

Methods: A total of 154 BD patients (81 in euthymia and 51 in a depressive episode) participated in this cross-sectional study. We selected two groups of subjects based on age at onset of the first mood episode (EO: 0-20 years, $n=117$; MO: 20-40 years, $n=37$) and compared socio-demographic, clinical variables and functional impairment assessed by the World Health Organization Disability Assessment Schedule (WHODAS 2.0).

Results: 75.2% of the patients with an EO were female, they had higher psychiatric comorbidities prevalence (76.1% vs. 43.2%; $p<.001$), being personality disorders the most significant (30.2% vs. 5.4%; $p=.001$), more suicide attempts (51.3% vs. 16.2%; $p<.001$), mood episodes ($mdn=12$, $iqr=17$ vs. $mdn=6$, $iqr=9.5$; $p=.001$), childhood abuse (93.5% vs. 73.9%; $p=.014$), being verbal (78.0% vs. 52.2%; $p=.015$) and physical abuse (51.6% vs. 21.7%; $p=.009$) higher compared to MO. Functionality was also affected, with higher dysfunction percentages in EO ($mdn=47$, $iqr=34.7$ vs. $mdn=24$, $iqr=12.5$; $p<.001$) affecting cognition ($mdn=8.5$, $iqr=6$ vs. $mdn=4$, $iqr=7$; $p<.001$), self-care ($mdn=2$, $iqr=5$ vs. $mdn=0$, $iqr=1$; $p<.001$), daily activities ($mdn=12$, $iqr=13$ vs. $mdn=4$, $iqr=10$; $p<.001$) and community participation ($mdn=13$, $iqr=8.7$ vs. $mdn=8$, $iqr=7$; $p<.001$).

EO depressed patients ($n=38$; F: 30; M: 8), had more personality disorders (42.1% vs. 0%; $p=.010$), suicide attempts (60.5% vs. 0%; $p<.001$), mood episodes ($mdn=12$, $iqr=12$ vs. $mdn=5.5$, $iqr=4.7$; $p=.001$), lower overall functionality ($mdn=57$, $iqr=41.5$ vs. $mdn=35$, $iqr=38.3$; $p=.009$), cognition ($mdn=10$, $iqr=6.5$ vs. $mdn=4$, $iqr=9$; $p=.023$), self-care ($mdn=4$, $iqr=6.2$ vs. $mdn=0$, $iqr=3$; $p=.008$), oneself care ($mdn=9$, $iqr=7$ vs. $mdn=5$, $iqr=8.5$; $p=.025$), daily activities ($mdn=15.5$, $iqr=14$ vs. $mdn=11$, $iqr=12.7$; $p=.037$) and community participation ($mdn=15.5$, $iqr=8.2$ vs. $mdn=11.5$, $iqr=5.7$; $p=.030$).

EO euthymic patients ($n=59$; F: 42; M: 17) had more psychiatric comorbidities (74.6% vs. 33.3%; $p=.001$), physical abuse history (51.2% vs. 0%; $p=.002$), and lower functionality ($mdn=7$, $iqr=7$ vs. $mdn=2$, $iqr=7$; $p=.004$), cognition ($mdn=7.5$, $iqr=7$ vs. $mdn=4$, $iqr=7$; $p=.033$), daily activities ($mdn=9$, $iqr=11$ vs. $mdn=3$, $iqr=8.5$; $p=.005$) and community participation ($mdn=10$, $iqr=9$ vs. $mdn=7$, $iqr=7$; $p=.031$).

Conclusions: Results suggest that patients with an EO are more associated with severe psychosocial functioning impairment. Future studies are needed to clarify a more severe illness prediction between EO and MO.

Disclosure of Interest: None Declared

EPV0219

Exploring the Efficacy and Safety of Antidepressants in Bipolar Disorder: A Comprehensive Review

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Introduction: Bipolar disorder (BD) is a complex mental health condition characterized by alternating periods of depression and mania, affecting millions worldwide. Despite its prevalence, the use of antidepressants, widely prescribed for unipolar depression, remains debated in the context of bipolar depression due to concerns about mood destabilization, mania induction, rapid cycling, and long-term efficacy and safety. This ambiguity underscores the critical need for a comprehensive analysis to guide clinical practice. This review aims to evaluate the efficacy, safety, and long-term outcomes of antidepressant use in bipolar disorder.

Objectives: Assess the safety and efficacy of antidepressants in bipolar disorder. Optimize treatment options to help reduce the global burden of bipolar disorder and address a major gap in understanding regarding the role of antidepressants in treating bipolar disorder.

Methods: A systematic review of 35 studies, including 18 randomized controlled trials (RCTs), 14 cohort studies, and 3 meta-analyses published between 2010 and 2023, was conducted. Studies were selected based on predefined inclusion and exclusion criteria, focusing on antidepressant efficacy, safety, and long-term effects in BD patients. Data extraction and synthesis followed rigorous methodological protocols. The extracted data were then analyzed to identify trends, themes, and contradictions in the literature.

Results: The use of antidepressants in bipolar disorder should be highly individualized, balancing potential benefits against risks. Clinicians must exercise caution, particularly regarding the risk of mania induction. This review found that antidepressants, especially when combined with mood stabilizers, demonstrated moderate efficacy in treating bipolar depression. Outcomes varied significantly across studies; while some patients benefited from antidepressant use, others experienced increased risks, such as rapid cycling and mania induction. There is a lack of conclusive long-term safety data, highlighting the need for personalized treatment approaches to mitigate risks.

Image:

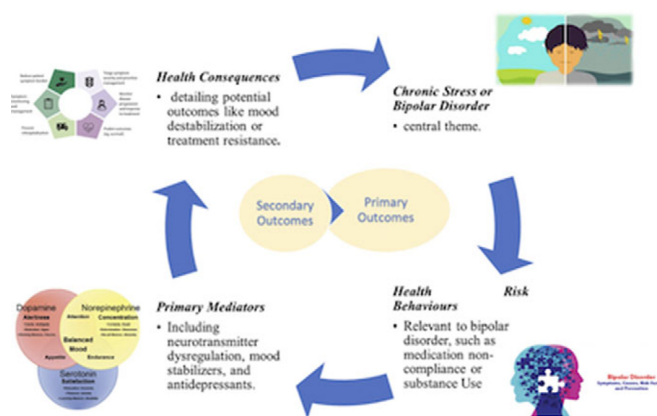
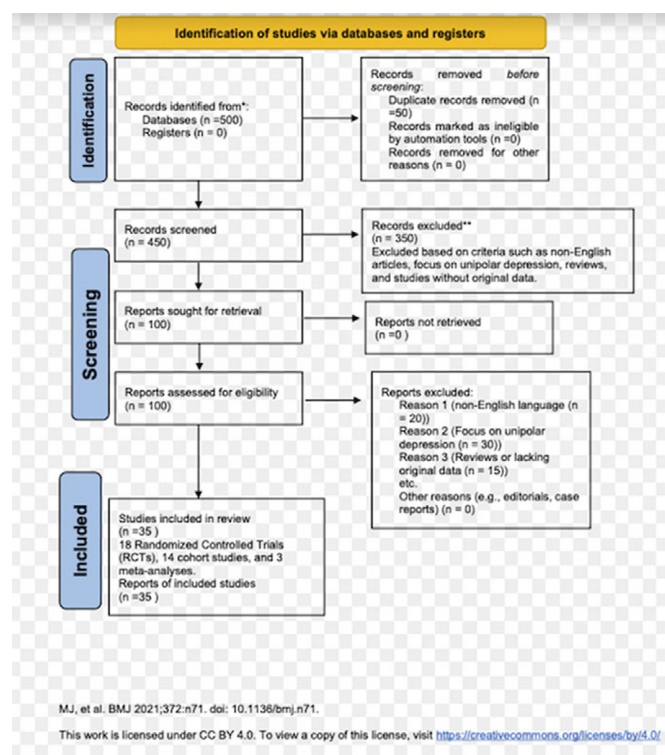


Image 2:



Conclusions: The role of antidepressants in bipolar disorder treatment remains contentious due to variability in outcomes and safety concerns. A personalized treatment approach, incorporating mood stabilizers, is recommended. This literature review concluded it is essential to balance the benefits and risks. Therefore, a combined treatment regimen with mood stabilizers is recommended. Further research, particularly longitudinal studies, is necessary to establish more definitive, evidence-based guidelines for treating bipolar depression with antidepressants.

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EPV0221

Enhancing Accuracy in Distinguishing Bipolar and Unipolar Disorders: Using MDQ Subscales and BSDS

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Introduction: Distinguishing between bipolar and unipolar disorder is essential for effective treatment, yet accurate diagnosis remains challenging despite extensive research. The MDQ (Mood Disorder Questionnaire) and BSDS (Bipolar Spectrum Diagnostic

Scale) are widely used self-assessment tools, each offering unique advantages. However, these tools are typically used based on total scores, potentially overlooking valuable information within individual items.

Objectives: This study aims to employ clustering analysis on the MDQ and BSDS, utilizing subscales derived from factor analysis, to better differentiate patients with bipolar and unipolar disorders.

Methods: The study included patients diagnosed with bipolar and bipolar depression, with diagnoses confirmed by a psychiatrist according to DSM-IV-TR criteria. A total of 299 patients with bipolar depression and 142 with unipolar depression completed the MDQ and BSDS. Based on prior factor analysis, the MDQ was divided into two subscales: the positive activation subscale (items 3, 4, 8, 9) and the negative activation subscale (items 1, 2, 6, 7, 12, 13). K-means clustering was performed twice: once using the total scores from the MDQ and BSDS (two scores), and using the positive activation subscale, negative activation subscale from the MDQ, and the total score from the BSDS (three scores). The analysis was iterated 1000 times to avoid overfitting.

Results: The analysis identified an optimal solution with K=2. Cluster 1, characterized by high scores on both questionnaires, predominantly comprised bipolar patients. In contrast, Cluster 2, with lower scores, was primarily composed of unipolar patients. Using the total scores from both the MDQ and BSDS for clustering yielded an accuracy of 67.88%. In the second analysis using the MDQ subscales and the BSDS total score, the accuracy improved to 77.55%.

Conclusions: Clustering based on the MDQ and BSDS achieved a 77.55% accuracy in distinguishing bipolarity when using MDQ subscales alongside the BSDS score, demonstrating a promising level of precision with self-report questionnaires. Importantly, segmenting the MDQ into positive and negative activation subscales resulted in a nearly 10% increase in accuracy compared to using total scores alone. This suggests that increasing the dimensionality of the data by incorporating disorder-specific subscales can improve clustering accuracy. These findings highlight the potential of using high-dimensional psychiatric data to develop more effective classification models.

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EPV0223

Linguistic features of Bipolar Disorder and Approaches: Scoping Review

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Introduction: A linguistic feature is a common characteristic associated with various mental disorders. In particular, bipolar disorder is one of the disorders in which verbal abnormalities as symptoms can be prominent. As technology advances and big data processing becomes easier, studies on the linguistic characteristics of bipolar disorder are increasing. However, the results of previous generations, who studied the linguistic features of bipolar disorder without computer-based methods are not considered, and have not been integrated with current research findings. It is necessary to review what methodologies can be used and what limitations should be considered to explore the linguistic characteristics of bipolar disorder.