

**Disclosure:** Michael Ott has been a scientific advisory board member of Astra Zeneca Sweden, Ursula Werneke has received funding for educational activities on behalf of Norrbotten Region (Masterclass Psychiatry Programme 2014–2018 and EAPM 2016, Luleå, Sweden): Astra

**Keywords:** attention deficit disorder with hyperactivity; central nervous system stimulants; self-injurious behaviour; bipolar disorder

## O016

### Multicentre evaluation of perinatal pharmacological management in women with bipolar disorder

M. Casanova Dias<sup>1\*</sup>, I. Jones<sup>1</sup> and A. Wieck<sup>2</sup>

<sup>1</sup>National Centre For Mental Health, School Of Medicine, Cardiff University, Cardiff, United Kingdom and <sup>2</sup>Greater Manchester Mental Health Foundation Trust, University of Manchester, Manchester, United Kingdom

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.240

**Introduction:** The pharmacological management of women with bipolar disorder in the perinatal period is challenging. This population has a high recurrence rate, but some medications can be a concern in pregnancy and breastfeeding. Little is known about prescribing practices in perinatal services, and the impact of medication on recurrence rates.

**Objectives:** To describe 1. the use of medication in women with bipolar disorder in the perinatal period and 2. the impact of medication on the rate of recurrence.

**Methods:** Clinical data was collected from pregnant women with diagnosis of bipolar disorder in the nine participating centres and who were not experiencing an episode of illness entering the postpartum period. Data were analysed for association using  $\chi^2$  tests and logistic regression.

**Results:** In this sample of 167 women, 55% were taking medication at delivery: 37% antipsychotics, 15% mood stabilisers, 25% antidepressants. In 12 cases medication was reduced before delivery. 42% experienced a recurrence, with 30% being a manic/psychotic episode. There was no significant association between taking medication and recurrence  $\chi^2(1)=0.72$ ,  $p=0.79$ . There continued to be no association when adjusted for severity (previous admissions, age at first treatment, bipolar subtype) and type of medication OR 0.57 95%CI [0.08; 4.29],  $p=0.59$ .

**Conclusions:** A high number of bipolar women are taking medication before delivery and in the majority antipsychotics are prescribed. The postnatal recurrence rate in both medicated and unmedicated women is high. Further work is needed in larger samples to provide clinical guidance for women and their clinicians.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; pregnancy; Postpartum; perinatal

## O017

### Polygenic risk and predominant polarity in individuals with bipolar disorder

S.H. Jensen<sup>1,2\*</sup>, S. Østergaard<sup>3</sup> and K. Musliner<sup>2</sup>

<sup>1</sup>Department Of Affective Disorders, Aarhus University Hospital - Psychiatry, Aarhus C, Denmark; <sup>2</sup>Department Of Economics And

Business Economics, Aarhus School of Business and Social Sciences, Aarhus C, Denmark and <sup>3</sup>Department Of Affective Disorders, Aarhus University Hospital - Psychiatry, Aarhus, Denmark

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.241

**Introduction:** Individuals with bipolar disorder often have a 'predominant polarity' (e.g. depressive or manic) that characterizes the majority of episodes over the course of the illness. Genome-wide association studies have suggested a relationship between genetic risk and phenotypic heterogeneity in bipolar disorder. However, to date, no study has directly examined the association between polygenic liabilities and predominant polarity in bipolar disorder.

**Objectives:** To estimate the associations between the polygenic risk score for major depressive disorder (PRS-MD), bipolar disorder (PRS-BD) and schizophrenia (PRS-SZ), and predominant polarity among individuals with bipolar disorder in hospital-based settings in Denmark.

**Methods:** The study sample will include all individuals from the Initiative for Integrated Psychiatric Research (iPSYCH2015) sample who received a diagnosis of bipolar disorder and were successfully genotyped (approximately 3,400). Information on polarity will be computed based on data from the Danish Central Psychiatric Research Register. PRS variables will be generated using the most recent results from the Psychiatric Genomics Consortium. Odds ratios for the associations between PRS variables and polarity will be estimated using logistic regression.

**Results:** We hypothesize that PRS-MD will be highest among the predominantly depressed patients, that PRS-BD will be highest among those with predominantly manic/mixed episodes, and that PRS-SZ will be highest among those who experience psychotic mania or psychotic bipolar depression. The results will be shown at the conference.

**Conclusions:** A finding of association between genetic liability and predominant polarity in bipolar disorder could pave the way for stratification on genetic liability in future treatment studies and in clinical practice.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; predominant polarity; Polygenic risk

## O018

### The role of affective temperaments in predicting symptom severity in bipolar disorder

M. Raia<sup>1\*</sup>, C. Ciampi<sup>1</sup>, F. Zinno<sup>1</sup>, V. Caivano<sup>1</sup>, E. Barone<sup>1</sup>, G. Sampogna<sup>1</sup>, V. Del Vecchio<sup>1</sup>, V. Giallonardo<sup>1</sup>, L. Steardo<sup>1,2</sup>, M. Luciano<sup>1</sup> and A. Fiorillo<sup>1</sup>

<sup>1</sup>Department Of Psychiatry, University of Campania "Luigi Vanvitelli", Naples, Italy and <sup>2</sup>Health Sciences, University Magna Graecia,, Catanzaro, Italy

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.242

**Introduction:** Bipolar disorder (BD) is one of the most burdensome psychiatric illnesses, being associated with a negative long-term outcome and high suicide rate. Although affective temperaments are considered possible mediators of outcome, their role on the course and outcome of BD remains poorly studied.