Conclusions: Bereavement can manifest in various ways, and in a small number of patients, it can trigger the first manic episode of bipolar disorder. Further detailed follow-up research is needed to optimize the diagnostic and treatment processes for these patients.

Disclosure of Interest: None Declared

EPV0192

Real-World Trends in Benzodiazepine Prescribing for Maintenance Treatment of Bipolar Disorders

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Introduction: Bipolar disorders (BD) are highly recurrent, necessitating effective long-term treatment to prevent negative outcomes. Current guidelines recommend maintenance treatment with mood stabilizers (MS) and/or antipsychotics (AP), emphasizing monotherapy after successful acute treatment. Despite limited evidence supporting polypharmacy, real-world prescribing often involves the use of multiple psychotropic drugs when monotherapy fails to adequately manage symptoms. The use of benzodiazepines (BDZ) in BD remains controversial due to potential for misuse and the exacerbation of existing substance use disorders, which are common in this population. Moreover, BDZ use may be linked to an increased risk of mood episode recurrence and could indicate a more severe course of BD.
Objectives: To examine real-world prescribing patterns in BD outpatients, with a specific focus on BDZ use.
Methods: This cross-sectional study included BD outpatients treated at the outpatient department and day hospital at the Institute of mental health in Belgrade during a one-month index period (November 2021). Besides the diagnosis, inclusion criteria were: age 18-65 years, regularly managed medical record established at least three months prior, and a consistent prescription pattern for at least one month. Basic socio-demographic and clinical data, along with information on regularly prescribed medications (MS, AP, antidepressants (AD) and BDZ), were extracted from medical records.
Results: Data from 107 clinically stable BD outpatients (75.7% female, age 44.8±11.7 years) were analyzed. Monotherapy was prescribed to 8.4% of patients, with six receiving only MS and three only AP. The majority (91.6%) were prescribed multiple psychotropic medications, predominantly the combination of MS (87.9%) and AP (80.4%). AD, mainly SSRI, were prescribed to 50.5% of the sample. Additionally, 54.2% were prescribed BDZ daily as part of their maintenance therapy, with a mean daily dose of 3.4 mg lorazepam equivalents (SD=2.5, range 0.5-12.0 mg). Patients prescribed with BDZ, compared to the those without, were significantly older (p=0.002, r=0.300), had a longer psychiatric history (p=0.042, r=0.197), and were less likely to have a comorbid personality disorder (p=0.021, Cramer's V=0.223).
Conclusions: This study illustrates prescribing practices in a university psychiatric clinic in the Western Balkans, an underresearched region. Our findings, similar to those from other regions, indicate that real-world prescribing for BD maintenance often deviates from guidelines, with most patients receiveing polypharmacy, including BDZ in over half of the cases. These results underscore the need for further research into the role of GABAergic mechanisms in the pathophysiology of BD and for randomized studies to assess the efficacy and safety of adjunctive BDZ use in BD management.

Disclosure of Interest: None Declared

EPV0193

Automated Speech Analysis in Bipolar Disorder: The CALIBER Study

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Introduction: Background: Bipolar disorder (BD) is marked by dramatic mood and energy shifts, often mirrored in speech. Traditional diagnosis and monitoring largely rely on subjective clinical assessments. However, advancements in natural language processing (NLP) present an opportunity for more objective speech pattern analysis.
Objectives: Aims: This study aims to (i) identify correlations between speech features and BD symptom severity, (ii) create predictive models for diagnostic and treatment outcomes, and (iii) pinpoint significant speech features and optimal tasks for analysis.
Methods: The CALIBER study is a longitudinal, observational project collecting audio from BD patients during euthymia, acute manic or depressive episodes, and recovery phases. Patients engaged in clinical interviews, cognitive assessments, standard readings, and storytelling (**Figure 1**). Automatic diarization and transcription enabled the extraction of speech features, including acoustic properties, linguistic content, formality, and emotionality. Analyses include (i) correlation of speech features with clinical scales, (ii) predictive modeling using lasso logistic regression, and (iii) feature importance identification.
Results: Preliminary data from 76 patients (24 manic, 21 depressed, 31 euthymic) were analyzed. The cohort had a mean age of 46.0 ± 14.4 years, 63.2% female. Mean YMRS scores dropped from 22.9 ± 7.1 to 5.3 ± 5.3 post-mania, and HDRS-17 scores in depressed patients fell from 17.1 ± 4.4 to 3.3 ± 2.8 post-recovery. Euthymic patients showed lower baseline scores.
Conclusions: Automated speech analysis in BD can provide objective biomarkers for diagnosis and monitoring, highlighting subtle pre-relapse changes and informing treatment strategies. Establishing standardized protocols is vital for developing a global speech database to support collaborative research and enhance BD management.

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EPV0194

Psychological outcomes of patients with bipolar disorder during the perinatal period

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Introduction: Women with bipolar disorder (BD) face a high risk of adverse mental health outcomes during the perinatal period, including a high prevalence of affective episodes and postpartum psychosis. The challenge of management BD in this period includes balancing maternal stability while securing fetal safety, given the teratogenic risks of mood-stabilizing medications.
Objectives: To evaluate the course of BD during the perinatal period, assess the impact of risk factors, and examine the effectiveness of therapeutic interventions.
Methods: This prospective cohort study included 23 patients with various sociodemographic characteristics, diagnosed with BD (ICD-10 criteria). They were monitored over the course of 6 months utilizing EPDS (Edinburgh Postnatal Depression Scale), and the Young Mania Rating Scale at baseline, 3 – months and 6-months follow up, in addition to a clinically guided interview, non-standardized sociodemographic and risk factors questionnaire. The patients were treated with a combined approach in a specialized unit for mothers, including individual and group therapy, along with pharmacological treatment. Nearly all patients were switched to atypical antipsychotics with stabilizing effects while valproate was excluded due to teratogenic risks.
Results: The cohort comprised mostly of women over 30 (69.6%, $p = 0.006$), married (78.3%, $p = 0.000$), with stable socioeconomic status (69.6%, $p = 0.008$). Combined treatment (inpatient and outpatient) was predominant (82.6%, $p = 0.000$), with antipsychotics either alone (21.7%) or in combination with other medications as the most common treatment (91.3%, $p = 0.000$). All participants reported risk factors, including history of affective episodes (95.6%), traumatic events, intimate-partner violence (34.8%), substance abuse (26.1%), and unplanned pregnancy (21.7%).The EPDS scores showed a low likelihood of depression at baseline, 3, and 6 months (56.5%, 69.6%, 69.6%; $p < 0.05$), with mean scores decreasing from baseline to three months and slightly increasing at six months ($p = 0.81$). The YMRS scale indicated a significant reduction in mania from baseline to six months ($p = 0.038$). There was no significant correlation between risk factors and postnatal depression ($p > 0.05$).
Conclusions: The study confirms that BD women are at high risk for affective destabilization during the perinatal period. While continuous treatment mitigates severe mood deterioration, BD women remain vulnerable, necessitating long-term monitoring. One or more risk factors were registered in all of the participants. Although no direct significant correlation was observed in this study, existing literature suggests that risk factors such as unplanned pregnancy, abrupt medication changes, and intimate-partner violence are associated with adverse outcomes in BD women during the perinatal period. Understanding and managing these risks is essential for comprehensive BD care.

Disclosure of Interest: None Declared

EPV0197

Bipolar Disorder and Fitness for Work: A Study of 17 Cases

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Introduction: The impact of bipolar disorder on occupational health and work ability has garnered increasing attention, as it significantly influences individuals' professional functioning
Objectives: To examine the socio-professional characteristics of workers diagnosed with bipolar disorder and evaluate their fitness for work.
Methods: Retrospective descriptive study of patients with psychiatric disorders seeking medical assessments at the occupational pathology department between January 2011 and January 2024.
Results: A total of 17 patients with bipolar disorder were included, with a mean age of 36.3±8.6 years and a sex ratio of 0.42. The average professional seniority was 10.8±7.7 years. In terms of marital status, 37.5% were married, and 62.5% were single. Regarding educational level, 37.5% had completed secondary education, while 58.8% had a higher education degree, and 50% reported a family history of psychiatric disorders. Concerning lifestyle habits, 37.5% of patients were smokers, and 6.3% consumed alcohol. The most common sectors of activity were telecommunications (31.3%), transportation (18.8%), healthcare (18.8%), and cleaning and maintenance (12.5%). Workplace exposures included solvents (12.5%), noise (43.8%), imposed work pace (35.3%), lack of autonomy (35.3%), and conflicts with hierarchical superiors (62.5%). Work schedules varied, with night shifts (43.8%), alternating shifts (24.9%), and fixed hours (31.3%). Reported challenges included irritability (94.1%), sadness (93.8%), sleep disturbances (81.3%), appetite changes (43.8%), concentration difficulties (31.3%), and suicidal thoughts (25%). The disorder impacted work performance in 66.7% of cases, and 53% of patients required sick leave with an average duration of 7.4 months; 75% reported improvement under treatment. Medical assessments for work ability found that 18.8% were fit for work, 12.5% were permanently unfit, and 6.3% were temporarily unfit, while 56.3% required workplace adjustments, including avoidance of answering phone calls (12.7%), fixed work hours (23.5%), exclusion from night shifts (11.8%), and avoidance of public contact (17.6%); 6.3% underwent job reassignment.
Conclusions: Bipolar disorder has a substantial impact on work ability, highlighting the need for customized interventions and job accommodations to ensure that workers can maintain their roles and productivity.

Disclosure of Interest: None Declared