patients classified into worse clinical staging. There is an emerging need of a standardized universal staging model in order to better characterize BD patients, their treatment and their clinical course.

Disclosure: No significant relationships.
Keywords: bipolar disorder; Staging Models

EPP0099

Social Hypersensitivity in Bipolar Disorder: An ERP Study

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Introduction: Bipolar Disorder (BD) is a disorder in which cognitive function is relatively preserved but social functioning is markedly impaired. Interestingly, studies on BD show that the patients have a strong desire for social rewards. Hypersensitivity to social rewards in BD has not yet been sufficiently examined through experimental methods, although recent studies have pointed out that their reward hypersensitivity is the cause of symptoms and dysfunction.
Objectives: The purpose of this study was to investigate whether patients with BD are hypersensitive to social rewards using the social value capture task.
Methods: Groups of 25 BD and healthy control (HC) each completed the social value attention capture task. This task consists of a practice phase in which associative learning of social rewards with specific stimuli occurs, and a test phase in which the stimuli associated with rewards appear as distractors during the participants performing a selective attention task. We also recorded event-related potential (ERP) in the practice phase in order to investigate BDs' cortical activity for social reward.
Results: showed significantly decreased accuracy rate and increased reaction time in the high social reward-associated distractor trials of the test phase in the BD compared to the HC. As a result of analysis in ERP components, P3 amplitude for social reward was significantly greater in the BD than the HC.
Conclusions: BD patients exhibit behavioral and physiological hypersensitivity to social rewards that might contribute to social dysfunction.

Disclosure: No significant relationships.
Keywords: reward hypersensitivity; social reward; bipolar disorder

EPP0101

Cognitive function in bipolar disorder

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Introduction: In bipolar disorder, cognitive deficits persist across mood episodes and euthymia. Despite recent advances, cognitive impairment in bipolar disorder remains poorly understood. The presentation will focus on recent work where different approaches are used to clarify the role of cognitive deficits in bipolar disorder.
Objectives: First, we have examined the clinical relevance of cognitive impairments and examined if cognitive abilities differ between bipolar disorder subtypes and healthy controls. Second, we examined if cognitive abilities differ between individuals with bipolar disorder with and without attention-deficit hyperactivity disorder. Third, we examined the relationship between cognitive functioning and occupational functioning. Lastly, we examined if long-term changes in cognitive functioning in bipolar disorder patients differ from normal aging.
Methods: The St. Göran Bipolar Project is an interdisciplinary, prospective, naturalistic study of bipolar disorder. Patients were recruited and followed-up at two specialized out-patient clinics in Stockholm and Gothenburg, Sweden.
Results: We showed that there is evidence for significant cognitive heterogeneity in bipolar disorder. Comorbid ADHD could not explain this heterogeneity. Moreover, we showed that excutive functioning is a powerful predictor of occupational functioning. The cognitive trajectory over a 6-year period did not differ between bipolar disorder patients and healthy controls.
Conclusions: There is no conclusive cognitive profile characterizing bipolar disorder. However, cognitive functioning is of great importance in understanding occupational functioning in bipolar disorder. Contrary to the assumption that cognitive impairments may be progressive we show that changes in cognitive functioning over time do not differ between patients and healthy controls.

Disclosure: No significant relationships.
Keywords: cognition; bipolar disorder; Longitudinal study; functioning

EPP0102

Predictors of functional impairment in patients with bipolar disorder

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Introduction: Psychosocial functioning is an an important issue in the follow-up processes of patients with bipolar disorder. Potential predictors of functional impairment in bipolar disorder may give a chance to improve functioning in this group of patients.
Objectives: We aimed to assess the differences between patients with bipolar disorder and healthy controls due to childhood traumas, attachment styles, dysfunctional attitudes, affective temperaments and to assess which of these factors may significantly predict the overall functional impairment in patients with bipolar disorder.
Methods: 63 remitted patients with bipolar disorder and 61 healthy controls were enrolled in the study. Asessment was conducted using a sociodemoghraphic and clinical questionnaire, Hamilton Depression Rating Scale 17-item version (HAM-D-17) and the Young Mania Rating Scale (YMRS), Childhood Trauma Questionnaire

(CTQ-28), Relationship Scales Questionnaire (RSQ), Dysfunctional Attitudes Scale (DAS), Temperament Evaluation of Memphis, Pisa, Paris and San Diego (TEMPS-A) and Functioning Assesment Short Test (FAST).
Results: In the patient group scores of childhood traumas, dysfunctional attitudes, cyclothymic, depressive and anxious temperaments, all domains of functional impairment scores except financial issues, and overall functional impairment scores were significantly higher than the control group. Besides this, secure attachment scores were significantly higher in the control group. In the regression analysis anxious temperament and subclinical depressive symptoms significantly positively predicted functional impairment and hyperthymic temperament significantly negatively predicted functional impairment in patients with bipolar disorder.
Conclusions: In the assessment of functioning of patients with bipolar disorder subclinical depressive symptoms, hyperthymic and anxious affective temperament styles might be taken into consideration.

Disclosure: No significant relationships.
Keywords: attachment; affective temperament; functional impairment; bipolar disorder

EPP0103

Binge Eating Disorder in Patients with Bipolar Disorder and Relationship with Clinical Features

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Introduction: Current studies indicate a strong relationship between Eating Disorders and obesity, while studies on Bipolar Disorder (BPD) show that patients with BPD form an important risk group in terms of obesity.
Objectives: The aim of this study is to investigate the frequency of Binge Eating Disorder (BED) in patients diagnosed with euthymic Bipolar Disorder 1 (BPD 1), and the relationship between their clinical features
Methods: This study included 150 patients between 18-65 years of age, diagnosed with euthymic BPD 1 according to DSM 5 criteria. Structured Clinical Interview for DSM-5 Disorders, Structured Sociodemographic Form, Young Mania Scale, Beck Depression Scale, Eating Disorders Assessment Scale (EDAS) , Eating Attitude Test (EAT) were applied to participants.
Results: A diagnosis of BED was detected in 19.3% of the patients. Body weight, highest weight and BMI values were significantly higher in those who were diagnosed with BED compared to those who were not diagnosed with BED. Most of the diagnosed with BED are women; gender was found to be determinant for BED. The total and subscale scores of EAT and EDAS of those with a diagnosis of BED were statistically significantly higher than those who did not. The rate of attacks with psychotic symptoms, rapid cycling and presence of suicide attempt were significantly higher in those with a diagnosis of BED compared to those who did not.
Conclusions: BED may be frequent in BPD 1 patients. Noticing BED in BPD1 patients might help both the more effective treatment of BPD and the prevention of obesity.

Disclosure: No significant relationships.
Keywords: obesity; eating disorder; bipolar disorder; binge eating disorder

EPP0104

A multicentric multimodal in vivo microscopy MRI study of bipolar disorder reveals axonal loss and demyelination.

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Introduction: Bipolar disorder has been repeatedly associated with abnormalities of white matter. However, DTI is intrinsically limited and the precise cellular mechanisms that underlie these alterations remains unknown.
Objectives: Our aim was to investigate microscopical characteristics of white matter using MRI in patients with bipolar and healthy controls.
Methods: 77 patients and 71 controls from 3 sites had a T1 structural MRI, a multi-shell HARDI MRI and at one site with a T1-weighted VFA-SPGR acquisition, and a T2 MSME acquisition. The volume fraction and the orientation dispersion was extracted using NODDI from DW images in each site. Myelin Water Fraction was extracted in 33 patients and 36 controls to probe myelin characteristics. White matter bundles were reconstructed using deterministic tractography. Statistical analyses were performed after harmonization by the ComBat algorithm and controlled for age, gender and handedness.
Results: We found significant lower axonal density in patients along the short fibers of the left cingulum, the left anterior arcuate and the left inferior fronto-occipital fasciculus. We found lower mean MWF in patients along the short fibers of the right cingulum, the left inferior fronto-occipital fasciculus, the left anterior arcuate and the splenium of the corpus callosum. We found higher mean orientation dispersion in patients only along the left uncinate fasciculus.
Conclusions: We report alterations of limbic and inter-hemispheric white matter tracts in patients with bipolar disorder reflecting axonal loss, demyelination and architecture alterations. These results contribute to better capture the plurality of the mechanisms involved in bipolar disorder that cannot be deciphered with classical diffusion MRI.

Disclosure: No significant relationships.
Keywords: MRI; White matter; bipolar disorder; microscopy