EPP0037

Psychosocial functionning in euthymic bipolar patients

S. Elleuch*, R. Sellami, R. Ouali, R. Masmoudi, I. Feki and J. Masmoudi

Psychiatrie "a" Department, Hedi Chaker Hospital University -Sfax - Tunisia, sfax, Tunisia

*Corresponding author.
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Introduction: Bipolar disorder (BD) is a chronic, recurring illness that can lead to serious disruptions in functioning.
Objectives: To evaluate functionning in this population and to explore the relationship with socio-demographic and clinical features of BD.
Methods: This is a descriptive and analytical cross-sectional study including patients with BD (DSM V) in euthymia, followed on an ambulatory basis to the Mood Disorders Unit of the Psychiatry A Department at Hedi Chaker Hospital University of Sfax between January and April 2019. Patients were considered euthymic if they scored less than 7 on the Young Mania (YMRS) rating scale and less than 8 on the Hamilton Depression scale (HDRS-17). The Short Function Evaluation Test (FAST scale) was used to evaluate functionning. Global functional impairment is defined by a total FAST score>11.
Results: We recruited 62 patients with a mean age of 45.65 years (SD=13.3) and a sex ratio of 1.13. 88.7% of patients were followed for BD I and 11.3% for BD II. The mean age of onset was 29.37 years (SD=11.6). The mean numbers of manic and depressive episodes were respectively 3.73 (SD=3.8) and 2.48 (SD=2.9). The mean FAST score was 28.97 (SD=15). Overall impairment was observed in 85.5% of patients. Impaired functionning was significantly more frequent in patients with a history of surgery (p=0.046), in those with a higher number of depressive episodes (p<0.001) and in subjects with partial remission (p=0.01).
Conclusions: Thus, the treatment should target not only the improvement of symptoms but also the reduction of the incapacity of patients.

Keywords: quality of life; bipolar disorder; FAST scale; euthymia

EPP0036

Impact of residual thymic symptoms in quality of life in bipolar patients in euthymia

S. Elleuch[1]*, R. Sellami[2], R. Ouali[1], I. Feki[1] and J. Masmoudi[1]

[1]Psychiatrie "a" Department, Hedi Chaker Hospital University -Sfax - Tunisia, sfax, Tunisia and [2]Psychiatry "a" Department, Hedi Chaker Hospital University -Sfax - Tunisia, sfax, Tunisia

*Corresponding author.
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Introduction: Several studies have shown that residual mood symptoms affect the psychosocial functioning of patients with bipolar disorder (BD) in euthymia.
Objectives: To evaluate specific areas of functioning in this population and to explore the relationship with residual mood symptoms.
Methods: This is a descriptive and analytical cross-sectional study including patients with BD (DSM V) in euthymia followed on ambulatory basis to the Mood Disorders Unit of the Psychiatry A Department at Hedi Chaker Hospital in Sfax between January and April 2019. Patients were considered euthymic if they scored below 7 on the Young Mania Assessment Scale (YMRS) and under 8 on the Hamilton Depression scale (HDRS-17). Residual manic and depressive mood symptoms were assessed using YMRS and HDRS-17. The Short Function Evaluation Test (FAST) was used to evaluate the overall and specific functionning domains.The alteration of the domain-specific functioning is defined by the following thresholds: autonomy>1, professional functioning>1, cognitive functioning>2, financial problems>1, interpersonal relations>3 and leisure time>3.
Results: We recruited 62 patients with a mean age of 45.65 years (SD = 13.3) and a sex ratio 1.13.The medians of YMRS and HDRS scores were respectively 2[0-5] and 2[0-7]. Global functionning impairment was observed in 85.5% of patients. Marked impairment of professional and cognitive functioning was observed in 98.4% and 77.4%, respectively. Alteration of the relational sphere was significantly more frequent in patients with residual depressive symptoms (p=0.009); impairment of autonomy was significantly more frequent in subjects with manic residual symptoms (p=0.005).
Conclusions: Residual symptoms should be considered as specific targets of treatment to improve functioning.

Keywords: euthymia; bipolar disorder; FAST scale; thymic residual symptoms

EPP0037

Comorbid adult adhd and bipolar affective disorder – assessment challenges

I. Pereira[1]*, V. Nogueira[1], M. Marguilho[2] and J. Teixeira[1]

[1]Clínica 4 - Unidade De Alcoologia E Novas Dependências, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal and [2]Clínica 5, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal

*Corresponding author.
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Introduction: Attention deficit and hyperactivity disorder (ADHD) and bipolar disorder (BD) are two of the most prevalent psychiatric disorders presenting in children and adults, respectively. Reported co-occurrence of ADHD and BD in adulthood is higher than would be expected by chance, with great impact on prognosis and treatment. Since features of both entities can overlap, careful assessment of these patients is crucial.
Objectives: To understand the relation between BD and ADHD, and how co-occurrence impacts clinical evaluation.
Methods: Bibliographic research was made through the PubMed/NCBI database. No time limit was specified on the search. Pertinent manuscripts were individually reviewed for additional relevant citations.
Results: ADHD influences the course and manifestations of BD, regardless of its presence later in adulthood. There is a 3-fold increase of ADHD co-occurrence in individuals with BD when compared to normal population, and ADHD seems to co-occur in about 20% of BD patients (even after correction for overlapping symptoms). Features which may suggest simultaneous diagnosis are: earlier occurrence of BD-related symptoms (especially manic or hypomanic states), more severe course of the mood disorder, less adherence to treatment and higher functioning impact. This makes for a worse prognosis, with increased suicidal risk in these patients.

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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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