

hospitalized in an acute state of the depressive phase, and they did not receive therapy for more than 6 months. Blood was collected before the start of therapy. Serum was purified from major proteins by affinity chromatography and separated by 1D-electrophoresis. After trypsinolysis, the proteins were identified by HPLC/mass spectrometry. The ELISA kit was used to determine the amount of zNMDAR1.

Results: We identified a protein that does not occur in healthy people: a subunit of the glutamate NMDA receptor zeta-1 (zNMDAR1). As a result, we found a statistically significant ($p = 0.037$) almost fivefold increase in the concentration of this protein in the serum of patients with bipolar disorder (0.64 [0.18; 0.78] ng/ml) compared with healthy individuals.

Conclusions: Thus, in bipolar disorder NMDAR is damaged, which can lead appearance of their subunits in the serum, and which indicated a violation of glutamatergic neurotransmission. Then this protein claims the role of markers of bipolar disorder. *Mass spectrometric analysis was carried out of the "Human Proteome" Core Facility of the Institute of Biomedical Chemistry Moscow. RSW project, state registration number AAAA-A19-119020690013-2.*

Disclosure: No significant relationships.

Keywords: bipolar disorder; proteomics; biomarker

EPP0090

The Relationships Between Strategies Of Stress Coping And Temperament-Character Traits In Subjects With Bipolar Disorder

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Introduction: Bipolar disorder (BD) is a severe mood disorder, which is characterized by a cycling between the mania and major depression. The relationship between coping strategies and temperament-character traits in BD is unclear at this time.

Objectives: The aim of our study was to assess the relationship between strategies of coping stress and temperament-character traits in individuals with BD.

Methods: 168 patients diagnosed with BD in full remission were included. All participants were diagnosed by an experienced consultant psychiatrist based on DSM-5 and were assessed with Young Mania Rating Scale (YMRS) for confirmation to remission. Socio-demographic datas of all participants was obtained and Temperament Evaluation of Memphis, Pisa, Paris and San Diego–Autoquestionnaire (TEMPS-A) and Coping with Stress Scale (CSS) were applied.

Results: 75 patients (44.6%) were female and the mean age of the sample was 32.64 ± 10.74 years, the mean duration of illness was 8.23 ± 5.52 years and was found that the mean score of YMRS 5.35 ± 4.19 . It was presented Table 1 whether there was a statistically significant correlation between TEMPS-A and CSS subscales.

Conclusions: As coping strategies may be related to temperament-character traits and that could be important for psychological interventions in patients with BD.

	Depressive	Hypertimic	Cyclothymic	Irritable	Anxious
Avoidance	-,067 ,485	-,159 ,095	,098 ,305	-,150 ,115	-,083 ,387
Problem-focused coping strategies	-,268 ,004	-,153 ,109	,366 ,000	-,246 ,009	-,134 ,161
Social support	-,191 ,044	-,495 ,000	-,060 ,535	-,646 ,000	-,416 ,000
Total	-,256 ,007	-,399 ,000	,149 ,118	-,370 ,000	-,324 ,001

Disclosure: No significant relationships.

Keywords: bipolar disorders; strategies of stress coping; temperament-character traits

EPP0091

Cariprazine's efficacy in treating affective symptoms – pooled data from schizophrenia and bipolar depression trials

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Introduction: Affective symptoms are a common feature of schizophrenia and define bipolar disorder. Alterations in dopamine neurotransmission and activity at D₃-D₂ receptors is associated with depressive symptoms providing the rationale for targeting D₃-D₂ receptors with partial agonists.

Objectives: The aim of the analysis herein is to examine and compare the efficacy of cariprazine in treating affective symptoms in both schizophrenia and bipolar depression.

Methods: Data from 3 schizophrenia [NCT00694707, NCT01104766, NCT01104779] and 3 bipolar I depression studies [NCT013896447, NCT02670538, NCT02670555] were pooled for the analyses. To investigate efficacy across individual affective symptoms, the Marder anxiety/depression and negative symptom items of the Positive and Negative Syndrome Scale (PANSS) and single items of the Montgomery-Asberg Depression Rating Scale (MADRS) were analysed. Improvement across affective symptoms was examined primarily evaluating least square mean differences (LSMDs) in comparison to placebo in mean change from baseline.

Results: The pooled ITT population was comprised of persons with schizophrenia (placebo=442, cariprazine=1024) and bipolar disorder (placebo=460, cariprazine=923). Cariprazine resulted in a significantly greater reduction when compared to placebo in three out of the four Marder anxiety/depression items; anxiety ($p < 0.01$), tension ($p < 0.001$) and depression ($p < 0.05$). Similarly, cariprazine was significantly better than placebo in 9 out of the 10 MADRS individual items; apparent sadness ($p < 0.001$), reported sadness ($p < 0.001$), reduced sleep ($p < 0.05$), reduced appetite ($p < 0.001$), concentration difficulties

($p < 0.001$), lassitude ($p < 0.001$), inability to feel ($p < 0.001$), pessimistic thoughts ($p < 0.01$) and suicidal thoughts ($p < 0.05$).

Conclusions: The results herein indicate that cariprazine treatment is significantly effective at treating affective symptoms in persons with both schizophrenia and bipolar I depression.

Disclosure: I am an employee of Gedeon Richter Plc.

Keywords: cariprazine; bipolar depression; schizophrenia

EPP0092

Point-of-care test for rapid assessment of blood lithium levels in women with bipolar disorder during perinatal period

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Introduction: Determination of lithium levels in serum has become a standard of care due to its narrow therapeutic range, thus an immediate test for determination of blood lithium may contribute to minimize toxicity, to avoid relapse and to ensure treatment adherence. This is particularly relevant during pregnancy and early postpartum because pharmacokinetic changes in renal physiology.

Objectives: The aim of this study is verify Medimate point-of-care method performance and systematically compare it with the routine laboratory measurement of lithium.

Methods: This cross-sectional method comparison study was conducted in the Unit of Perinatal Mental Health in the Hospital Clinic of Barcelona. Pearson and Bland-Altman analyses were performed to assess the accuracy, precision and correlation between the capillary electrophoresis technology (Medimate MiniLab) and the ion selective electrode (ISE) potentiometry method (AVL 9180).

Results: Twenty-five women with bipolar disorder in treatment with lithium during perinatal period were enrolled, corresponding to 75 blood specimens for analyses. Correlation (r), mean difference (bias), and 95% limit of agreement (LOA) of the point-of-care method [$r = 0.917$; bias 0.0021 (95% LOA; 0.440, 0.619) mEq/L], showed that difference between ISE method and capillary electrophoresis technology was not statistically significant.

Conclusions: Considering the practicality, the microchip capillary electrophoresis technology provides a simple and highly affordable way of measuring lithium levels in a single drop of blood outside the clinical laboratory. The Medimate point-of-care system (POC) appears well adapted for the rapid and specific detection of lithium as an alternative to the current ISE procedure.

Disclosure: No significant relationships.

Keywords: Perinatal period; Lithium; Point of care test; bipolar disorder

EPP0093

Phenomenology and comorbidity in late onset bipolar disorder : A comparative study

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Introduction: Bipolar disorder in later life is a complex & confounding neuropsychiatric syndrome with diagnostic & therapeutic challenges.

Objectives: To assess the clinical characteristics of late onset bipolar disorder and to compare with adult onset bipolar disorder and to compare the medical co morbidity between age, sex matched healthy control group.

Methods: It was a hospital based, observational, analytical and cross-sectional study conducted over 2 and half years. The patients > 60 years presenting with manic features after satisfying the inclusion and exclusion criteria were the study group. Control group -1 was selected from adult onset bipolar disorder. YMRS, MMSE, SCID were applied for both. Control group -2 was selected from age, sex, education matched normal population and the three groups were compared for co morbidity. Secondary mania cases are excluded from the study.

Results: Mean age at onset was 67.4 years. 63.3% of our patients were female. H/O psychiatric illness in family is more in control group (53.3%) than in study group (26.7%) ($p = 0.035$). 86.6% patients present with irritability. 73.3% patients were presented with aggression. Control group -irritability=90%, aggression=75% The difference is not statistically significant. Scoring of each symptom showed significant difference. It means presence & severity of delusion is significantly more in young bipolar control group. ($p = 0.035$ for % score, $p = 0.015$ for mean SAPS score). 70% presented with co morbidities.

Conclusions: Geriatric mania shows mixed presentation compared to early onset disease. Psychotic features are more common. Late onset mania is less associated with family history. Common co morbidities are DM, HTN, Hypothyroidism, neurologic disorders.

Disclosure: No significant relationships.

Keywords: Late Onset Bipolar disorder; Phenomenology; Comorbidity

EPP0094

Psychopathological and temperamental features of Late Onset versus Early Onset Bipolar Disorder

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Introduction: Age at onset of type-I bipolar disorder (BD-I) typically averages 12-24 years, is older among patients with type-II-BD