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EPV0194

Psychological outcomes of patients with bipolar disorder during the perinatal period

S. Arsova^{1,2*}, S. Mitrovska¹, M. Milutinovic¹, S. Kocoska¹, V. Isjanovski³, S. Bajraktarov¹ and M. Stankovic¹

¹Day Hospital; ²Head of University Clinic of Psychiatry, University Clinic of Psychiatry and ³PHCI Psychiatric Hospital "Skopje", Skopje, North Macedonia

*Corresponding author.

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Introduction: Women with bipolar disorder (BD) face a high risk of adverse mental health outcomes during the perinatal period, including a high prevalence of affective episodes and postpartum psychosis. The challenge of management BD in this period includes balancing maternal stability while securing fetal safety, given the teratogenic risks of mood-stabilizing medications.

Objectives: To evaluate the course of BD during the perinatal period, assess the impact of risk factors, and examine the effectiveness of therapeutic interventions.

Methods: This prospective cohort study included 23 patients with various sociodemographic characteristics, diagnosed with BD (ICD-10 criteria). They were monitored over the course of 6 months utilizing EPDS (Edinburgh Postnatal Depression Scale), and the Young Mania Rating Scale at baseline, 3 – months and 6-months follow up, in addition to a clinically guided interview, non-standardized sociodemographic and risk factors questionnaire. The patients were treated with a combined approach in a specialized unit for mothers, including individual and group therapy, along with pharmacological treatment. Nearly all patients were switched to atypical antipsychotics with stabilizing effects while valproate was excluded due to teratogenic risks.

Results: The cohort comprised mostly of women over 30 (69.6%, $p = 0.006$), married (78.3%, $p = 0.000$), with stable socioeconomic status (69.6%, $p = 0.008$). Combined treatment (inpatient and outpatient) was predominant (82.6%, $p = 0.000$), with antipsychotics either alone (21.7%) or in combination with other medications as the most common treatment (91.3%, $p = 0.000$). All participants reported risk factors, including history of affective episodes (95.6%), traumatic events, intimate-partner violence (34.8%), substance abuse (26.1%), and unplanned pregnancy (21.7%). The EPDS scores showed a low likelihood of depression at baseline, 3, and 6 months (56.5%, 69.6%, 69.6%; $p < 0.05$), with mean scores decreasing from baseline to three months and slightly increasing at six months ($p = 0.81$). The YMRS scale indicated a significant reduction in mania from baseline to six months ($p = 0.038$). There was no significant correlation between risk factors and postnatal depression ($p > 0.05$).

Conclusions: The study confirms that BD women are at high risk for affective destabilization during the perinatal period. While continuous treatment mitigates severe mood deterioration, BD women remain vulnerable, necessitating long-term monitoring. One or more risk factors were registered in all of the participants. Although no

direct significant correlation was observed in this study, existing literature suggests that risk factors such as unplanned pregnancy, abrupt medication changes, and intimate-partner violence are associated with adverse outcomes in BD women during the perinatal period. Understanding and managing these risks is essential for comprehensive BD care.

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EPV0197

Bipolar Disorder and Fitness for Work: A Study of 17 Cases

E. Bechrifa^{1*}, J. Hsinet¹, E. Baraketi¹, S. Ismail¹, A. Dallagi¹, N. Ellili¹, S. Ernez¹, N. Khouja¹ and A. Benzarti¹

¹Occupational Medicine Department, Rabta University Hospital, Tunis, Tunisia

*Corresponding author.

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Introduction: The impact of bipolar disorder on occupational health and work ability has garnered increasing attention, as it significantly influences individuals' professional functioning

Objectives: To examine the socio-professional characteristics of workers diagnosed with bipolar disorder and evaluate their fitness for work.

Methods: Retrospective descriptive study of patients with psychiatric disorders seeking medical assessments at the occupational pathology department between January 2011 and January 2024.

Results: A total of 17 patients with bipolar disorder were included, with a mean age of 36.3 ± 8.6 years and a sex ratio of 0.42. The average professional seniority was 10.8 ± 7.7 years. In terms of marital status, 37.5% were married, and 62.5% were single. Regarding educational level, 37.5% had completed secondary education, while 58.8% had a higher education degree, and 50% reported a family history of psychiatric disorders. Concerning lifestyle habits, 37.5% of patients were smokers, and 6.3% consumed alcohol. The most common sectors of activity were telecommunications (31.3%), transportation (18.8%), healthcare (18.8%), and cleaning and maintenance (12.5%). Workplace exposures included solvents (12.5%), noise (43.8%), imposed work pace (35.3%), lack of autonomy (35.3%), and conflicts with hierarchical superiors (62.5%). Work schedules varied, with night shifts (43.8%), alternating shifts (24.9%), and fixed hours (31.3%). Reported challenges included irritability (94.1%), sadness (93.8%), sleep disturbances (81.3%), appetite changes (43.8%), concentration difficulties (31.3%), and suicidal thoughts (25%). The disorder impacted work performance in 66.7% of cases, and 53% of patients required sick leave with an average duration of 7.4 months; 75% reported improvement under treatment. Medical assessments for work ability found that 18.8% were fit for work, 12.5% were permanently unfit, and 6.3% were temporarily unfit, while 56.3% required workplace adjustments, including avoidance of answering phone calls (12.7%), fixed work hours (23.5%), exclusion from night shifts (11.8%), and avoidance of public contact (17.6%); 6.3% underwent job reassignment.

Conclusions: Bipolar disorder has a substantial impact on work ability, highlighting the need for customized interventions and job accommodations to ensure that workers can maintain their roles and productivity.

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