Introduction: The early diagnosis of bipolar II disorder remains difficult in clinical practice, hence the importance of psychometric tests.
Objectives: To detect hypomania in patients followed for a major depressive disorder (MDD) and to determine factors which are correlated with it.
Methods: This was a cross-sectional, descriptive and analytical study. It involved 40 psychiatric outpatients, who were followed for MDD (isolated or recurrent episode) at the Hedi Chaker University Hospital in Sfax (Tunisia), from January 26 to February 10, 2020. The study was conducted using a questionnaire and the Angst Hypomania Checklist-20 (HCL-20).
Results: The sex ratio (M/F) was 0.66 with an average age of 54.8 years. MDD started at an average age of 41.45 years. According to HCL-20, half of our sample had hypomania. The presence of hypomania was correlated with young age (p = 0.022), academic failure (p = 0.038) and smoking (p = 0.003). In addition, there was a statistically significant relationship between the presence of hypomania and the characteristics of the disease: number of depressive episodes ≥ 2 (p = 0.013), psychotic features (p = 0.038), melancholic features (p=0,025) and premature discontinuation of treatment (p = 0.003).
Conclusions: Our study confirmed that bipolar depression is still underdiagnosed and poorly treated. Questioning a patient about a history of hypomania would be a delicate task and would require the help of a scale, in particular the HCL -20.

Keywords: HCL-20; bipolar depression; bipolar II disorder; hypomania

EPP0063

How does coping influence impulsivity in patients with remitted bipolar disorder?

N. Messedi[1]*, E. Mhiri[1], F. Charfeddine[1], O. Bouattour[2] and L. Aribi[3]

[1]Psychiatry (b), Hedi Chaker University hospital, sfax, Tunisia; [2]Psychiatry, Hedi Chaker University hospital, sfax, Tunisia and [3]Psychiatry (b), Hedi Chaker University hospital, Sfax, Tunisia

*Corresponding author.
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Introduction: Impulsivity is an important component of the phenomenology of bipolar disorder. Recent studies show that bipolar patients use various strategies to deal with life stressors and with the discomfort related to their disease.
Objectives: To study impulsivity and coping strategies in bipolar patients in remission phase and the factors associated with them.
Methods: A cross-sectional, descriptive and analytical study of 30 patients followed for bipolar disorder, in remission, at the psychiatric outpatient clinic at CHU Hédi Chaker in Sfax. We used a sociodemographic and clinical data sheet, the Ways Of Coping Checklist to assess coping and the Barratt Impulsivity Scale to assess impulsivity.
Results: The average age was 43.77 years, the sex ratio was 0.5. Smoking was found in 30%. Bipolar I disorder was diagnosed in 93% of patients. The mean age of onset was 27.8 years, and the mean duration of illness was 15 years. *Impulsivity was found in 20% of cases and was correlated with the duration of the disease (p = 0.016) and smoking (p = 0.009). *Coping focused on the problem present in 70% of patients, correlated with the duration of the disease (p = 0.032) and coping (p=0.02). *Emotion-centered coping revealed in 20% of patients, correlated with gender (p = 0.037) and cognitive impulsivity (p=0.032). *Coping focused on seeking social support was present in 10% of patients.
Conclusions: Impulsivity is quite frequent in remitted bipolar patients, who mainly used problem-focused coping and a cognitive management of the stressful event. Thus the hypothesis was that impulsivity is core trait of bipolar disorder.

Keywords: Bipolar; Remitted; Impulsivity; Coping

EPP0064

Specificities of bipolar depression in psychiatric inpatients

M. Kacem[1]*, S. Khouadja[2], S. Brahim[3], I. Betbout[2] and L. Zarrouk[4]

[1]Department Of Psychiatry, University hospital of mahdia, chebba, Tunisia; [2]Psychiatry, University Hospital Of Mahdia, Mahdia, Tunisia; [3]Department Of Psychiatry, University Hospital of Mahdia, chebba, Tunisia and [4]Department Of Psychiatry, University Hospital Of Mahdia, Tunisia., Psychiatry, Mahdia, Tunisia

*Corresponding author.
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Introduction: Bipolar depression is not strictly clinically identical to unipolar depression.
Objectives: To describe the clinical characteristics of patients with bipolar depression and to identify factors linked to bipolar depression.
Methods: This is a cross-sectional, descriptive and comparative study carried out at the psychiatric department of the University Hospital of Mahdia. We have included 26 patients with bipolar depression and have compared them to 26 patients with unipolar depression. The data were collected from patients' medical files. The analytical study has been made using Chi2 tests. The threshold of p<0.05 was considered as significant.
Results: The mean age was 45 years. The majority of patients were male (61.5%) and unemployed (69.2%). Half of the patients were married. Alcohol consumption was found in 30.8% of cases. Family history of bipolar disorder and attempted suicide were present in 27% and 11.5% of cases respectively. A hospitalization number greater than or equal to 4 was found in 54% of cases. Personal history of suicide attempts was found in 46.2% of cases. At the psychiatric examination, psychomotor retardation, anxiety and psychotic and atypical characteristics were present in 73%, 31%, 42.3% and 7.7% of cases respectively. 46.2% of patients were treated with antidepressants in combination with a mood stabilizer. Antipsychotic treatment was combined in 80.8% of cases. A significant difference was noted for the number of hospitalizations, anxiety and antipsychotic treatment.
Conclusions: An early distinction between bipolar and unipolar disorders is crucial for the treatment of both diseases.

Keywords: Depression; bipolar; inpatients; specificities

EPP0066

Clinical and evolutionary features of bipolar disorder in women

M. Tfifha[1]*, W. Abbes[2], M. Nefoussi[1], M. Abbes[2], K. Mdhaffar[1], K. Zitoun[2] and L. Ghanmi[2]

[1]Department Of Psychiatry, regional hospital of gabes, gabes, Tunisia and [2]The Department Of Psychiatry, Hospital of gabes, Gabes, Tunisia

*Corresponding author.
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