

Introduction: Bipolar female patients have clinical and evolutionary features which involve different factors related to the women specificities.

Objectives: Establish clinical and evolutionary features in a population of bipolar female patients attending to Gabes psychiatry department.

Methods: A retrospective descriptive and analytical study was undertaken including female patients referred to psychiatry department of Gabes regional hospital, for the first time in a 6-year period (January 1st, 2010 to December 31, 2016) and who were already diagnosed with bipolar disorder (BD). Sociodemographic, clinical and evolutionary data were assessed. Patients were divided into two groups according to gender. The collected data were compared between the two groups. The statistical analysis was executed on the software SPSS (20th edition).

Results: From the 193 bipolar patients, 103 were women. The mean age of the disorder's onset amongst Female patients was 32.4 years old [14 - 63]. The mean duration of the disorder was 7.6 years [2 - 30]. The polarity of the first episode was a depressive one in 74.7% of cases. It was associated to psychotic features in 43.7% of cases. Seasonal pattern was noted in 10.6% amongst female patients and rapid cycling bipolar disorder in 6.2% of cases. Analytical study showed that women began the BD more often with a depressive episode ($p=0.004$) and were more frequently diagnosed with BD type 2 ($p<0.001$). Men had significantly more auditory ($p=0.002$) and visual hallucinations ($p=0.019$).

Conclusions: There were clinical specificities of women with BD from which important to be considered.

Keywords: bipolar disorder; clinical features; Gender differences; evolutionary features

EPP0067

Music composers and bipolar disorders: Where do we stand?

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Introduction: The intersection between bipolar disorders and creativity has been investigated in western literature. Although psychopathology has been proposed for famous artists in painting, writing, music and other forms of art, there is no systematic study examining bipolar disorders and music production in composers.

Objectives: The aim of this review is to investigate this relationship by providing an overview of published studies.

Methods: The search included papers published in English as abstracts as well as in full length until October 2020. The literature search was conducted using the MEDLINE, EMBASE, PUBMED and GOOGLE SCHOLAR databases. For all the searches, the terms/key words that were used were "bipolar disorder", "music", "creativity", and "composers".

Results: Search results for composers from different music genres and musical periods indicated that the proposed origin of the overall bipolar pattern is attributed to several stressful environmental factors which are taking the form of interpersonal problems regarding the expressed emotion, life events, and paucity of stress-management skills. In addition to that, bipolar psychopathological

patterns seem to influence the quantity of music composing activity indirectly due to changes in everyday functional abilities.

Conclusions: Published reports, although based on biographical research, do provide evidence in support of a strong bipolarity-music creativity/production link for famous composers. Further well-designed studies in living music professionals engaged in music composition are needed.

Keywords: Creativity; Bipolar Disorders; Music

EPP0070

Pediatric bipolar disorder: Preliminary results of a retrospective study using a nationwide administrative database

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Introduction: Bipolar disorder (BD) is a severe and chronic illness characterized by episodic changes in mood. The average onset of BD symptoms is estimated between 18 and 22 years. However, many adults retrospectively report symptoms onset in childhood or adolescence. Over the last decades, pediatric bipolar disease (PBD) has been the focus of increased attention mainly due to controversies surrounding its prevalence, diagnosis and treatment in the pediatric population.

Objectives: To analyze pediatric hospitalizations related to BD held in mainland Portuguese public hospitals between 2000 and 2015.

Methods: This retrospective observational study analyzed all pediatric (<18 years old) inpatient episodes from 2000 to 2015 with a primary BD diagnosis, using an anonymized administrative database including all hospitalization from mainland Portuguese public hospitals. ICD-9-CM codes 296.x were used (excluding codes 296.2x; .3x and .9x). Age at admission, admission type and date, sex, charges and length of stay (LoS) were analyzed.

Results: A total of 348 hospitalizations were analyzed from 258 patients. Patients were mainly young girls (60.6%), with a mean age of 15.24 ± 1.87 years. The majority of the admissions were urgent (81.0%), and the median LoS was 14 days (IQR: 7; 24). Mean hospitalization charges were 3503.1€ with a total sum of 1.2M€ for all the episodes.

Conclusions: PBD hospitalizations occur predominantly in female patients during adolescence. The majority of them are urgent admissions. Descriptive studies will help to describe and characterize socio-demographic and clinical trends in PBD in order to better prevent acute hospitalizations with inevitable social and economic implications.

Keywords: bipolar disorder; Hospital admissions; adolescents; epidemiology

EPP0071

The factors associated with chronic benzodiazepine use in bipolar patients

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Introduction: Benzodiazepines (BZD) are widely used in patients with bipolar disorder (BD) and their effectiveness is well documented. Therefore, there are major risks associated with BZD use including abuse and dependence. Those risks can be related to the patients' characteristics, the particularities of BD and the prescribers.

Objectives: To determine the factors associated with chronic use of BZD in patients with BD.

Methods: We conducted a cross-sectional, descriptive and analytical study among a sample of patients with BD (DSM-5) followed in psychiatric outpatient of Hedi Chaker university hospital in Sfax. We used the Benzodiazepine Cognitive Attachment Scale (ECAB) to determine dependent patients

Results: Among the 61 included patients, 50 (82%) had a chronic use of BZD (> 3 months). They had a mean age of 49.3 years ($\pm$ 14.02 years) and a low socio-economic level in 44%. The type of BD was dominated by type II (66%). Initial episode type was depressive in 78%. The average number of depressive episodes was 2.92 ± 2.3 . A rate of 65.5% of patients have already attempted BZD withdrawal. Chronic BZD use was significantly correlated with BZD dependence ($p=0.000$), low socioeconomic level ($p=0.04$), depressive type of the initial episode ($p=0.011$), the depressive recurrence ($p=0.000$) and the absence of any attempt to discontinue BZD ($p=0.011$).

Conclusions: Chronic use of BZD in patients with BD is prevalent. In order to minimize this problem in this population, it is important to enhance programs to improve psychiatrist-prescribing behavior and to use cognitive-behavioral therapies in combination with medication to help withdrawal.

Keywords: Bipolar Disorders; benzodiazepine; chronic use of BZD

EPP0072

Lithium placental passage at delivery and neonatal outcomes: A retrospective observational study

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Introduction: Lithium is an effective mood stabilizer and is widely used as a first-line treatment for bipolar disorder in the perinatal period. Several guidelines have provided clinical advice on dosing strategy (dose reduction versus stop lithium) in the peripartum period to minimize the risk of neonatal complications. An association has been observed between high neonatal lithium concentrations (> 0.64 mEq/L) and lower 1-min Apgar scores, longer hospital stays, and central nervous system and neuromuscular complications.

Objectives: To quantify the rate of lithium placental passage at delivery. To assess any association between plasma concentration of lithium at delivery and neonatal outcome.

Methods: In this retrospective observational cohort study, we included women treated with lithium at least in late pregnancy. Maternal (MB) and umbilical cord (UC) lithium blood level measurement were collected at delivery. Lithium serum concentrations were determined by means of an AVL 9180 electrolyte analyzer. The limit of quantification (LoQ) was 0.20 mEq/L and detection limit was 0.10 mEq/L. From the medical records, we extracted information on neonatal outcomes (preterm birth, birth weight, Apgar scores, pH-values, and admission to NICU) and complications categorized by organ system: respiratory, circulatory, hematological, gastrointestinal, metabolic, neurological, and immune system (infections).

Results: Umbilical cord and maternal lithium blood levels were strongly correlated: mean (SD) range UC/MR ratio 1.15 (0.24). Umbilical cord lithium levels ranged between 0.20 to 1.42 mEq/L. We observed no associations between umbilical cord lithium blood levels at delivery and neonatal outcomes.

Conclusions: In our study, newborns tolerated well a wide range of lithemias, between 0.20 and 1.42 mEq/L.

Keywords: Neonate; lithium; Placental transfer; Delivery

EPP0074

Subsyndromal symptoms in bipolar disorder

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Introduction: The inter-critical phase in bipolar disorder may contain symptoms that do not meet the diagnostic criteria for a thymic episode. According to studies, these symptoms are common and usually associated with impaired psychosocial and family functioning.

Objectives: Study the subsyndromal symptoms in remitted patients with bipolar disorder, and their functioning repercussions.

Methods: We conducted a cross-sectional, descriptive and analytical study, in the outpatient psychiatry department of the University Hospital in Sfax (Tunisia) among 30 remitted patients with bipolar disorder. We used: the Montgomery And Asberg Depression Rating Scale (MADRS), the Angst Hypomania Questionnaire and the FAST test to assess functioning levels.