belonged to upper-middle class and 67.3% had social security. A quarter of the patients suffered from substance abuse and 14% had a criminal record. Around 89.8% individuals presented a manic episode with psychotic features. The symptoms included mainly heteroaggressiveness in three quarters of cases, agitation in 77.1% and insomnia 76.1%. Insight was good in 79.6% of cases. Polytherapy was preferred to monotherapy in 86% of cases. Bitherapy was used in 74% of cases and tritherapy in only 12%. The most frequent combination was a mood stabilizer plus a second-generation antipsychotic (46%), risperidone plus sodium valproate being used in 34% of cases.

Conclusions: Overall, our prescriptions were in line with the international guidelines and the choice of polytherapy was well argued. Combination therapy is the suggested way to increase treatment efficacy, however, vigilance is required because of the increased risk of side effects.

Disclosure of Interest: None Declared

EPV0117

Clinical characteristics and sociodemographic profile of patients with First Bipolar Mania

M. Gardabbou*, R. Feki, I. Gassara, N. Smaoui, M. Maalej Bouali, N. Charfi, L. Zouari, J. Ben Thabet, S. Omri and M. Maalej

psychiatry C department, Hedi Chaker, Sfax, Tunisia
*Corresponding author.
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Introduction: Mania is a serious psychiatric condition, characterized by high rates of relapse and significant dysfunction. An early understanding of the factors involved with the manifestations of this disease is critical as to help estimate impact and plan appropriate treatment modalities.

Objectives: To assess demographic and clinical characteristics in a first bipolar mania and describe the associations between these factors.

Methods: A retrospective study was carried out for descriptive and analytical purposes targeting the demographic and clinical characteristics of patients admitted for the first time for a mania within the psychiatry « C » department of Sfax, Tunisia between 2019 and 2022.

Results: Our study included 50 male inpatients, with a median age of 31.8 years (min=18, max=62) at the moment of their hospitalisation. One third of the patients was married. Only 18% got postsecondary education and 65.3% had a profession. A total of 26.5% had a low socioeconomic status. Twenty-four percent suffered from substance abuse and 14% had a criminal record. Personal psychiatric history was noted in 32% of cases and a personal medical history in 16% of cases. Psychotic features were found in 89.8% of patients. Heteroaggressiveness was present in three quarters of cases, whereas an expansive mood was found in half the population. Twenty percent of patients had a poor insight. A statistically significant association was found between being employed and the absence of personal psychiatric history (p=0.017), whereas personal medical history was associated with a poor insight (p=0.049). Substance abuse was correlated with having a criminal record (p=0.006) and heteroagressiveness (p=0.012). The presence of psychotic features was positively associated with expansive mood (p=0.022).

Conclusions: This study confirms that some epidemiological factors are strongly associated with clinical characteristics of the bipolar mania. Early interventions over these factors may contribute to a potential reduction in morbidity and mortality of this disease.

Disclosure of Interest: None Declared

EPV0118

Electroencephalographic frequency activity of patients with bipolar disorder

M. Mnif[1]*, L. Triki[2], N. Smaoui[1], D. Jardak[1], S. Omri[1], I. Gassara[1], R. Feki[1], M. Maalej[1], J. Ben Thabeut[1], L. Zouari[1], N. Charfi[1], K. Masmoudi[2] and M. Maalej[1]

[1]Psychiatry C department, Hedi Chakeur Hospital and [2]Functional exploration department, Hbib Borguiba Hospital, Sfax, Tunisia
*Corresponding author.
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Introduction: Bipolar disorder (BD) is a common psychiatric condition. However, it is underdiagnosed. Electroencephalography (EEG) has been proposed as a neurophysiological biomarker to delineate psychotic disorders.

Objectives: To compare the EEG tracings of patients with BD with those of normal subjects to aid in diagnosis.

Methods: This was a cross-sectional, descriptive, and analytical case-control study conducted with patients followed for BD in the psychiatry "C" department at the Hedi Chaker hospital in Sfax. Patients were assessed by the Young Mania Scale (YMRS), the Hamilton HDRS-17 Scale, and the Medication Adherence Report Scale (MARS). Healthy controls were included. All participants benefited from an EEG. It was undertaken in resting eyes closed testing conditions at the service of the functional exploration at the Habib Bourguiba hospital in Sfax. The powers of each band were measured using the power spectral density method called absolute power (AP). Statistical analyses were carried out.

Results: Fifteen bipolar patients and 15 healthy controls, all male, were included. The average age of bipolar was 36.07 ± 10.50 years. The one of health control was 47.93 ± 15.61 years. There were no significant differences in age between bipolar patients and healthy controls. The mean scores on the HDRS-17 and YMRS and MARS scales were 2.73±2.08, 1.67±3.53 and 5.8±2.83 respectively.

At the quantitative EEG, differences appeared to be insignificant. There was an overall decrease in AP for alpha band particularly in the parietal and occipital lobes in bipolar patients (158,84 ± 447,71 μV2 and 188,21 ± 415,55 μV2 respectively) compared to controls (335,15 ± 994,73 μV2 and 400,24 ± 1109,95 μV2 respectively). An overall increase in AP for delta and beta was found for bipolar patients compared to controls.

Conclusions: Our main finding was a higher delta and beta frequency activity, and lower alpha frequency activity in bipolar patients compared to controls, which may aid in the diagnosis of this disorder.

Disclosure of Interest: None Declared

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