

Assessment of a cognitive style was made according to Rosenberg Scale, Hopelessness Scale HS-20 and Automatic Thoughts Questionnaire ATQ 30, assessment of the amount of received support - according to Cohen's ISEL.

Results: The presented study revealed that, in both groups of patients, a thinking style is disturbed and that there is a link between a cognitive style and the perception of the level of received support. The link was stronger in the group of patients with unipolar affective disorder. In both groups correlations concerning the emotional support were the highest.

Conclusions: The most important therapeutic implication of the obtained results is confirmation or emphasis of the existence, in the therapy of affective disorders, a common field for cognitive-behavioral therapy and psycho-social interventions. According to shown correlations an improvement in functioning on one field may positively influence other.

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Efficacy of ziprasidone in dysphoric mania: Pooled analysis of two double-blind studies

S. Stahl¹, I. Lombardo², A. Loebel², F. Rappard², F. Mandel².
¹ *Department of Psychiatry, UCSD, San Diego, CA, USA* ² *Pfizer Inc., New York, NY, USA*

Dysphoric mania is a common and often difficult-to-treat subset of bipolar mania that is associated with significant depressive symptoms. In addition to improving mania, ziprasidone has been found to reduce HAM-D scores in subjects with mixed mania. This post-hoc analysis evaluated the efficacy of ziprasidone in the treatment of depressive and other symptoms in patients with dysphoric mania. Pooled data were examined from 2 similarly designed, 3-week, placebo-controlled trials in acute bipolar mania. Subjects were considered to have dysphoric mania if they scored ≥ 2 on at least 2 items of the extracted HAM-D scale (dysphoric mood, worry, self-reproach, and negative self-evaluation). Changes in HAM-D scores from baseline to Days 2, 4, 7, 14, and 21 were evaluated by a mixed-model analysis of variance. Additional assessments included changes in the MRS, CGI-S, PANSS, and GAF scores. Starting on Day 4, HAM-D scores were significantly lower at all visits in subjects treated with ziprasidone compared with those treated with placebo ($P < 0.05$). Mean ($\pm$ SD) improvement in HAM-D score in subjects treated with ziprasidone at study endpoint was -4.2 ± 0.7 , a reduction of 44% from baseline. Ziprasidone-treated subjects also demonstrated significant and persistent improvements on the MRS, CGI-S, PANSS, and GAF scores compared with placebo, starting at Days 2, 2, 7, and 7, respectively. In conclusion, in placebo-controlled trials, ziprasidone significantly improved depressive and other symptoms associated with dysphoric mania.

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Does cannabis use impact on treatment outcome in bipolar illness? A longitudinal analysis

I. van Rossum¹, M. Boomsma¹, D. Tenback², C. Reed³, J. van Os⁴, EMBLEM advisory board. ¹ *Department of Medicine, Eli Lilly Nederland, Houten, The Netherlands* ² *Psychiatric Centre, Altrecht, The Netherlands* ³ *Eli Lilly, Lilly Research Centre, Windlesham, United Kingdom* ⁴ *Department of Psychiatry and Neuropsychology, Maastricht University, Maastricht, The Netherlands*

Background: Research suggests that cannabis use negatively impacts on onset and outcome of schizophrenia. Possible effects in mood disorders have received little investigation. The first study analysing the influence of cannabis exposure on clinical and social treatment outcomes within a bipolar disorder (BP) population during 1 year of treatment is presented.

Method: 3684 patients were enrolled in an observational study when psychotropic treatment for mania was initiated/changed. The influence of cannabis exposure on baseline-corrected clinical and social treatment outcome measures was examined. Mediating effects of six variables on associations between cannabis and outcome measures were investigated further.

Results: Over 12 months of treatment, cannabis users exhibited higher levels of BP overall illness severity, mania and psychosis, and less severe depression symptoms compared to non-users. These associations were most frequently mediated by abuse of alcohol and other substances. Users more frequently abused alcohol and other substances; these associations were not mediated by other variables. Cannabis users engaged in more social activities but had a higher probability of not having a relationship and fewer dependents to care for. Associations with activities and dependents to care for were mediated by various variables, whereas no variables mediated the association with not having a relationship.

Conclusions: Cannabis use impacts on clinical outcomes in patients with BP, with a modest impact on social outcomes. More research is required to further elucidate the mechanism by which cannabis exerts its influence. Understanding the associations between cannabis use and outcome measures may offer valuable insights into treatment strategies.

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Behavioral activation and inhibition systems in bipolar I euthymic patients and its influence in subsequent episodes

J. Salavert¹, X. Caseras², R. Torrubia², N. Ramírez¹, E. Del Moral¹, B. Arranz¹, L. Sanja¹. ¹ *Unidad Integrada de Psiquiatría, Hospital Vall D'Hebron, Hospital San Rafael, Barcelona, Spain* ² *Departament de Psiquiatria i Medicina Legal, Institut de Neurociències de la UAB, Universitat Autònoma de Barcelona, Barcelona, Spain*

In order to better understand individual vulnerabilities to bipolar I disorder, our study evaluates individual differences in Behavioral Activation and Inhibition Systems as possible markers of bipolar I disorder. We evaluated BAS and BIS functioning in 39 bipolar I euthymic patients and in 38 controls. Patients showed higher scores on the BAS scale while differences weren't detected on the BIS scale. Eighteen months after the initial assessment, patients were re-grouped according to the presence and type of new affective episodes. Those relapsing with a depressive episode showed lower scores on the BAS scale than patients suffering from a manic/hypomanic episode, and a tendency to score lower than patients still asymptomatic. The reported higher BAS functioning would reinforce the hypothesis of a trait vulnerability to present approach behaviors during euthymia associated with bipolar I disorder, not necessarily related to the proximity of a manic/hypomanic episode, and interestingly not detected when approaching a depressive episode, circumstance in which BAS functioning would be similar to controls. Results didn't reveal a weaker BIS in patients, hypothesized to account for BAS instability in bipolar I disorder.