Moreover age at onset of disease was significantly lower in BPD-1 group with MS than without MS ($p < 0.05$). Number of suicide attempts was significantly higher in BPD-1 group with MS than without MS ($p < 0.05$). Catatonic and melancholic depression were significantly more prevalent in the BPD-1 with MS than without MS ($p < 0.05$).
Conclusions: Our findings suggest that MS might have an effect on functioning in BD patients even in euthymic period.

Disclosure: No significant relationships.
Keywords: bipolar disorder; Metabolic syndrome; Functionality

EPV0038

Chronotype and biological rhythms in bipolar disorders

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Introduction: Biological rhythms play an important role in the etiology of mood disorders. Several lines of evidence established a link between circadian rhythm disruption and mood episodes. Chronotypes are the behavioral manifestations of circadian rhythms and eveningness appears to be more frequent in bipolar disorder (BD). The influence of chronotype on mood symptoms needs yet to be clarified.
Objectives: -Identifying the predominant chronotype in a Tunisian sample of patients with BD -Assessing the association between chronotype and biological rhythm disruptions in the sample
Methods: For this study, a total of 80 euthymic outpatients with bipolar disorder and 80 control subjects were recruited. Biological rhythms disruptions were assessed using the Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN). Predominant chronotype was identified using the composite scale of morningness (CSM).
Results: BRIAN scores showed greater biological rhythms disruptions in bipolar patients than the control subjects (mean scores 35.26±9.21 vs 25.84±2.68). Low CSM scores in the patients' group indicated a predominant evening chronotype whereas an intermediate chronotype was more frequent within the control group. The correlation analysis revealed a statistically significant negative correlation between the 2 scales ($r=-0.716$, $p<0.001$): the CSM scores decreased as the BRIAN scores increased.
Conclusions: This study indicates that eveningness is more common in BD. This chronotype is more likely to disturb biological rhythms which may increase the risk of mood symptoms and lead to a poor prognosis for BD, thus the relevance of treating rhythm alterations, especially in evening-type patients, in order to improve their quality of life and prevent mood episodes.

Disclosure: No significant relationships.
Keywords: Bipolar Disorders; biological rhythms; chronotype; BRIAN scale

EPV0040

Social rhythms and occupational functioning disturbance in remitted bipolar patients

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Introduction: Biological rhythm disturbance is etiologically involved in mood disorders. Previous literature focused on studying sleep disruption in bipolar disorders (BD). However, only a few studies addressed the influence of social rhythms and occupational functioning as they may affect circadian regularity and consequently be a critical pathway to mood symptoms.
Objectives: The main aim of this study was to assess biological rhythms in remitted bipolar patients and to evaluate their social rhythms and occupational functioning.
Methods: We recruited a total of 80 euthymic outpatients with BD and 80 control subjects. Biological rhythm disruptions were assessed using the Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN), an interviewer administered questionnaire that assesses disruptions in sleep, eating patterns, social rhythms, and general activity.
Results: Patients with BD experienced greater biological rhythm alterations than the control group (BRIAN total scores 35.26±9.21 vs. 25.84±2.68). In addition to their sleep-wake rhythm (mean scores 11.1±3.95 vs. 7.41±1.41), patients were particularly more impaired than the control group with regards to social rhythms (7.31 ± 2.57 vs. 5.24 ± 1.06) and general activity (8.9 ± 3.35 vs. 7.01 ± 1.4).
Conclusions: Our study indicated that patients with BD experience major disruptions in their social rhythms and occupational functioning. These alterations may lead to unstable biological rhythms and to a higher risk of mood episodes. Therefore, consolidating social rhythms and functioning appears to be a crucial step for preventing relapses in patients with BD.

Disclosure: No significant relationships.
Keywords: chronobiology; social rhythms; occupational functioning; Bipolar Disorders

EPV0041

Prediction of functional outcome in bipolar disorder: Effects of cognitive remediation and cognitive psychoeducational group therapy

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Introduction: In bipolar patients cognitive deficits are an important feature. Persisting neurocognitive impairment is associated with low psychosocial functioning.

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Objectives: The aim of this presentation is to discuss potential cognitive, clinical and treatment-dependent predictors for functional impairment in bipolar patients.
Methods: In a first study (1) at the Medical University of Vienna 43 remitted bipolar patients and 40 healthy controls were assessed testing specifically attention, memory, verbal fluency and executive functions. In a randomized controlled trial, patients were assigned to two treatment conditions as add-on to state-of-the-art pharmacotherapy: cognitive psychoeducational group therapy over 14 weeks or treatment-as-usual. At 12 months after therapy, functional impairment and severity of symptoms were assessed. In a second, ongoing study, in-patients from a defined catchment area in Vienna (12th, 13th and 23rd district) were assessed via SCIP (Purdon S. 2005. The screen for cognitive impairment in psychiatry: Administration and psychometric properties. Edmonton, Alberta, Canada: PNL Inc.). The SCIP was performed before and after cognitive remediation. The effects of treatment on functioning were measured with the clinical Global Impression Scale (CGI).
Results: Compared to controls, bipolar patients showed lower performance in executive function, sustained attention, verbal learning and verbal fluency. Cognitive psychoeducational group therapy and attention predicted occupational functioning. In the second study, SCIP and CGI values showed improvement after treatment.
Conclusions: Our data support the idea that cognition affects outcome. Bipolar patients benefit from cognitive psychoeducational group therapy in the domain of occupational life. (1) Sachs G et al. Front. Psychiatry, 23 November 2020 | https://doi.org/10.3389/fpsyt.2020.530026

Disclosure: No significant relationships.
Keywords: bipolar disorder; Functional Outcome; neurocognition; group therapy

EPV0042

Completed suicide in bipolar i patients after their first hospitalisation

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Introduction: Bipolar disorder is a mental disorder that has one of the greatest risk of completed suicide (CS)
Objectives: Determine the rate and the risk factors of CS in a cohort of Bipolar I patients followed after their first hospitalization
Methods: We choose all Bipolar I patients (DSM-IV) who were first time hospitalized in our Psychiatric unit between 1996 and 2016. We reviewed the charts of first hospitalization and recorded multiple baseline variables. In the follow-up we updated the database recording all patients who CS. We compared the different baseline variables between Bipolar patients who CS and the rest.
Results: Of a total of 254 bipolar I patients 9 (3,5%) CS in the mean of 13 years of follow up (rate 40 times higher than General Population). The average age at CS was 41.1 years (range between 26 and 71 years old) so there was a 9 years gap on average between the first psychiatric hospitalization and suicide. CS was characterized by a violent act (8 out of 9 cases, 89 %). When we compared BP patients who CS with the rest, only history of suicide in first-degree relatives was detected as a risk factor significantly associated (P<0.01) with CS. Conversely baseline treatment with anticonvulsants (mainly valproate) was detected as a significantly (P<0.004) protective factor of CS.
Conclusions: 1-Bipolar I patients after first hospitalization completed suicide 40 times higher than general population almost always by violent method 2-History of CS in first-degree relatives is predictor of completed suicide

Disclosure: No significant relationships.
Keywords: bipolar; Suicide; Hospitalization

EPV0043

Orexins in the clinical course of bipolar disorder

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Introduction: Orexins are involved in the regulation of circadian rhythms which play an important role in mood regulation(1,2), and are hypothesised to be associated with major depressive disorder (3). However, scarce studies analyse their relationship with bipolar disorder (BD).
Objectives: To evaluate the relationship of orexin-A and the clinical course of BD
Methods: 95 BD patients were tested for serum orexin-A. The clinical course was analysed through number of depressive, manic/mixed episodes. HDRS and YMRS were used to assess severity of current episode. Statistics: Spearman correlations, U Mann-Whitney, linear regression analysis.
Results: Mean age was 50.03 (SD=12.87) and 64.2% were women. 63.2% had BD-type I. Mean number of manic, depressive and mixed episodes was 2.32 (SD=3.07), 7.28 (SD=12.37), and 3.01 (SD=9.06), respectively. Mean age of onset was 26.09 (SD=10.50). Mean concentration of orexin-A was 21.78 pg/ml (SD=15.41), with no differences in sex, body mass index, age at onset or presence of insomnia (ICD-10). A correlation with age was observed; r=0.24 (p=0.019). No association was identified between orexin-A and severity of current episode. In relation to clinical course, no correlation was found with manic or mixed episodes. However, a negative correlation was identified between orexin-A levels and number of depressive episodes; r=-0.36 (p=0.001). When linear regression (orexin-A as dependent variable) was used to control for age, only this covariate (B=0.304) entered in the model (R2=0.067, F=6.045, p=0.015).
Conclusions: No relationship between orexin-A and number of manic/mixed episodes were detected. The association of orexin-A with number of depressive episodes dissappeared when age was controlled.

Disclosure: No significant relationships.
Keywords: bipolar disorder; Depression; orexins

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