

Methods: Retrospective data were collected from all bipolar patients submitted to acute ECT treatment, between June 2015 and June 2016, at the Department of Psychiatry of the University Hospital of Mahdia, Tunisia.

Results: During the study period, among all the patients who received ECT, 47% were diagnosed to have bipolar disorder. ECT was administered most commonly for mania with psychotic symptoms, followed by severe depression with psychotic symptoms. Most of patients showed more than 65% response (based on reduction in the standardized rating scales) with ECT. Few patients (18.7%) reported some kind of side effects.

Conclusions: ECT resulted very effective for all BD acute depressive and manic episodes not responding to conventional pharmacologic management.

Keywords: Bipolar disorder; electroconvulsive therapy; mania; depression

EPP0056

Terbinafine and antidepressants: Potential risk of medication induced mania

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doi: 10.1192/j.eurpsy.2021.528

Introduction: Mood destabilization and induced manic episodes are well-known phenomenon under antidepressant medications. However, even with a cautious introduction of antidepressants, it's important to be aware of possible pharmacological interactions. Terbinafine is a known inhibitor of CYP2D6, a major hepatic metabolizer of a full list of antidepressant medications, and so capable of raising their serum levels and potentiating their side effects.

Objectives: With this case report we aim to emphasize the importance of cautious usage of Terbinafine when combined with antidepressant medications.

Methods: We present a clinical case of an induced first manic episode after the introduction of Terbinafine in a patient under antidepressant medication and a qualitative review on the topic, using PubMed database.

Results: A 66-year-old woman, with an history of Major Depressive Disorder, previously medicated with Venlafaxine 75mg/day and Mirtazapine 30mg/day, was brought to the emergency department because of psychomotor agitation. She also had an history of seasonal fluctuating mood, although never fulfilling the criteria for Bipolar Disorder. At admission, her clinical status was compatible with a manic episode. This episode followed two months after the initiation of Terbinafine for onychomycosis.

Conclusions: There are few studies that have shown antidepressant toxicity mediated by an interaction with Terbinafine. As far as we know this is the first case of induced mania after the introduction of Terbinafine. Therefore, it is important to remind that Terbinafine is a potential interacting agent when combined with psychotropic medications.

Keywords: Terbinafine; Antidepressants; Pharmacological Interactions; Induced Mania

EPP0057

Comparative study of affective temperaments between medical students and humanities students(evaluation by validated temps-a)

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doi: 10.1192/j.eurpsy.2021.529

Introduction: While the links between cyclothymia and creativity are well documented, the experts have tried to determine whether temperament would influence the major choices of life such as career.

Objectives: The study aims mainly to evaluate the temperaments of a sample of Tunisian students, and to look for the possible correlations between the temperament and the choice of studies.

Methods: The Tunisian version of the TEMPS-A which is a self-evaluation measure to assess affective temperaments was administered to 100 medical students and 100 humanities students.

Results: Student populations differed in their socio-demographic and scholar variables such as age, sex ratio or socio-economic level, choice of studies and their religiosity. The temperamental prevalences were close between our two populations by considering the threshold score Mean +1standard deviation; they ranged between 13 and 18%. Hyperthymic and cyclothymic scores were significantly higher among humanities students (11.38 ± 4.385 versus 9.00 ± 4.192 and 11.96 ± 4.497 versus 9.63 ± 4.499 respectively) and irritable scores were higher in the latter, though not significant (6.45 ± 3.823 versus 5.39 ± 2.998). Depressive and anxious temperament scores were close in both groups. The study showed significant temperament differences within gender, socioeconomic status, high school marks, religiosity and political affiliation.

Conclusions: It is relevant and even necessary to include such studies in the selection of candidates who could adapt to a specific professional field on the basis of objective criteria such as conscientiousness, and privileging profile diversity.

Keywords: student; medicine; TEMPS-A; humanities

EPP0059

Spirituality and quality of life among bipolar disorder patients

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doi: 10.1192/j.eurpsy.2021.530

Introduction: Quality of life is a broad and complex concept, but essentially refers to an individual's well-being in a spectrum of life domains.

Objectives: The aim of the present study was to investigate the relationship between spirituality, religiosity (S/R) and quality of life (QOL) among bipolar disorder (BD) patients.

Methods: Data were collected between July and December 2017. Participants were enrolled from the Mood Consultation of the Psychiatry (A) Department of the University Hospital HediChaker. We assessed symptoms of mania [Young Mania Rating Scale (YMRS)], depression [Beck scale], quality of life [World Health Organization Quality of Life-Brief Version (WHOQOL-BREF)] and quality of life aspects related to spirituality, religiousness and personal beliefs [World Health Organization Quality Of Life –Spirituality, Religiousness and Personal Beliefs (WHOQOL-SRPB)]

Results: Our sample included 60 patients. It consisted of 55% of female and the mean age was 44.94 (SD=12.76). The sample included 68% of participant diagnosed with BDI and 32% with BDII. The median score of quality of life was 3 (minimum=1; maximum=5). The median of physic, psychic, social and environmental quality of life was respectively (25, 31, 81 and 19) (Minimum=0; Maximum=100). The mean score of WHOQOL-SRPB was 14.82 (Minimum=4, Maximum=20). S/R were correlated to psychic, social and environmental quality of life ($p=0.006$, $p=0.011$, $p=0.016$). We did not find a significant association between physic quality of life and S/R ($p=0.234$).

Conclusions: Our study suggests that spirituality, religiosity have an important influence on most aspects of the quality of life among bipolar patients.

Keywords: Spirituality; quality of life; biopolar disorder

EPP0060

Study of risk factors for suicide attempts in patients with bipolar disorder

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doi: 10.1192/j.eurpsy.2021.531

Introduction: Bipolar disorder (BD) has the highest suicide attempt rate among psychiatric disorders. Many factors are associated with the risk of suicide attempt in BD, but the relation between them has still not been explicitly stated.

Objectives: This study aimed to examine the clinical variables characterizing patients with BD with prior suicide attempt (PSA).

Methods: This was a descriptive and analytical study, conducted over 3 months, involving 31 euthymic patients with BD, followed up in the outpatient psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia). General, clinical and therapeutic data were collected using a pre-established questionnaire. Quality of life (QOL) was assessed with the «36 item Short-Form Health Survey» (SF-36). Impulsivity was assessed with the Barratt Impulsiveness Scale (BIS-11).

Results: The mean age was 47.25 years and the sex ratio was 1.6. Family history of suicide attempts was found in 25% of cases. Mean score of SF36 was 34 and high degree of impulsivity was noted in 62.5% of cases. The frequency of BD patients with PSA was 12.3% (N=8), with two of these (25%) having more than one PSA. Comorbid alcohol abuse ($p=0.000$), somatic illness ($p=0.013$), high degree of impulsivity ($p=0.032$), and impaired quality of life ($p=0.003$) were significantly more frequent in BD patients with PSA.

Conclusions: We found several clinical variables associated with PSA in BD patients. Even though these retrospective findings did not address causality, they could be clinically relevant to better understanding suicidal behavior in BD and adopting proper strategies to prevent suicide in higher risk patients.

Keywords: Suicide attempts; bipolar disorder; Risk factors

EPP0061

Bipolar disorder's treatment and impulsivity

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doi: 10.1192/j.eurpsy.2021.532

Introduction: Impulsivity is not a classical psychiatric diagnosis like schizophrenia, depression, bipolar or borderline personality disorder. It is a symptom that could occur in almost all psychiatric disorders and in some neurological or systemic diseases.

Objectives: In this study we examine the influence of bipolar disorder's (BD) treatment on the impulsivity.

Methods: We performed a cross sectional study on 30 patients diagnosed with BD and consulting at the Psychiatric department of HediChaker Hospital. Patients were euthymic during the time of the study confirmed by administration Young Mania Rating Scale (YMRS) and Montgomery Depression Rating Scale (MDRS). The socio-demographic data and treatment models were obtained. Impulsivity was evaluated using the Barratt Impulsiveness Scale (BIS-11).

Results: The study sample consisted of 30 patients (10 men and 20 women). The mean age of the sample was 45.83 years (SD= 11. 63). Seventeen patients (56.7%) were married. Half of the participants were using an association of mood stabilizer (MS) and an antipsychotic (AP), 36.7% and 13.3% were receiving respectively only mood stabilizer or an antipsychotic. The mean BIS11 score was 75. 60 (SD=5.51) and 76.7% had a high level of impulsivity. No correlation was found between the level of impulsivity (BIS-11 scores) and using MS, AP or MS+AP ($p=0.199$; $p=0.933$; $p=0.195$).

Conclusions: Further studies should be realized to identify pharmacological treatment of impulsivity among people with BD.

Keywords: Impulsivity; Mood stabilizer; antipsychotic; biopolar disorder

EPP0062

Screening for a false unipolarity in patients treated for a major depressive disorder

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doi: 10.1192/j.eurpsy.2021.533