reported measures to understand and benefit from the impact that PROMs and PREMs can have on treatment quality and outcome. The OMER-BE study provides an example of the insights that can be gained into patient needs through the use of an electronic self-report tool assessing PROMs and PREMs.

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Bipolar Disorders

O051

Clinical characteristics associated with future clozapine treatment among patients with bipolar disorder: A nationwide register-based study of 29,696 patients

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Introduction: Despite the number of medications considered as effective in the treatment of bipolar disorder (BD), incomplete response to treatment is very prevalent (Perlis *et al.* Am J Psychiatry 2006;163(2):217-24). Existing evidence supports the effectiveness of clozapine for treatment-resistant BD (TRBD) with clinical guidelines recommending clozapine as a third-line treatment (Yatham *et al.* Bipolar Disord. 2018;20(2):97-170). There is evidence to support that a shorter delay before clozapine initiation is associated with a better response to this treatment (Griffiths *et al.* Psychol. Med. 2021;51(3):376-86).

Objectives: This study aimed to identify clinical and sociodemographic characteristics at the time of the first bipolar diagnosis associated with future clozapine treatment.

Methods: We performed a population-based cohort study using nationwide data from Danish registries to investigate factors associated with initiation of clozapine treatment in incident BD. Cox proportional hazard regression analyses were used to investigate associations between patients' characteristics at the time of the diagnosis of BD and a subsequent redemption of a prescription for clozapine, yielding hazard rate ratios (HRRs).

Results: We identified a total of 29,696 patients registered with their first (incident) ICD-10 diagnosis of BD between 1999 and 2019, of whom 102 (0.3%) received clozapine treatment during follow-up. The median age at the first prescription of clozapine was 48.6 years (25-75 percentile: 37.7-59.9). The multivariable Cox proportional hazards regression model showed that a prior diagnosis of psychotic disorder (other than schizophrenia or schizoaffective disorder) (HR: 2.10; CI: 1.13-3.93), having had three (HRR: 2.91; CI: 1.23-6.87), four (HRR: 2.89; CI: 1.15-7.24) or five or more (HRR: 3.17; CI: 1.19-8.44) previous psychopharmacological treatments prior to the diagnosis of BD, and being outside the labour force (HRR: 2.58; CI: 1.42-4.66) were positively associated with clozapine treatment after controlling for the remaining variables.

Conclusions: The results of this study suggest that there are clinical characteristics associated with subsequent clozapine treatment already at the time of diagnosis of BD. These findings may guide targeted interventions, such as an earlier initiation of clozapine treatment.

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O052

Relationship between daily rhythms and verbal memory in individuals with Bipolar Disorder

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Introduction: Cognitive function, particularly verbal memory, is often compromised in Bipolar Disorder (BD). While studying risk factors for cognitive deficits has not identified causal factors, focusing on protective factors that support verbal memory can help tailor interventions for individuals with BD.

Objectives: Investigate associations between daily rhythms and verbal memory in people with BD in full or partial remission.

Methods: This is a cross-sectional study. Participants were included if their Montgomery Asberg Depression Rating Scale (MADRS) score was ≤16 and Young Mania Rating Scale (YMRS) score was ≤8. Daily rhythms were assessed by self-report using the BRIAN scale, as was chronotype. Regularity and intensity of physical activity were measured with actigraphy, with devices worn on the wrist for up to ten days. Variables of interest included mean time per day in moderate to vigorous physical activity (MVPA), intensity and timing of the most active five hours per day (M5), and total intensity per 24 hours over the assessment period. Cognitive function was assessed using a validated, self-administered, web-based test platform for Norwegian-speaking participants, which included a verbal memory test. Actigraphy data were processed using specialized software to extract relevant metrics. Correlational analysis was conducted to evaluate the relationships between daily rhythms and verbal memory.

Results: A total of 87 participants were included, comprising 30 men and 57 women, aged between 18 and 64 years. Among them, 57 had bipolar disorder type 2, and 30 had bipolar disorder type 1. The analysis revealed a significant positive correlation between verbal learning and the timing of the most active five hours, with better verbal learning observed for M5 timing later in the day. There was also a moderate positive correlation between better delayed verbal recall and the amount of time spent in moderate to vigorous physical activity.
Conclusions: Our findings suggest that modifiable factors, such as later timing of the most active five hours and amount of time spent in moderate to vigorous physical activity, are associated with better verbal learning and memory in individuals with bipolar disorder. These insights could inform interventions aimed at improving cognitive outcomes in this population.

Disclosure of Interest: None Declared

O053

Antipsychotic Dosage and Frequency of Manic Episodes as Predictors of Metabolic Syndrome in Bipolar Disorder: A One-Year Follow-Up

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Introduction: Metabolic syndrome (MetS) is notably prevalent among individuals with bipolar disorder (BD). Despite numerous studies indicating an increasing MetS prevalence in this group over time, comprehensive investigations of associated risk factors remain limited.
Objectives: This study aims to assess the prevalence and 1-year changes in MetS among BD patients. It also seeks to identify baseline clinical features that could predict the development of MetS during follow-up.
Methods: The study included euthymic BD type 1 patients consecutively admitted between July 2023 and July 2024. MetS was diagnosed uaccording to NCEP ATP-III criteria at baseline and after one year. Patients without MetS at baseline were analyzed to evaluate the association between initial clinical characteristics and MetS presence at follow-up through logistic regression.
Results: A total of 98 patients completed the baseline and follow-up assessments. The prevalence of MetS significantly increased from 29.6% to 51.0% over the 1-year naturalistic follow-up. Initially, there were no significant differences between the groups with and without MetS regarding demographics, illness characteristics, treatment types, comorbidities, and chlorpromazine equivalent dose. By the end of the follow-up period, 29 new MetS cases were diagnosed after excluding those initially identified. This group exhibited higher numbers of total episodes, more manic episodes, and greater hospitalization rates (p = 0.04,-2.067; p = 0.03, -2.193; p = 0.03, -3.207), with no significant differences in other demographic or clinical variables.In the logistic regression analysis, which controlled for age, gender, number of depressive episodes, and the use of lithium and valproate, the equivalent chlorpromazine dose (p = 0.04, OR: 1.003) emerged as a significant predictor of metabolic syndrome, while the number of manic or hypomanic episodes demonstrated a trend towards significance (p = 0.05).
Conclusions: In conclusion, this study shows that the prevalence of MetS in patients with BD type-1 in Turkey increased from 29.6% to 51.0% over one year. Increased numbers of manic episodes and higher chlorpromazine doses were linked to the development of MetS. This underscores the importance of monitoring metabolic health, especially in patients with frequent manic episodes or high antipsychotic doses.

Disclosure of Interest: None Declared

Addictive Disorders

O054

The influence of methamphetamine utilization patterns and adverse childhood experiences on Methamphetamine Use Disorder and Methamphetamine-Induced Psychosis

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Introduction: Methamphetamine (MA) is one of the most addictive drugs globally. Among its harmful consequences, methamphetamine use disorder (MUD) and methamphetamine-induced psychosis (MAP) are prevalent and increase the burden of mental health worldwide. Recent studies highlighted the relationship of the disorders and various factors including patterns of MA consumption and adverse childhood experiences (ACEs). Understanding the association between these factors and MUD and MAP is essential for advancing our knowledge and improving healthcare for our patients.
Objectives: To investigate the association of MA use patterns, ACEs and the development of MUD and MAP.
Methods: This study analyzed data from a survey using the Thai-MIND questionnaire (September 2023 – June 2024). We collected participants' socio-demographic details (including gender, age, income, employment, marital status, education), mental health history, other substances use, MA use patterns, ACEs, psychotic symptoms and their onset. The diagnosis of MUD and MAP were based on DSM-5 criteria. Univariate logistic regression was employed to examine the relationships, adjusting for socio-demographics and mental health history for MUD models, and adding other substances use and MUD diagnosis for MAP models.
Results: In this study of 2,524 participants, 1,987 (78.72%) met the criteria for MUD, and 876 (34.71%) met the criteria for MAP. The use of yaba (MA or speed pill) reduced the risk of MAP compared to ice (crystalline MA)(OR = 0.32 [0.12 – 0.85]) while combining two types of MA raised the risk of MAP compared to ice alone (OR = 1.96 [1.37 – 2.81]). For MUD, more frequent MA use, compared to monthly or less, increased the risk with OR = 1.81 [1.34 – 2.43] (2-4 times/month), 2.27 [1.58 – 3.27] (2-3 times/week), and 4.00 [2.87 – 5.59] (4 or more times/week). Similarly, for MAP, using MA 2-3 times/week raised the risk (OR = 1.59 [1.14 – 2.22]), and using it