

**Conclusions:** Antidepressant discontinuation mania should be considered on the bipolar spectrum.

**Disclosure:** No significant relationships.

**Keywords:** antidepressant; discontinuation; bipolar III 1/4; mania

## O0123

### Tryptophan metabolism in bipolar disorder

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**Introduction:** Immune mediated inflammatory processes are involved in the aetiopathogenesis of bipolar disorder (BD) and weight associated comorbidities. Tryptophan breakdown via indoleamine 2,3-dioxygenase-1 (IDO-1) along the kynurenine axis concomitant with a pro-inflammatory state was found more active in BD but also associated with overweight/obesity.

**Objectives:** Aims of our study were to investigate 1.) the tryptophan metabolism in BD compared to mentally healthy controls, 2.) differences in weight classes, 3.) in a longitudinal setting, dependent on the incidence of BD episodes and euthymia.

**Methods:** At the Medical University Graz anthropometric and clinical data as well as peripheral tryptophan and kynurenine were assessed in serum samples of 226 individuals with BD and 142 controls. For 75 individuals with BD a longitudinal assessment with three samples was performed. Serum concentrations of tryptophan and kynurenine were determined by reverse-phase high-performance liquid chromatography. The kynurenine/tryptophan was used as a proxy for IDO-1 activity.

**Results:** showed a higher kynurenine/tryptophan ratio in BD compared to controls and in overweight compared to normal weight persons. Levels remained stable over time. In the longitudinal course, no differences were found between individuals who were constantly euthymic or not as well who had an illness episode or none.

**Conclusions:** Findings indicate that IDO-1 activity might constitute more a trait and not a state marker of BD. Accelerated tryptophan breakdown along the kynurenine axis may be further facilitated by overweight. This may increase the risk of accumulation of neurotoxic metabolites which impacts BD symptomatology, cognition, and somatic comorbidities.

**Disclosure:** No significant relationships.

## O0124

### The Effect of Sleep Disorders on Sexual Function in Bipolar Disorder in the Remission Period

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**Introduction:** Bipolar Disorder(BD) is a common,severe and recurrent disease with significant effects on functionality. Residual symptoms such as sleep disturbance and sexual dysfunction are defined as predictors of poor functioning in remission.

**Objectives:** The aim of this study was to investigate the correlation between sleep disorder and severity of sexual dysfunction in patients with BD in remission.

**Methods:** The study was conducted with 100 female and 100 male BD patients in remission. The sociodemographic and clinical characteristics were recorded by interview with the patients and the patients were given the Young Mania Rating Scale(YMRS),-Hamilton Depression Rating Scale(HAM-D),Pittsburg Sleep Quality Index(PSQI),Epworth Sleepiness Scale(ESS),Female Sexual Function Scale(FSFI) and International Index of Erectile Function(IIEF-15)for the assesment of symptom severity.

**Results:** The frequency of "sleep disorder" was 45.5% and the frequency of "daytime sleepiness" was 5.5%.In women the mean FSFI score was 26.06±5.14 and sexual dysfunction frequency was 48%.In men,the mean IIEF score was 59.63±8.34 and erectile dysfunction frequency was 56%. There was a statistically significant negative correlation between total FSFI score with HAM-D( $r = -0.592$ ,  $p < 0.001$ ),ESS ( $r = -0.330$ ,  $p = 0.001$ )and PSQI( $r = -0.557$ ,  $p < 0.001$ )and between total IIEF score with HAM-D( $r = -0.509$ ,  $p < 0.001$ ),ESS( $r = -0.361$ ,  $p < 0.001$ )and PSQI( $r = -0.511$ , $p < 0.001$ ). Sexual function scores in both women and men with sleep problems were significantly lower than those without sleep problems (23.56±4.71vs.28.56±4.31and53.88±7.10vs.63.80±6.56 respectively). Multiple linear regression analysis also showed that total sleep quality scores were an effective factor on sexual function in women(OR:2.74,%95CI[0,799-0,127]; $p = 0,007$ ) and men(OR:2.45,%95CI[1.577-0.164]; $p = 0,016$ ) with BD.

**Conclusions:** There was an increased incidence of sexual dysfunction in bipolar patients with sleep disorders.Treatment of sleep disorders is important for improving sexual function in bipolar patients for both genders.

**Disclosure:** No significant relationships.

**Keywords:** Bipolar Disorder; Sleep Disorder; Sexual Dysfunction

## O0125

### Bipolar Stigma in Jewish Communities in the United States

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**Introduction:** This study investigated differences in mood disorder public stigma endorsed by Jewish adults. Specifically, it examined