

particularly for individuals with hypomanic traits or depression, suggesting a need for targeted therapeutic interventions. Future research should focus on refining these interventions and exploring their efficacy in diverse populations.

Disclosure of Interest: None Declared

EPV0244

Impact of insight on treatment adherence in bipolar disorder

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Introduction: Extreme mood swings are a hallmark of bipolar disorder (BD). Consistent treatment adherence, including medication and regular attendance at outpatient care, is usually necessary for the effective management of BD. However, many individuals with BD struggle with treatment engagement, which is often influenced by several factors, including insight.

Objectives: This study aims to explore the relationship between patients' level of insight into their condition and their attendance at scheduled treatments

Methods: It was a cross-sectional, descriptive, and analytical study conducted on bipolar disorder patients from the Psychiatry "A" Department, Hedi Chaker University Hospital. Clinical and socio-demographic data were collected from March to September 2023 using a questionnaire along with Medication Adherence Rating Scale (MARS) for assessing treatment adherence and the Birchwood Insight Scale (BIS) to evaluate insight

Results: A total of 37 patients with BD completed the questionnaire. The mean age was 45.4 ± 13.9 years, with a sex ratio (M/F) of 1.46. In our study, 73% of patients were with BD type I and 27% were with BD type II.

The mean MARS score was 7.14 ± 2.13 , and 37.8% of our population were non-adherent to medication.

The mean BIS score was 8.58 ± 2.35 , and 56.8% of patients had good insight.

Mean scores of awareness of illness, re-labeling of symptoms, and need for treatment subscales of BIS were respectively 2.86, 2.73, and 2.86.

The MARS score was positively correlated with the BIS score ($p = 0.002$, $r = 0.40$).

The MARS score was also positively correlated with both the *awareness of illness* subscale of the BIS ($p = 0.035$, $r = 0.34$) and the *re-labeling of symptoms* subscale of the BIS ($p = 0.41$, $r = 0.33$).

Conclusions: This study demonstrates that certain aspects of insight are significantly associated with treatment adherence in bipolar disorder. Specifically, *awareness of illness* and *re-labeling of symptoms* suggest that the ability to reinterpret and understand symptoms may enhance engagement with care. In contrast, the *Need for Treatment* subscale did not show a significant correlation with attendance, indicating that simply recognizing the need for treatment alone may not be sufficient to ensure consistent participation in care.

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EPV0245

Subjective cognitive impairment in bipolar disorder patients: prevalence and associated factors

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Introduction: Over the last decade, there has been a growing recognition of the importance of identifying and treating cognitive impairment associated with bipolar disorder, as it persists during remission periods. Evidence suggests that neurocognitive dysfunction may significantly influence patients' psychosocial outcomes. An increasing body of research aims to improve understanding of potential moderators contributing to cognitive impairment in bipolar disorder in order to develop prevention strategies and effective treatments

Objectives: The aim of this study is to explore the prevalence of cognitive impairment among bipolar disorder patients and identify related factors.

Methods: It was a cross-sectional, descriptive, and analytical study conducted on bipolar disorder patients from the Psychiatry "A" Department, Hedi Chaker University Hospital. Clinical and socio-demographic data were collected from March to September 2023 through a questionnaire along with The Cognitive Complaints in Bipolar Disorder Rating Assessment (COBRA) for evaluation of subjective cognitive impairment

Results: A total of 37 patients with BD completed the questionnaire. The mean age was 45.4 ± 13.9 years, with a sex ratio (M/F) of 1.46.

Our results showed that 73 % of patients were with BD type I and 27% were with BD type II.

The mean score of COBRA was 12.54 ± 7.62 and 32.4% of participants presented subjective cognitive disorder.

Subjective cognitive disorder was significantly associated with the number of relapses, hospitalizations and suicide attempts, with respectively $p < 0.001$, $p = 0.02$ and $p = 0.05$

Female patients and patients with poor income presented significantly more subjective cognitive disorders ($p = 0.01$ and $p = 0.02$, respectively).

The COBRA score was positively correlated with the number of relapses ($p < 0.001$, $r = 0.67$).

Conclusions: Our findings indicate that a significant proportion of individuals with bipolar disorder report cognitive difficulties, which may impact their daily functioning and quality of life. Key factors such as poor income, female sex, and the number of relapses and suicide attempts were associated with higher levels of perceived cognitive dysfunction. These results highlight the need for greater attention to cognitive symptoms in the clinical management of bipolar disorder.

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