Disclosure: Michael Ott has been a scientific advisory board member of Astra Zeneca Sweden, Ursula Werneke has received funding for educational activities on behalf of Norrbotten Region (Masterclass Psychiatry Programme 2014–2018 and EAPM 2016, Luleå, Sweden): Astra
Keywords: attention deficit disorder with hyperactivity; central nervous system stimulants; self-injurious behaviour; bipolar disorder

O016

Multicentre evaluation of perinatal pharmacological management in women with bipolar disorder

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doi: 10.1192/j.eurpsy.2021.240

Introduction: The pharmacological management of women with bipolar disorder in the perinatal period is challenging. This population has a high recurrence rate, but some medications can be a concern in pregnancy and breastfeeding. Little is known about prescribing practices in perinatal services, and the impact of medication on recurrence rates.
Objectives: To describe 1. the use of medication in women with bipolar disorder in the perinatal period and 2. the impact of medication on the rate of recurrence.
Methods: Clinical data was collected from pregnant women with diagnosis of bipolar disorder in the nine participating centres and who were not experiencing an episode of illness entering the postpartum period. Data were analysed for association using χ^2 tests and logistic regression.
Results: In this sample of 167 women, 55% were taking medication at delivery: 37% antipsychotics, 15% mood stabilisers, 25% antidepressants. In 12 cases medication was reduced before delivery. 42% experienced a recurrence, with 30% being a manic/psychotic episode. There was no significant association between taking medication and recurrence $c^2(1)=0.72$, p=0.79. There continued to be no association when adjusted for severity (previous admissions, age at first treatment, bipolar subtype) and type of medication OR 0.57 95%CI [0.08; 4.29], p=0.59.
Conclusions: A high number of bipolar women are taking medication before delivery and in the majority antipsychotics are prescribed. The postnatal recurrence rate in both medicated and unmedicated women is high. Further work is needed in larger samples to provide clinical guidance for women and their clinicians.

Disclosure: No significant relationships.
Keywords: bipolar disorder; pregnancy; Postpartum; perinatal

O017

Polygenic risk and predominant polarity in individuals with bipolar disorder

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doi: 10.1192/j.eurpsy.2021.241

Introduction: Individuals with bipolar disorder often have a 'predominant polarity' (e.g. depressive or manic) that characterizes the majority of episodes over the course of the illness. Genome-wide association studies have suggested a relationship between genetic risk and phenotypic heterogeneity in bipolar disorder. However, to date, no study has directly examined the association between polygenic liabilities and predominant polarity in bipolar disorder.
Objectives: To estimate the associations between the polygenic risk score for major depressive disorder (PRS-MD), bipolar disorder (PRS-BD) and schizophrenia (PRS-SZ), and predominant polarity among individuals with bipolar disorder in hospital-based settings in Denmark.
Methods: The study sample will include all individuals from the Initiative for Integrated Psychiatric Research (iPSYCH2015) sample who received a diagnosis of bipolar disorder and were successfully genotyped (approximately 3,400). Information on polarity will be computed based on data from the Danish Central Psychiatric Research Register. PRS variables will be generated using the most recent results from the Psychiatric Genomics Consortium. Odds ratios for the associations between PRS variables and polarity will be estimated using logistic regression.
Results: We hypothesize that PRS-MD will be highest among the predominantly depressed patients, that PRS-BD will be highest among those with predominantly manic/mixed episodes, and that PRS-SZ will be highest among those who experience psychotic mania or psychotic bipolar depression. The results will be shown at the conference.
Conclusions: A finding of association between genetic liability and predominant polarity in bipolar disorder could pave the way for stratification on genetic liability in future treatment studies and in clinical practice.

Disclosure: No significant relationships.
Keywords: bipolar disorder; predominant polarity; Polygenic risk

O018

The role of affective temperaments in predicting symptom severity in bipolar disorder

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doi: 10.1192/j.eurpsy.2021.242

Introduction: Bipolar disorder (BD) is one of the most burdensome psychiatric illnesses, being associated with a negative long-term outcome and high suicide rate. Although affective temperaments are considered possible mediators of outcome, their role on the course and outcome of BD remains poorly studied.

https://doi.org/10.1192/j.eurpsy.2021.242 Published online by Cambridge University Press

Objectives: The aims of the present study are to describe the clinical characteristics of patients with BD more frequently associated with the different affective temperaments and to verify which affective temperaments are associated with a more severe clinical picture in a sample of patients with BD.
Methods: All patients with BD referring to the outpatient units of two Italian university sites have been recruited. Patients' psychiatric symptoms, affective temperaments, and quality of life were investigated through validated assessment instruments.
Results: 199 patients were recruited. 54.8% of patients had a diagnosis of bipolar I disorder. 56.8% of the sample reported at least one episode of aggressive behaviours and 30.2% of suicidal attempt. Predominant cyclothymic and irritable temperaments predicted more frequent relapses, a poorer quality of life (p<;0.05), more aggressive behaviours and suicide attempts (p<;0.01). The predominant hyperthymic disposition was a protective factor for several outcome measures, including relapses and suicidality (p<;0.01), and was correlated with a less severity of psychiatric symptoms and later age at onset (p<;0.05).
Conclusions: Early identification of affective temperaments in BD patients can help clinicians to identify those who could show a worse prognosis. A screening of affective temperaments can be useful to develop early targeted integrated pharmacological and psychosocial interventions.

Disclosure: No significant relationships.
Keywords: bipolar disorder; temperament; symptom; Screening

O019

The role of Vit D and parathyroid hormone in clinical severity of patients with bipolar disorder

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doi: 10.1192/j.eurpsy.2021.243

Introduction: Vitamin D modulates the biosynthesis of neurotransmitters and neurotrophic factors, thus influencing mood and its alterations. Decreased blood levels of Vitamin D are involved in many psychiatric disorders, in particular, affective disorders. As regards bipolar disorder (BD), an association between vitamin D deficiency and severity of illness has been found.
Objectives: In this observational study, we assessed calcium homeostasis imbalance in a sample of patients with BD; in particular, we explored whether serum levels of PTH, Vitamin D and calcium influence the clinical presentation of BD and its symptom severity.
Methods: All patients were administered with validated assessment instruments to assess psychopathology, affective temperaments and global functioning. Vitamin D and PTH levels were assessed in all patients. An-ad hoc schedule was administered for sociodemographic and clinical characteristics.
Results: The total sample consisted of 199 patients (females: 51%; mean age: 47.1 $\pm$ 13.2 years). Levels of serum PTH were directly correlated with the total number of hospitalizations (p< 0.01), and of depressive (p< 0.0001), manic (p< 0.001) and hypomanic episodes (p< 0.01). Serum levels of Vitamin D were positively associated with age at first psychiatric contact and were inversely correlated with the total number of depressive episodes (p< 0.05) and cyclothymic temperament (p< 0.05).
Conclusions: Increased levels of PTH and Vit D correlate with a worse clinical outcome of patients with BD. Our results highlight the importance to routinely assess PTH, Vit D and calcium levels in BD patients. Moreover, vitamin D may represent a valid add-on treatment for these patients.

Disclosure: No significant relationships.
Keywords: bipolar disorder; vitamin D; symptoms; calcium levels

O020

Predicting functional outcome in bipolar patients: Effects of cognitive psychoeducational group therapy after 12 months

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doi: 10.1192/j.eurpsy.2021.244

Introduction: Cognitive impairment is known as a core feature in bipolar patients. Persisting neurocognitive impairment has been associated with low psychosocial functioning.
Objectives: The goal of this work was to identify clinical and cognitive predictors for functional impairment, symptom severity and early recurrence in bipolar disorder, as well as to compare the neurocognitive performance of bipolar patients with that of healthy probands.
Methods: 43 remitted bipolar patients and 40 healthy controls were compared using a neurocognitive battery testing specifically attention, memory, verbal fluency and executive functions. In a randomized controlled trial, the 43 remitted patients were assigned to two treatment conditions as add-on to state-of-the-art pharmacotherapy: cognitive psychoeducational group therapy over 14 weeks or treatment-as-usual. At 12 months after therapy, functional impairment and severity of symptoms were assessed.
Results: As compared to healthy probands, bipolar patients showed lower performance in executive function (perseverative errors p<0.01, categories correct p<0.001), sustained attention (total hits p<0.001), verbal learning (delayed recall p<0.001) and verbal fluency (pwords p<0.002). Cognitive psychoeducational group therapy and attention predicted occupational functioning with a hit ratio of 87.5%. Verbal memory recall was found to be a predictor for symptom severity (hit ratio 86.8%). Recurrence in the follow-up period was predicted by premorbid IQ and by years of education (hit ratio 77.8%).
Conclusions: Our data show that bipolar patients benefit from cognitive psychoeducational group therapy in the domain of occupational life. Reductions in sustained attention have an impact on occupational impairment.

Disclosure: No significant relationships.
Keywords: cognition; psychosocial functioning; cognitive psychoeducational group therapy; bipolar disorder

https://doi.org/10.1192/j.eurpsy.2021.242 Published online by Cambridge University Press