SP019

Clinical course as a core feature of bipolar disorder

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Background: Bipolar disorder (BD) has been variably conceptualized as a recurrent/episodic or a chronic condition. This lack of consensus may reflect the heterogeneity of the illness, potentially shaped by external factors such as treatment effects, comorbid conditions, or early-life trauma.
Methods: We present longitudinal data from 799 patients with BD meeting DSM-IV criteria. Intake assessments were conducted using the SADS-L or SCID interviews and subsequently reviewed in a blinded manner by a panel of expert clinicians. Information on clinical course, symptom profiles, and comorbidities was obtained through interviews, OPCRIT ratings, and medical records. Family history was assessed using direct interviews with relatives and the FH-RDC. After bivariate analyses, polychotomous logistic regression was performed with type of clinical course as the dependent variable, along with factor analysis of clinical profiles using the principal component method. A second cohort of 128 patients was used to assess the validity of the findings.
Results: The sample included 313 men and 486 women, with a mean age at last assessment of 45.1 ± 15.0 years and a mean illness duration of 20.7 ± 13.5 years. Of these, 549 patients had BD type I and 250 had BD type II. Clinical course was classified as episodic with full symptomatic and functional recovery between episodes (n = 311), episodic with residual symptoms and/or incomplete functional recovery (n = 237), or chronic (n = 251). The three groups differed significantly (all ps < 0.001) across multiple variables, including BD subtype, age at onset, predominant polarity, long-term lithium response, family history of BD, and comorbid conditions. Across comparisons, the episodic group with residual symptoms showed intermediate characteristics between the fully episodic and chronic groups. In logistic regression analyses, an episodic course was associated with BD type I diagnosis, manic predominant polarity, lower rates of comorbid generalized anxiety disorder (GAD) and obsessive-compulsive disorder (OCD), and a positive family history of BD. Factor analysis identified six factors: (F1) diagnosis, polarity, and psychotic symptoms; (F2) social anxiety and GAD; (F3) clinical course and family history; (F4) panic disorder and OCD; (F5) sex and age at onset; and (F6) substance abuse. These findings were largely replicated in the second cohort.
Conclusions: These results support the view that patients with an episodic clinical course represent a distinct subtype of BD characterized by stronger genetic liability and better long-term response to lithium treatment. Future studies should investigate these differences at the genomic level.

Disclosure of Interest: None Declared

SP020

Challenges of validated decision support solutions in bipolar disorder: from actigraphy-based relapse detection to improving patient outcomes

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Aims: Symptom stabilization and prevention of clinical episodes are among the primary goals of clinical treatment of bipolar disorder (BD). It is complicated, among others, by the high intra-individual and inter-individual variability in long-term clinical course development. While digital tools offer great potential for symptom monitoring and clinical decision-making, demonstrating their clinical effectiveness and cost-effectiveness in the long term poses multiple challenges that have rendered past studies largely unsuccessful. We illustrate the potential and challenges using results from two longitudinal cohort studies in BD patients.
Methods: The purely observational trial Aktibipo included 369 BD patients who were monitored for 18+ months using weekly self-assessment (ASERT), continuous wrist-worn actigraphy, and clinical evaluation (MADRS, YMRS, hospitalizations). The subsequent trial VALM1, used the same actigraphy and self-assessment monitoring and additionally included a digital intervention app (Mindpax), delivering targeted feedback and psychoeducation based on actigraphy and clinical status development. This follow-up trial included 86 patients, following up from the Aktibipo, and a group of 57 newly enrolled patients, monitored for 6 to 12 months. Clinical status, quality of life (Q-les-Q), and disability (WHODAS) were evaluated at three-month intervals.
Results: A machine-learning classifier, trained on the Aktibipo study, showed balanced accuracy of 78%/80% when predicting episodes of depression/mania on the VALM1 cohort, using self-assessments and actigraphy. When validating the clinical impact of the system in VALM1, the AB group, which had previously used a monitoring system, did not show improvement after the intervention. The newly enrolled group showed significant improvement in WHODAS both at 6 months (d=-0.40, p=0.004) and 12 months (d=-0.41, p=0.046). The primary outcomes: QlesQ at 12 months, clinical status (MADRS, YMRS) and hospitalization rates did not show any improvement.
Conclusions: The actigraphy provides warning signs of relapse, which have predictive power - especially when combined with self-assessments. The resulting implemented digital intervention showed improvement in disability but not in quality of life: while the QlesQ is an overall measure that covers a wide range of factors, the WHODAS better reflects the patient's current state. The solution benefited newly enrolled patients only. Validation of reduction in relapse rates will require a novel approach to clinical validation of long-term digital therapeutic tools.

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