**Methods:** Data were collected between July and December 2017. Participants were enrolled from the Mood Consultation of the Psychiatry (A) Department of the University Hospital HediChaker. We assessed symptoms of mania [Young Mania Rating Scale (YMRS)], depression [Beck scale], quality of life [World Health Organization Quality of Life-Brief Version (WHOQOL-BREF)]andquality of life aspects related to spirituality, religiousness and personal beliefs [World Health Organization Quality Of Life –Spirituality, Religiousness and Personal Beliefs (WHOQOL-SRPB)]
**Results:** Our sample included 60 patients. It consisted of 55% of female and the mean age was 44.94 (SD=12.76). The sample included 68% of participant diagnosed with BDI and 32% with BDII The median score of quality of live was 3 (minimum=1; maximum=5). The median of physic, psychic, social and environmental quality of life was respectively (25, 31, 81 and 19) (Minimum=0; Maximum=100). The mean score of WHOQOL-SPRB was 14.82 (Minimum=4, Maximum=20). S/R were correlated to psychic, social and environmental quality of life (p=0.006, p=0.011, p=0.016). We did not find a significant association between physic quality of life and S/R (p=0.234).
**Conclusions:** Our study suggests that spirituality, religiosity have an important influence on most aspects of the quality of life among bipolar patients.

**Keywords:** Spirituality; quality of life; biopolar disorder

## EPP0060

## Study of risk factors for suicide attempts in patients with bipolar disorder

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**Introduction:** Bipolar disorder (BD) has the highest suicide attempt rate among psychiatric disorders. Many factors are associated with the risk of suicide attempt in BD, but the relation between them has still not been explicitly stated.
**Objectives:** This study aimed to examine the clinical variables characterizing patients with BD with prior suicide attempt (PSA).
**Methods:** This was a descriptive and analytical study, conducted over 3 months, involving 31 euthymic patients with BD, followed up in the outpatient psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia). General, clinical and therapeutic data were collected using a pre-established questionnaire. Quality of life (QOL) was assessed with the «36 item Short-Form Health Survey» (SF-36). Impulsivity was assessed with the Barratt Impulsiveness Scale (BIS-11).
**Results:** The mean age was 47.25 years and the sex ratio was 1.6. Family history of suicide attempts was found in 25% of cases. Mean score of SF36 was 34 and high degree of impulsivity was noted in 62.5% of cases. The frequency of BD patients with PSA was 12.3% (N=8), with two of these (25%) having more than one PSA. Comorbid alcohol abuse (p=0.000), somatic illness (p=0.013), high degree of impulsivity (p=0.032), and impaired quality of live (p=0.003) were significantly more frequent in BD patients with PSA.
**Conclusions:** We found several clinical variables associated with PSA in BD patients. Even though these retrospective findings did not address causality, they could be clinically relevant to better understanding suicidal behavior in BD and adopting proper strategies to prevent suicide in higher risk patients.

**Keywords:** Suicide attempts; bipolar disorder; Risk factors

## EPP0061

## Bipolar disorder's treatment and impulsivity

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**Introduction:** Impulsivity is not a classical psychiatric diagnosis like schizophrenia, depression, bipolar or borderline personality disorder. It is a symptom that could occur in almost all psychiatric disorders and in some neurological or systemic diseases.
**Objectives:** In this study we examine the influence of bipolar disorder's (BD) treatment on the impulsivity.
**Methods:** We performed a cross sectional study on 30 patients diagnosed with BD and consulting at the Psychiatric department of HediChaker Hospital. Patients were euthymic during the time of the study confirmed by administration Young Mania Rating Scale (YMRS) and Montgomery Depression Rating Scale (MDRS). The socio-demographic data and treatment models were obtained. Impulsivity was evaluated using the Barratt Impulsiveness Scale (BIS-11).
**Results:** The study sample consisted of 30 patients (10 men and 20 women). The mean age of the sample was 45.83 years (SD= 11. 63). Seventeen patients (56.7%) were married. Half of the participants were using an association of mood stabilizer (MS) and an antipsychotic (AP), 36.7% and 13.3% were receiving respectively only mood stabilizer or an antipsychotic. The mean BIS11 score was 75. 60 (SD=5.51) and 76.7% had a high level of impulsivity. No correlation was found between the level of impulsivity (BIS-11 scores) and using MS, AP or MS+AP (p=0.199; p=0.933; p=0.195).
**Conclusions:** Further studies should be realized to identify pharmacological treatment of impulsivity among people with BD.

**Keywords:** Impulsivity; Mood stabilizer; antipsychotic; biopolar disorder

## EPP0062

## Screening for a false unipolarity in patients treated for a major depressive disorder

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