

## EPV0253

### The role of environmental factors in sleep disturbances in bipolar disorder: Preliminary analysis from the BEGIN longitudinal study

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**Introduction:** Sleep disturbances are common among individuals with bipolar disorder (BD) and may be present even during euthymic phases and significantly impact illness course and quality of life. This preliminary analysis is part of BEGIN (The Bipolar Exposome-Gene Interaction Naturalistic study).

**Objectives:** Here, we analyze the relationship between subjective sleep disturbances and various lifestyle and environmental factors in BD patients.

**Methods:** Eighty-seven patients diagnosed with BD (Mean age = 50.7 years, SD = 13.6; 44.7% female; Mean BMI = 26.9, SD = 4.61) all in a three-month euthymic phase, were recruited. At baseline, participants completed lifestyle questionnaires covering diet, light exposure, and time spent indoors, alongside assessments of clinical history and circadian rhythms using the BRIAN scale. Sleep quality was assessed through the Pittsburgh Sleep Quality Index (PSQI, with a cutoff >5 for sleep problems) and the Epworth Sleepiness Scale (ESS, with a cutoff >10 indicating excessive daytime sleepiness). Sociodemographic, clinical, and environmental factors were compared between BD patients with and without sleep disturbances.

**Results:** Based on ESS scores, patients with excessive daytime sleepiness had significantly higher overall circadian rhythm disruptions, as indicated by the BRIAN total score ( $p = 0.049$ ). A negative correlation emerged between excessive daytime sleepiness and age at first hospitalization ( $r = -0.36$ ,  $p = 0.003$ ). Disrupted eating patterns, reflected in the BRIAN eating subscale, also correlated with excessive daytime sleepiness ( $r = 0.27$ ,  $p = 0.027$ ). Based on PSQI scores tobacco smoking was positively associated with poor sleep quality ( $r = 0.42$ ,  $p = 0.013$ ), while more time spent with artificial light from electronic devices ( $r = -0.29$ ,  $p = 0.019$ ), and less time spent indoors ( $r = 0.39$ ,  $p = 0.001$ ) correlated with worse sleep quality. Patients experiencing poor sleep also showed less consistency in social routines (BRIAN social score,  $p = 0.028$ ).

**Conclusions:** These preliminary findings suggest that sleep disturbances in BD patients may be intricately linked to lifestyle and environmental factors, such as circadian rhythm disruptions, smoking, and exposure to artificial light. These results highlight the importance of considering environmental and lifestyle modifications to support sleep quality in BD. Future longitudinal analyses will be essential to clarify causal pathways and develop targeted interventions that address circadian and lifestyle factors in managing BD.

**Disclosure of Interest:** None Declared

## EPV0254

### Public perception towards marriage involving individuals with bipolar disorder and its relationship with affirming attitudes among general population

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**Introduction:** Public perceptions regarding marriage in individuals with bipolar disorder are often influenced by societal stigma and misconceptions. These views can shape attitudes towards their suitability for long-term relationships. Misunderstandings about mental illness often create barriers to social acceptance.

**Objectives:** This study aims to explore the general population's perceptions of marriage involving individuals with bipolar disorder and assess how these views relate to broader affirming attitudes towards mental health.

**Methods:** Across sectional study was conducted via an online formulary shared on social media. It included a detailed description of clinical symptoms and outcomes of bipolar disorder along with 13 questions assessing the perception of the participants about marrying an individual with bipolar disorder. A battery for measurement of affirming attitudes was used, it comprised 3 self-report measures: The Empowerment scale(ES), the Recovery scale(RS) and the self-discrimination scale(SDS).

**Results:** A total of 304 participants were included, with the majority aged between 20 and 30 years, 71 participant indicated that they were living with someone diagnosed with a psychiatric disorder. Results show that opinions on marriage for individuals with bipolar disorder are mixed. While 50.3% believe such individuals can marry, there is significant doubt about marriage improving symptoms with 63.5% disagreeing that it helps, and 61.8% rejecting the idea of marriage as a cure. Moreover, 53.0% believe that marriage could worsen symptoms. 55.9% would not personally agree to marry someone with this condition. Similarly, 58.6% would not approve of a relative marrying someone with bipolar disorder. However, despite these concerns, 80.6% agree that people with bipolar disorder have the right to make their own decisions concerning marriage.

Additionally, participants who expressed a refusal to marry someone with bipolar disorder ( $p < 10^{-3}$ ) had significantly higher RS scores. Moreover, participants who believed that individuals with bipolar disorder are dangerous to their partners exhibited significantly higher ES scores ( $p = 0.036$ ). Furthermore, a significant result was observed among participants who disagreed that individuals with bipolar disorder are capable of making decisions regarding marriage, these individuals demonstrated elevated scores on all three scales: RS ( $p < 10^{-3}$ ), ES ( $p = 0.02$ ), and SDS ( $p = 0.01$ ).

**Conclusions:** This study highlights the ongoing challenge of societal stigma towards individuals with bipolar disorder, particularly regarding marriage. While there are encouraging signs of changing attitudes among certain demographic groups, broader efforts are needed to foster a more inclusive and supportive societal perspective on this topic.

**Disclosure of Interest:** None Declared