Moreover age at onset of disease was significantly lower in BPD-1 group with MS than without MS ($p < 0.05$). Number of suicide attempts was significantly higher in BPD-1 group with MS than without MS ($p < 0.05$). Catatonic and melancholic depression were significantly more prevalent in the BPD-1 with MS than without MS ($p < 0.05$).
Conclusions: Our findings suggest that MS might have an effect on functioning in BD patients even in euthymic period.

Disclosure: No significant relationships.
Keywords: bipolar disorder; Metabolic syndrome; Functionality

EPV0038

Chronotype and biological rhythms in bipolar disorders

A. Ben Cheikh Ahmed[1], U. Ouali[1]*, I. Bouslama[2], Y. Zgueb[1] and F. Nacef[1]

[1]Department Psychiatry A, Razi Hospital, Manouba, Tunisia and [2]Department Psychiatry A, Razi University Hospital, La Manouba, Tunisia

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1653

Introduction: Biological rhythms play an important role in the etiology of mood disorders. Several lines of evidence established a link between circadian rhythm disruption and mood episodes. Chronotypes are the behavioral manifestations of circadian rhythms and eveningness appears to be more frequent in bipolar disorder (BD). The influence of chronotype on mood symptoms needs yet to be clarified.
Objectives: -Identifying the predominant chronotype in a Tunisian sample of patients with BD -Assessing the association between chronotype and biological rhythm disruptions in the sample
Methods: For this study, a total of 80 euthymic outpatients with bipolar disorder and 80 control subjects were recruited. Biological rhythms disruptions were assessed using the Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN). Predominant chronotype was identified using the composite scale of morningness (CSM).
Results: BRIAN scores showed greater biological rhythms disruptions in bipolar patients than the control subjects (mean scores 35.26±9.21 vs 25.84±2.68). Low CSM scores in the patients' group indicated a predominant evening chronotype whereas an intermediate chronotype was more frequent within the control group. The correlation analysis revealed a statistically significant negative correlation between the 2 scales ($r=-0.716$, $p<0.001$): the CSM scores decreased as the BRIAN scores increased.
Conclusions: This study indicates that eveningness is more common in BD. This chronotype is more likely to disturb biological rhythms which may increase the risk of mood symptoms and lead to a poor prognosis for BD, thus the relevance of treating rhythm alterations, especially in evening-type patients, in order to improve their quality of life and prevent mood episodes.

Disclosure: No significant relationships.
Keywords: Bipolar Disorders; biological rhythms; chronotype; BRIAN scale

EPV0040

Social rhythms and occupational functioning disturbance in remitted bipolar patients

A. Ben Cheikh Ahmed, U. Ouali*, H. Jemli, A. Aissa and F. Nacef

Department Psychiatry A, Razi Hospital, Manouba, Tunisia

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1654

Introduction: Biological rhythm disturbance is etiologically involved in mood disorders. Previous literature focused on studying sleep disruption in bipolar disorders (BD). However, only a few studies addressed the influence of social rhythms and occupational functioning as they may affect circadian regularity and consequently be a critical pathway to mood symptoms.
Objectives: The main aim of this study was to assess biological rhythms in remitted bipolar patients and to evaluate their social rhythms and occupational functioning.
Methods: We recruited a total of 80 euthymic outpatients with BD and 80 control subjects. Biological rhythm disruptions were assessed using the Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN), an interviewer administered questionnaire that assesses disruptions in sleep, eating patterns, social rhythms, and general activity.
Results: Patients with BD experienced greater biological rhythm alterations than the control group (BRIAN total scores 35.26±9.21 vs. 25.84±2.68). In addition to their sleep-wake rhythm (mean scores 11.1±3.95 vs. 7.41±1.41), patients were particularly more impaired than the control group with regards to social rhythms (7.31 ± 2.57 vs. 5.24 ± 1.06) and general activity (8.9 ± 3.35 vs. 7.01 ± 1.4).
Conclusions: Our study indicated that patients with BD experience major disruptions in their social rhythms and occupational functioning. These alterations may lead to unstable biological rhythms and to a higher risk of mood episodes. Therefore, consolidating social rhythms and functioning appears to be a crucial step for preventing relapses in patients with BD.

Disclosure: No significant relationships.
Keywords: chronobiology; social rhythms; occupational functioning; Bipolar Disorders

EPV0041

Prediction of functional outcome in bipolar disorder: Effects of cognitive remediation and cognitive psychoeducational group therapy

G. Sachs* and A. Erfurth

1st Department Of Psychiatry And Psychotherapeutic Medicine, Klinik Hietzing, Wien, Austria

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1655

Introduction: In bipolar patients cognitive deficits are an important feature. Persisting neurocognitive impairment is associated with low psychosocial functioning.