Hinting Task. No significant differences were observed in RMET negative scores among the groups (p>0.05). Both the FE-BD and UHR-BD groups exhibited significantly lower scores than the healthy controls across positive, neutral, and total RMET scores, as well as in total Hinting Task scores (p<0.05). Hypomentalization and hypermentalization errors were higher in the FE-BD and UHR-BD groups than in the HC group (p<0.05).
Conclusions: The results revealed significant differences in theory of mind performance between groups, including RMET scores and Hinting Task results. Individuals with first episode bipolar disorder (FE-BD) and those at ultra high risk for bipolar disorder (UHR-BD) consistently scored lower than healthy controls, emphasizing the need for targeted, early interventions in theory of mind and related cognitive processes. Future studies investigating clinical and neurobiological correlates of theory of mind across different stages of bipolar disorder are needed.

Disclosure of Interest: None Declared

EPP364

Thyroid Function Paremeters in Drug Naive, First Episode Mania: Are Thyroid Dysfunctions Present at The Onset of the Illness ? A Case Control Study

F. Çınar[1]*, Ö. Bayırlı[1] and R. Tekdemir[1]

[1]Psychiatry, Selcuk University, Konya, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.646
Introduction: Bipolar disorder features recurrent episodes of mania, hypomania, and depression, with first-episode mania serving as an early indicator. The biological and psychological factors involved are not fully understood. Thyroid hormones play a vital role in brain metabolism, and their dysregulation has been linked to mood disorders, indicating potential abnormalities during manic episodes.
Objectives: This study aims to evaluate the presence of thyroid dysfunction in drug-naive patients experiencing their first episode of mania compared to a healty control group.
Methods: This study included forty-eight drug-naive patients diagnosed with first-episode mania, who were hospitalized for treatment, and a control group of forty-eight healthy individuals. The healthy control group was matched for age and sex and had no history of psychiatric illness or treatment. There were no physical illnesses in either group. Symptom severity was assessed using the Brief Psychiatric Rating Scale (BPRS) and the Young Mania Rating Scale (YMRS). Serum T3, T4, TSH levels were measured in both groups. The study protocol was approved by the Local Ethics Committee of Selcuk Üniversity.
Results: There were no differences in sex and age distribution between the groups. In the patient group, 54.2% (n=26) were female, with a mean age of 24.98 (±7.38). Additionally, 16.7% (n=8) had a history of depression, and 49.7% (n=23) exhibited psychotic features. Analysis of serum TSH, T3, T4, and the T3/T4 ratio showed no significant differences between groups (TSH: t=-0.466, p=0.642; T3: t=1.258, p=0.212; T4: t=-0.874, p=0.382; T3/T4: t=-1.291, p=0.200). T3 levels were higher in males overall and in the control group (t=-3.000, p=0.004; t=-3.753, p<0.001), but not in the patient group (p>0.05). Among patients, T4 levels were significantly higher in those with psychotic features (t=-2.410, p=0.020). Correlation analysis showed no significant relationships between thyroid function tests and clinical variables.
Conclusions: This study found no significant differences in thyroid function parameters between drug-naive patients with first-episode mania and healthy controls, suggesting that thyroid dysfunction may not be present at the onset of mania. While T4 levels were higher in patients with psychotic features, overall results indicate that thyroid abnormalities do not play a critical role in the immediate presentation of this disorder. These findings highlight the need for further research to explore the long-term relationship between thyroid function and bipolar disorder.

Disclosure of Interest: None Declared

EPP366

Assessing language abnormalities using NLP methods in speech excerpts of individuals at ultra-high risk for bipolar disorder

E. Kizilay[1]*, B. Arslan[1] and E. Bora[1,2,3]

[1]Department of Neurosciences; [2]Department of Psychiatry, Dokuz Eylul University, Izmir, Türkiye and [3]Department of Psychiatry, University of Melbourne and Melbourne Health, Melbourne , Australia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.647

Introduction: Detection for individuals at ultra-high risk for bipolar disorder (UHR-BD) is crucial due to the exploration of potential biomarkers at the early stages of bipolar disorder, including language abnormalities. Formal thought disorder (FTD) is an important symptom that can be observed in BD, which may be mildly noticeable during the early stages of the disease. Automated methods have demonstrated the ability to evaluate FTD in psychotic disorders and can also be employed to evaluate FTD in the speech of individuals at UHR-BD.
Objectives: This study aimed to investigate the differences in language between UHR-BD and healthy controls (HC) using natural language processing (NLP) methods.
Methods: We collected speech samples from 20 individuals at UHR-BD and 20 HC during descriptions of eight Thematic Apperception Test (TAT) pictures, which were then manually transcribed. After transcribing the text, word2vec was used to convert it into vectors. The semantic similarity between words was calculated using a moving window approach to windows of words sized 5-10. Finally, the mean and variance of similarities were determined.
Results: The variances of similarities in the windows of 5 to 9 were increased in UHR-BD (p=0.004, p=0.005, p=0.01, p=0.02, and p=0.037, respectively). There was no significant difference regarding the mean similarity.
Conclusions: To our knowledge, this is the first study to evaluate language with NLP methods in individuals at UHR-BD. Our findings showed that the variance of semantic similarity differed between the two groups. This indicates NLP methods may be used in the UHR-BD group to detect FTD.

Disclosure of Interest: None Declared