Conclusions: It has been determined that those who are surrounded by people who have received treatment for alcohol use disorder have higher levels of treatment confidence and compliance. The assistance of these people to those around them can play an important role in increasing the success of addiction treatment.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP084

Impact of Concurrent Anticonvulsant Use on Seizure Parameters and Clinical Outcomes of Electroconvulsive Therapy in Bipolar Disorder: A Systematic Review and Meta-Analysis

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Introduction: Treatment for bipolar disorder (BD) predominantly focuses on psychopharmacology, including lithium, antipsychotics, and anticonvulsants. Electroconvulsive therapy (ECT) is highly effective for managing manic or depressive episodes, yet studies on the effects of anticonvulsant therapy as a modifying factor of clinical outcome during ECT are scarce.
Objectives: To evaluate how concurrent anticonvulsant use affects seizure parameters and clinical outcomes of ECT in BD patients.
Methods: A comprehensive search of multiple databases (MEDLINE, Embase, Web of Science, PsycINFO, Cochrane Central Register of Controlled Trials, World Health Organization International Clinical Trials Registry Platform, ClinicalTrials.gov) was conducted on October 2, 2024, without language or publication date restrictions. Eligible studies included clinical trials and retrospective analyses comparing BD patients undergoing ECT with and without anticonvulsant use. Random-effects models were applied for a sufficient number of studies, while fixed-effects models were used for fewer studies. Subgroup and sensitivity analyses were conducted.
Results: Six studies met the criteria, involving 359 participants (mean age: 29.7 years; 31.2% female). Five studies focused on the effect of concomitant treatment with valproate during a manic episode, and only one study included subjects in treatment with other anticonvulsants during different mood episodes of BD. Anticonvulsant users required significantly higher minimal electrical dosages to achieve adequate seizures (SMD = 0.71, 95% CI [0.46 to 0.95], $p < 0.0001$), as indicated by higher seizure thresholds and stimulus doses. Additionally, anticonvulsant use was associated with a significantly shorter seizure duration (SMD = -0.75, 95% CI [-1.10 to -0.41], $p < 0.0001$). However, no significant differences in symptomatic improvement were found between those using and not using anticonvulsants (SMD = 0.03, 95% CI [-0.19 to 0.25], $p = 0.78$).
Conclusions: Concurrent anticonvulsant use in BD patients undergoing ECT is associated with higher seizure thresholds and shorter seizure durations, but this does not affect clinical outcomes regarding disease severity. Based on these findings, discontinuation of anticonvulsants during ECT may not be necessary. This review was limited by the small number of studies, small sample sizes, and considerable heterogeneity. Additionally, the majority of the studies analyzed only included patients in the manic state of the illness. Further research is needed to explore whether variations in seizure parameters are linked to individual clinical outcomes in BD patients, the impact of different anticonvulsants on these parameters and the outcome for depressive and mixed episodes of bipolar disorder.

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EPP085

Neurocognitive Profiles of Mood Phases in Bipolar Disorder: Is Agitated Depression Related to Mania or Depression?

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Introduction: Agitated Depression (AgD) is a unique subtype of depression marked by impulsivity, higher suicide risk, treatment resistance, and worse clinical outcomes compared to Non-Agitated Depression (Non-AgD). Despite these clinical distinctions, the underlying neuropsychological mechanisms that differentiate AgD from Non-AgD remain poorly defined.
Objectives: This study aims to explore the neurocognitive correlates that differentiate AgD from Non-AgD.

Methods: The study cohort included 722 participants, divided into five groups: AgD, Non-AgD, subjects in a manic state (Mnc), euthymic subjects with bipolar disorder (Eu), and healthy controls (HC). All participants underwent a comprehensive neurocognitive assessment including the Wisconsin Card Sorting Test (WCST), the Interference Component of the Stroop Test (ST), the Semantic Fluency Test (SFT), the Trail-Making Test A and B (TMT-A, TMT-B), and Raven's Progressive Matrices (RPM). Data were analyzed using one-way ANOVAs and Tukey post-hoc tests to compare cognitive performance across groups.
Results: Non-AgD showed inferior performance compared to AgD on the WCST (non-perseverative errors: p=0.037; perseverative errors: p=0.010; categories identified: p=0.026), ST (p=0.000), TMT-A (p=0.046), and TMT-B (p=0.001). Non-AgD also underperformed Mnc at ST (p=0.002), SFT (p=0.025), TMT-A (p=0.007), TMT-B (p=0.005), and RPM (p=0.012). HC consistently outperformed AgD, Non-AgD, Mnc, and Eu individuals on all neurocognitive tests except for the WCST, where no significant differences were observed between HC, Eu, and AgD. Eu demonstrated superior performance on the WCST (p≤0.001), ST (p=0.000), and TMT (p=0.000) compared to Non-AgD, with no significant differences compared to AgD.
Conclusions: The findings reveal distinct neurocognitive profiles for AgD and Non-AgD. The excitatory mechanisms associated with AgD may contribute to enhance attentional resources and cognitive flexibility but also greater impulse control difficulties. The neuropsychological profile of Eu patients resembles that of AgD, suggesting residual cognitive differences compared to HC. This study enhances our understanding of AgD by highlighting the differences in cognitive profiles of AgD, Non-AgD, Mnc, and Eu, and emphasizing the need of considering neurocognitive factors in the characterization and treatment of AgD.

Disclosure of Interest: None Declared

EPP087

Efficacy and Safety of Lumateperone compared to Quetiapine in Indian patients with Bipolar II depression: A subgroup analysis based on baseline BMI

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Introduction: Lumateperone, an atypical antipsychotic drug, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors.
Objectives: This subgroup analysis of an Indian Phase 3 study was conducted to evaluate the efficacy and safety of Lumateperone 42mg compared to Quetiapine 300mg in treatment of Bipolar II depression when stratified based on baseline body mass index (BMI).
Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included patients with Bipolar II depression with moderate severity having a Montgomery-Asberg depression rating scale (MADRS) score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. The patients were stratified based on baseline BMI: Subgroup 1 [S1]: <25Kg/m^2 and Subgroup 2 [S2]: ≥25Kg/m^2. For efficacy outcomes MADRS score, CGI-BP-S (total score, depression subscore and overall bipolar illness subscore), and Quality of life enjoyment and satisfaction-short form questionnaire (Q-LES-Q-SF) score were evaluated and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]
Results: This subgroup analysis included 462 patients, out of which 276 in S1[Test=139; Comparator=137] and 186 in S2[Test=92; Comparator=94]. The baseline demographic characteristics were comparable in between treatment arms across subgroups. The primary endpoint of reduction in MADRS score from baseline to Day 42 in Test arm was non-inferior to Comparator arm in both subgroups [Figure 1] as the upper 95% CI was below the pre-defined margin of 3.0. The reduction of CGI-BP-S (total score, depression subscore and overall bipolar illness subscore) from Day 14 to Day 42 were comparable in both Test and Comparator arms in both subgroups. The improvement in Q-LES-Q-SF score from baseline to Day 42 were comparable in both Test and Comparator arms in both subgroups. The incidence of TEAEs were similar in both treatment arms [S1: Test=38.1% and Comparator=36.5%; S2: Test=29.3% and Comparator=34.0%] and no serious adverse events were reported.

Image 1: