

and conceptualization of hypochondriasis/IAD may negatively interfere with the possibility of selecting homogenous groups for clinical studies.

**Disclosure of Interest:** None Declared

## EPP006

### Emotional awareness and expression therapy vs cognitive behavioural therapy in patients with chronic pain: Systematic review and Meta Analysis

N. Farid<sup>1\*</sup>, S. Reza<sup>2</sup>, K. Marvin<sup>3</sup>, R. Sabloak<sup>4</sup>, N. Belhayne<sup>5</sup>, R. Jabbar<sup>6</sup> and I. Teohar<sup>7</sup>

<sup>1</sup>Medicine, Mohiuddin Islamic medical College, Mirpur, Pakistan; <sup>2</sup>Upszilla health complax, Sitakundo, Bangladesh; <sup>3</sup>Azerbaijan Medical University, Baku, Azerbaijan; <sup>4</sup>Faculty of medicine, Sriwijaya University, Palembang, Indonesia; <sup>5</sup>Faculty of rehabilitation sciences and health techniques, Universiapolis University, Agadir, Morocco; <sup>6</sup>Fatima Memorial Hospital, FMHCMD, Lahore, Pakistan and <sup>7</sup>Department of Physical and Rehabilitation Medicine, The Clinical Rehabilitation Hospital of Cluj-Napoca, Cluj Napoca, Romania

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.376

**Introduction:** Emotional awareness and expression therapy (EAET) is a newer approach that focuses on identifying and expressing repressed emotions. While cognitive behavioural therapy (CBT) has ample evidence supporting its efficacy, the benefits provided by EAET are still unknown.

**Objectives:** We aimed to compare the efficacy of EAET versus CBT in treating chronic pain and stress-related conditions.

**Methods:** We systematically searched PubMed, Embase, Cochrane and Web of Science databases for randomized controlled trials (RCTs) comparing EAET with CBT in patients with chronic pain. Statistical analysis was performed using Review Manager 8.1.1 (Cochrane Collaboration). Heterogeneity was assessed by  $I^2$ . We pooled mean differences (MD) with 95% confidence intervals (CI). Reduction in pain severity was assessed using brief pain inventory (BPI), anxiety by PROMIS anxiety short form 7a, sleep disturbances by PROMIS sleep disturbances short form 8a and satisfaction with life by NIH toolbox general life satisfaction fixed form B.

**Results:** Three RCTs reporting data on 333 patients were included. Among them, 173 (52%) received EAET and 160 (48%) received CBT. Follow-up ranged from 3 to 6 months. The mean age of patients between studies ranged from 48 to 75 years. EAET significantly reduced pain severity (MD -0.93 points; 95% CI -1.63 to -0.23 ;  $p=0.009$ ;  $I^2 = 81\%$ ) compared with CBT. There were no differences in anxiety (MD -1.62 points; 95% CI -4.30 to 1.05 ;  $p=0.23$ ;  $I^2 = 91\%$ ), Sleep disturbance (MD -0.21 points; 95% CI -0.55 to 0.12;  $p=0.22$ ;  $I^2 = 55\%$ ) and satisfaction with life (MD 0.71 points; 95% CI -0.24 to 1.65 ;  $p=0.14$ ;  $I^2=94\%$ ).

**Conclusions:** In patients with chronic pain, EAET was associated with a greater reduction in pain severity compared with CBT.

**Disclosure of Interest:** None Declared

## Bipolar Disorders

### EPV0188

#### Assessment of suicide risk in stabilized bipolar patients

M. Abdelkefi<sup>1\*</sup>, S. Ellouze<sup>1</sup>, I. Chaari<sup>1</sup>, N. Bouattour<sup>1</sup>, R. Jbir<sup>1</sup>, N. Halouani<sup>1</sup>, M. Turki<sup>1</sup> and J. Aloulou<sup>1</sup>

<sup>1</sup>Psychiatry B, Hedi Chaker university hospital, Sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1039

**Introduction:** Suicide risk is a significant concern in bipolar disorder, with a notably higher rate of suicidal behaviors compared to the general population. Stabilized bipolar patients, while in remission, remain at risk due to the chronic nature of the illness and its associated mood dysregulation.

**Objectives:** This study aims to evaluate the prevalence and characteristics of suicide risk in a sample of stabilized bipolar patients.

**Methods:** We approached 107 stabilized bipolar patients attending the psychiatry outpatient unit at the Hedi Chaker University Hospital in Sfax. Ninety-three patients agreed to participate in the study. We collected their sociodemographic and clinical data. Suicide risk was assessed using the Mini International Neuropsychiatric Interview (MINI).

**Results:** The mean age of the participants was  $41.49 \pm 12.33$  years, with a predominance of males (72%). Among the patients, 58.1% were married, 47.3% were unemployed, and 44.1% reported low income. Medical comorbidities were reported by 35.5% of patients, while 11.8% had psychiatric comorbidities in addition to bipolar disorder.

Lifestyle factors revealed that 49.5% of the participants were smokers, 11.8% consumed alcohol, and 2.2% used cannabis.

Most of the patients were diagnosed with type I BD (74.2%), and 18 patients (19.4%) had a history of attempted suicide.

At the time of the study, 19.4% of the patients were assessed as being at risk of suicide with 17.2% presenting low risk and 2.2% exhibiting moderate risk.

**Conclusions:** This study reveals that a significant portion of stabilized bipolar patients remain at risk for suicide, with nearly one in five participants showing some level of suicide risk despite their clinical stabilization. While most were categorized as low risk, the findings underscore the necessity for continuous suicide risk assessments and preventive strategies, even during periods of mood stability.

**Disclosure of Interest:** None Declared

### EPV0190

#### Early detection of pediatric bipolar disorders: a systematic review and meta-analysis

C. Alcaino<sup>1</sup>

<sup>1</sup>University of Edinburgh, Edinburgh, United Kingdom

doi: 10.1192/j.eurpsy.2025.1040

**Introduction:** Bipolar disorders (BD) are among the most impairing of pediatric psychiatric disorders. Even though BD symptoms may begin in adolescence, they are frequently not diagnosed until adulthood. BD screening tests could aid diagnostic assessment in paediatric populations and are supported by The International Society for Paediatric Bipolar Disorders Task Force and empirical evidence.