Conclusions: The co-occurrence of BD and ADHD may represent a distinct clinical phenotype, with recent findings highlighting the presence of common neurobiological mechanisms. Accordingly, patients with BD should be screened for ADHD and viceversa. There is no consensus for treatment of ADHD-BD patients, with further studies being necessary to better define and define possible therapeutic approaches.

Keywords: attention deficit and hyperactivity disorder; comorbidity in adult adhd; bipolar affective disorder

EPP0038

Impulsivity in remitted bipolar disorder

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

Psychiatry C Department, Hedi chaker university hospital, sfax, Tunisia

*Corresponding author.
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Introduction: Bipolar disorders (BD) are associated with a high degree of impulsivity especially during manic and depressive episodes. However, there is little information on impulsivity during remission phase.
Objectives: Our objective was to assess impulsivity in patients with BD in remission compared to healthy controls (HC).
Methods: This was a comparative, cross-sectional and analytical study, conducted in the outpatient psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia), from July to September 2019, among 30 patients with BD in remission compared to 34 HC. Data were collected on a pre-established questionnaire. Impulsivity was assessed with the Barratt Impulsiveness Scale (BIS-11).
Results: Mean ages of BD patients and HC were 44.17 and 40.1 years, respectively. The sex ratio was 1.7 in BD patients and 0.9 in HC groups. Age of onset of BD was 30 years. Impulsivity scores of the BD patients were higher than HC on total (66.27 vs 53.53) and three subscales measures; motor (21.83 vs 16.15), attentional (15.83 vs 13.53) and non planning impulsivity (28.93 vs 23.71). High degree of impulsivity was noted in 33.3% of BD patients. BD patients scored significantly higher than the HC on total, motor, and non planning impulsivity scores ($p = 0.001$; $p = 0.001$; $p=0.000$, respectively)
Conclusions: Our study found that patients with BD had a high degree of impulsivity outside the critical period compared to healthy individuals. Would this impulsivity be a vulnerability marker to the risk of early onset of the disease or the risk of its relapse?

Keywords: bipolar disorder; Impulsivity

EPP0039

Quality of life and mood disorders

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

Psychiatry C Department, Hedi chaker University hospital, sfax, Tunisia

*Corresponding author.
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Introduction: Many researches addressing quality of life (QOL) has been demonstrated its impairment during acute episodes of bipolar disorder (BD) and major depressive disorder (MDD).
Objectives: To compare QOL between patients with remitted MDD and remitted BD and healthy controls (HC).
Methods: A comparative and analytical study, conducted over 3 months in the outpatient psychiatric department of Hedi Chaker University Hospital in Sfax (Tunisia) among 30 patients with remitted BD, 30 patients with remitted MDD and 34 HC. QOL was assessed with the «36 item Short-Form Health Survey» (SF-36).
Results: Compared with HC, the MDD and the BD groups had significantly lower scores for the total of the SF-36 and its sub-domains (table 1). Physical scores were lower in patients with MDD, compared with patients with BD (table 1). Table 1: Comparison of SF-36 sub-domain scores between MDD, BD patients, and HC.

Sub-domains of the SF36	MDD	BD	HC	P
Mean physical score -	45.5	59,28	77,86	0.000
Physical functioning -	67	69,00	84,26	0.003
limitation due to	42.5	44,17	71,03	0.005
physical health - Pain -	60	67,13	83,50	0.001
General health	48.5	56,83	72,05	0.000
Mean psychic score -	47.25	48,19	68,66	0,000
limitation due to	41	48.89	76.97	0.000
emotional problems -	55.8	43.48	75.52	0.000
Social functioning -	40	46.5	56.02	0.002
Energy/fatigue -	52	53.86	66.12	0.007
Emotional well-being				
Mean global score	50.88	53,73	73,78	0,000

Conclusions: QOL of patients with mood disorders such as MDD and BD suffered damage even in euthymic periods.

Keywords: quality of life; mood disorders

EPP0040

Feasibility of group cognitive behavioural therapy for insomnia (CBT-I) in bipolar disorder

O. Swagemakers*, A. Nugter, F. Engelsbel and P. Schulte

Research Department, GGZ Noord-Holland-Noord, Heerhugowaard, Netherlands

*Corresponding author.
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Introduction: Euthymic patients with bipolar I and II disorder (BD) often have comorbid insomnia, which is associated with worse outcome. Cognitive behavioral therapy for insomnia (CBT-I) is rarely offered to this population, though preliminary research indicates CBT-I to be safe and helpful to improve sleep and mood stability.
Objectives: The present study investigates if CBT-I for euthymic BD patients is feasible and acceptable when offered in a group format.
Methods: 14 euthymic bipolar disorder I or II participants participated in a 7-session group CBT-I with BD-specific modifications (CBT-I-BD), preceded by one individual session. Feasibility and acceptability were assessed by recruitment, treatment drop-out and participants' and therapists' evaluations, while sleep quality, mood and sleep medication were assessed at baseline, end of treatment, 3 and 6 months later.

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