p < 0.05$).

Conclusions: Increased levels of PTH and Vit D correlate with a worse clinical outcome of patients with BD. Our results highlight the importance to routinely assess PTH, Vit D and calcium levels in BD patients. Moreover, vitamin D may represent a valid add-on treatment for these patients.

Disclosure: No significant relationships.

Keywords: bipolar disorder; vitamin D; symptoms; calcium levels

O020

Predicting functional outcome in bipolar patients: Effects of cognitive psychoeducational group therapy after 12 months

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Introduction: Cognitive impairment is known as a core feature in bipolar patients. Persisting neurocognitive impairment has been associated with low psychosocial functioning.

Objectives: The goal of this work was to identify clinical and cognitive predictors for functional impairment, symptom severity and early recurrence in bipolar disorder, as well as to compare the neurocognitive performance of bipolar patients with that of healthy probands.

Methods: 43 remitted bipolar patients and 40 healthy controls were compared using a neurocognitive battery testing specifically attention, memory, verbal fluency and executive functions. In a randomized controlled trial, the 43 remitted patients were assigned to two treatment conditions as add-on to state-of-the-art pharmacotherapy: cognitive psychoeducational group therapy over 14 weeks or treatment-as-usual. At 12 months after therapy, functional impairment and severity of symptoms were assessed.

Results: As compared to healthy probands, bipolar patients showed lower performance in executive function (perseverative errors $p < 0.01$, categories correct $p < 0.001$), sustained attention (total hits $p < 0.001$), verbal learning (delayed recall $p < 0.001$) and verbal fluency (pwords $p < 0.002$). Cognitive psychoeducational group therapy and attention predicted occupational functioning with a hit ratio of 87.5%. Verbal memory recall was found to be a predictor for symptom severity (hit ratio 86.8%). Recurrence in the follow-up period was predicted by premorbid IQ and by years of education (hit ratio 77.8%).

Conclusions: Our data show that bipolar patients benefit from cognitive psychoeducational group therapy in the domain of occupational life. Reductions in sustained attention have an impact on occupational impairment.

Disclosure: No significant relationships.

Keywords: cognition; psychosocial functioning; cognitive psychoeducational group therapy; bipolar disorder

O021

Personal autonomy and hopelessness are associated with antidepressant drugs prescription in currently euthymic bipolar patients

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Introduction: The patterns and clinical correlates related to antidepressant drugs (ADs) prescription for BD remain poorly understood.

Objectives: This study aimed to compare socio-demographic and clinical features of BD patients treated vs. not treated with ADs.

Methods: The sample consists of 287 currently euthymic bipolar patients. Among participants (mean age=51.9±15.02), 157 (40.1%) were receiving ADs.

Results: Based on the main findings, subjects given ADs were older and more frequently retired than those without receiving ADs. Moreover, patients given ADs were more likely to have had a first major depressive episode and present with psychotic symptoms at illness onset. Lifetime substance abuse/dependence history was less frequently reported among patients given ADs. Furthermore, ADs given patients have a higher number of affective episodes, and longer duration of their illness. Additionally, subjects treated with ADs reported higher hopelessness levels, and lower positive reinterpretations than those who were not treated with ADs. Factors associated with ADs-use by multivariate modeling were reduced personal autonomy (OR=.070), and hopelessness levels (OR=1.391).

Conclusions: These results may help clinicians to better understand the clinical correlates of BD subtypes and improve their differential management. Additional studies are needed to replicate these findings, and facilitate the differential trajectories of BD patients based on socio-demographic/clinical profile.

Disclosure: No significant relationships.

Keywords: Coping Strategies; Hopelessness; antidepressant medications; bipolar disorder

O022

Cognitive function and metabolic syndrome in unipolar and bipolar depression: A pilot study

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Introduction: Cognitive function is impaired in depressive disorders. Among several factors implicated in regulation of the cognitive function, metabolic syndrome has been showed have a pivotal role cognitive functioning in healthy controls. However, the role of metabolic syndrome in regulating the cognitive functioning of subjects affected by depressive disorders is little studied.

Objectives: To investigate the effect of metabolic syndrome in regulation of cognition in unipolar and bipolar depression.

Methods: One-hundred-sixty-five people affected by a depressive disorder (unipolar depression, UP; bipolar depression, BP) were enrolled at the Psychiatric and Clinic Psychology Unit of the University of Rome Tor Vergata, Rome, Italy. A group of healthy controls (HC) matched for gender and age was enrolled. The cognitive functions were evaluated with a computerized tool, THINC-it.

Results: UP and BP had lower performances in THINC-it cognitive domains than HC. Metabolic syndrome is a negative, independent predictor of low performance in the THINC-it cognitive domains of people with depressive disorders.

Conclusions: Our findings confirm that metabolic syndrome has a prominent role in determining the cognitive efficiency in depressive disorders, independently by the presence of a unipolar or bipolar depressive disorder. Metabolic syndrome has to be considered a major factor that should be considered in the treatment strategies of cognitive functioning improvement of people affected by depressive disorders.

Disclosure: No significant relationships.

Keywords: Metabolic syndrome; cognitive function; bipolar disorder; major depressive disorder

O023

Bipolar mania with psychosis vs without psychosis: A clinical characterization with indirect measures of severity

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Introduction: The presence of psychotic symptoms is highest during acute episodes of bipolar mania. There is no evidence base regarding the implications of psychosis in the prognosis of bipolar disorder, despite common assumption that their occurrence reflects greater disease severity.

Objectives: We aim to compare sociodemographic and clinical characteristics of inpatients admitted for bipolar mania with and without psychotic features.

Methods: Retrospective observational study of inpatients admitted between January 1st 2017 and 31 October 2020 in a psychiatry inpatient unit of a tertiary hospital. Descriptive analysis of the results was performed using the SPSS software, version 26.0.

Results: Between 2017 and October 2020 there were 103 admissions due to mania bipolar I disorder, 53.4% (n=55) with psychotic symptoms. When compared with mania without psychosis, psychotic mania was associated to male gender (71.1% to 39.7%; $\chi^2(1, N = 103) = 10.06$; $p = 0.02$) and younger age ($t(103) = -2.43$; $p = 0.017$). The proportion of compulsory admissions and average length of stay were similar between mania with psychosis and