Results: 31 of 539 patients with bipolar disorder were referred, 14 were included and one dropped out of treatment. Group CBT-I-BD was acceptable as shown by high session attendance and good homework compliance. Participants highly appreciated the treatment, the group format and learning effect. Insomnia severity decreased significantly between baseline and post-treatment. Group CBT-I-BD did not cause mood episodes during treatment and although not requested, the total number of nights with sleep medication decreased.
Conclusions: Group CBT-I-BD seems to be a feasible, acceptable and therefore viable treatment for euthymic patients with bipolar disorder suffering from persistent insomnia. The small sample size, resulting in small CBT-I-BD groups was a main limitation of the study.

Keywords: bipolar disorder; Insomnia; cognitive behavior therapy; group therapy

EPP0041

Barriers and facilitators associated with pharmacological treatment in bipolar disorder patients.

J.Á. Alcalá Partera[1]*, A. Fontalba Navas[2], M. Company Morales[3], S. L. Romero Guillena[4], T. Gutiérrez Higueras[1], F. Calera Cortés[1], S. Vicent Forés[1] and L. Gutiérrez Rojas[5]

[1]Clinical Unit Of Mental Health., Reina Sofia University Hospital., Córdoba., Spain; [2]Antequera., Northern Málaga Integrated Healthcare Area., Málaga., Spain; [3]Faculty Of Nursing, Physiotherapy And Medicine., University of Almeria., Almería, Spain; [4]Clinical Unit Of Mental Health., Virgen Macarena University Hospital., Sevilla, Spain and [5]Department Of Psychiatry., University of Granada., Granada, Spain

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.519

Introduction: The main factors that are involved in a correct adherence to the therapeutic recommendations in Bipolar Disorder includes aspects related to age, sex, ethnicity, socioeconomic level and characteristics of the illness associated with the severity, comorbidity and adverse effects related to previous medicine.
Objectives: To analyse the individual perception that the patient with Bipolar Disorder has regarding the positive and negative aspects of taking the recommended medication.
Methods: Descriptive and interpretative observational study under the qualitative paradigm of research, extracting the data through the completion of four focus groups with ten patients everyone. To complete the codification of the content of the participant's discourses, we rely on the QRS NVivo 10 computer program.
Results: In the participant's discourse concerning the main barriers to pharmacological treatment, for example "It's because we live in a society and, because of that, we don't go without medicine; if we didn't live in society, we wouldn't take medicine because we wouldn't bother anyone". Some examples of patient's discourse, about perceived facilitators were: "I have to take medicine for my bipolar disorder, that's it, I have a treatment, my illness has a name".
Conclusions: The main facilitators regarding the use of pharmacological treatment in Bipolar Disorder are the perceived need for treatment in the acute phase and the recognition of the illness, the shared clinical decision and the causal biological attribution in the chronic phase. About perceived barriers, social control is identified in both phases, adverse effects in the acute cases and the absence of effective treatment in the chronic state.

Keywords: bipolar disorder; facilitators and barriers; pharmacological treatment; beliefs

EPP0042

Effectiveness of antidepressants in bipolar depression

S. Potanin* and M. Morozova

Laboratory Of Psychopharmacology, FSBSI Mental Health Research Center, Moscow, Russian Federation

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.520

Introduction: Prescribing antidepressants in the treatment of bipolar depression remains highly controversial due to the inconsistency between routine clinical practice and the results of controlled trials.
Objectives: To assess the validity of antidepressants use in bipolar depression from the point of view of evidence-based medicine.
Methods: Database search (Scopus and MEDLINE) followed by analysis of studies concerning the efficacy and safety of antidepressants in the bipolar depression treatment.
Results: The search found 23 studies. There was a high degree of inconsistency in the results, apparently related to the methodology. Only two studies compared the effectiveness of antidepressants in monotherapy with placebo. No differences were found in the study with 740 participants but in the study with 70 participants with type 2 bipolar disorder antidepressants were found to be more effective than placebo. Nevertheless, both studies had significant methodological issues. In 6 studies comparing the effectiveness of the combination of antidepressants with mood stabilizers against the combination of mood stabilizers with placebo, only the effectiveness of fluoxetine in combination with olanzapine was confirmed, other antidepressants were ineffective. At the same time, studies where antidepressants were compared with each other in combination with mood stabilizers revealed a significant clinical response to therapy. Risk of the treatment emergency adverse events were relatively low for SSRI.
Conclusions: Despite the contradictory literature data, the use of antidepressants in bipolar depression is justified from the point of view of evidence-based medicine for certain groups of patients with taking into account risk factors.

Keywords: bipolar depression; effectiveness; antidepressant treatment

EPP0043

Circadian rhythm dysfunction in bipolar affective disorder

M.T. Valadas[1]* and R. Mota Freitas[2]

[1]Serviço De Psiquiatria, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal and [2]Departamento De Psiquiatria E Saúde Mental, Hospital do Espírito Santo de Évora, Évora, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.521

Introduction: Sleep is paramount in bipolar affective disorder and sleep disturbance can be a trigger or initial manifestation of an episode of illness. Changes in the circadian rhythm in bipolar affective disorder have consistently been recognized and reported, however, this feature can be overlooked in daily clinical practice.
Objectives: We aim to review and summarize the literature regarding changes in circadian rhythm in patients with bipolar affective disorder.

https://doi.org/10.1192/j.eurpsy.2021.520 Published online by Cambridge University Press