Introduction: Bipolar disorder (BD) is a serious and chronic mental disease of mood. Lithium is used for treatment and studies have demonstrated that it is the most efficient drug, reducing suicide risk in a high percentage of patients. However, this drug has well known side effects, such as kidney damage. Lithium could cause chronic kidney disease, specially with the presence of other risk factors.
Objectives: Observational and retrospective study of creatinine levels and glomerular filtration rates observed in blood analysis (follow-up period of 11 years). Sample size of 263 patients diagnosed of BD I and BD II in treatment with lithium. We used socio-demographic (age, sex) and clinic variables (diabetes mellitus, hypertension, use of nonsteroidal anti-inflammatory drugs (NSAIDs) and/or diuretics) to generate bivariate and multivariate analysis.
Methods: Our main objective is to analyze the deterioration of kidney function and the development of chronic kidney disease that chronic treatment with lithium can induce in patients with BD. Our secondary objective is to determine variables which could promote the development of chronic kidney disease, and to assess if these variables could be considered as risk factors during the treatment with lithium.
Results: 11,3 % of patients in our study developed chronic kidney disease during monitoring. The deterioration of GFR in patients in treatment with lithium was significantly associated with female sex and NSAIDs consumption. A trend towards statistical significance was found regarding the use of diuretics (p=0,060). No statistical significance was found between diabetes mellitus, hypertension or type of BD and the deterioration of kidney function in our sample. An inverse association was found between the GFR decline and the age but no statistical significance was demonstrated.
Conclusions: We conclude that female sex and use of NSAIDs are predicting factors of GFR decline in patients with BD in chronic treatment with lithium. We must take into account these drugs or even avoid concomitant treatment (lithium and NSAIDs) in order to prevent chronic kidney disease. In addition to it, we should recommend careful use of diuretics during treatment with lithium because of risk of dehydration. Diabetes mellitus and hypertension have universally been associated to increase risk of development of chronic kidney disease. However, we have not found statistical significance in our study. Therefore, research should be done in order to determine specific risk factors in this group of patients and, consequently, optimize their treatment.

Disclosure of Interest: None Declared

O0056

Meta-analysis of the variability in the individual response to pharmacological treatments for mania in bipolar disorder

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Introduction: Many studies have investigated whether there exist predictors of good response to antimanic drugs in bipolar disorder (BD). However, these factors predict response or only indicate benign illness course.
Objectives: To shed some light on the topic, we tested whether the response to antimanic drugs showed any variability beyond that expected by the effects of illness course and placebo.
Methods: We included all double-blind, placebo-controlled RCTs of oral pharmacotherapies targeting adult patients with acute bipolar mania from 1991 to 2020. The primary outcome was the variance of the improvement in manic symptoms in treated individuals compared to placebo. The effect size was the log variability ratio (logVR). We performed a random-effects meta-analysis, including assessments of heterogeneity, sensitivity/cumulative/subgroup analyses, and meta-regression.
Results: 42 RCTs (46 comparisons) from a total of 8,438 BD patients with acute mania (53.7% male, mean age=39.3; 5,563 treatment/2,875 control groups) were included in the analysis. Individuals in active treatment groups did not show variability in the response beyond that observed in individuals under placebo (VR=1; 95% C.I.=0.97,1.03; p-value=0.97). No heterogeneity was detected between the studies (I^2=0%; tau^2=0%; Q=29.21; df=45; p-value=0.97). Results were similar in the leave-one-out/cumulative/subgroup analyses. Meta-regression did not show influences by age, sample size, sex, severity of manic symptoms at baseline, or clinical features (rapid cycling, mixed or psychotic features).
Conclusions: This meta-analysis shows no evidence of differences in the individual response to treatments. These findings suggest that the average treatment effect is a reasonable assumption for the individual BD patient with acute mania. The presented article adds evidence to the equivalent results in schizophrenia-spectrum disorders, clinical high-risk state for psychosis, and major depressive disorder, not supporting classification in responders vs. non-responders. However, these findings should be balanced with results from other fields supporting such classification.

Disclosure of Interest: None Declared

O0057

Mindfulness, Attention, and Impulsivity in Bipolar Disorder

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Introduction: Bipolar disorder (BD) is a chronic mental disorder characterized by mood instability[1]. BD is further related to neurocognitive and functional disruptions that remain remarkably stable even when patients are euthymic, leading to poor well-being and quality of life. Mindfulness means paying attention on purpose, in the present moment, and involves different facets such as observing, describing, acting with awareness, non-judging and non-reacting of inner experience. It remains unclear whether mindfulness and its specific facets are differentially associated with different aspects of attention and trait impulsivity in individuals with BD.

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Objectives: To examine associations between different mindfulness facets, and different aspects of attention and trait impulsivity in BD.
Methods: This study was approved by the Hospital Clínic Ethics and Research Board (HCB/2017/0432). After informed consent, 94 outpatients, *M* age = 45.57, *SD* = 9.8, range 19-61 years, 41.5% Male, 63.8% BD-I according to DSM-5 criteria, in partial or total remission based on Young Mania Rating Scale (YMRS; *M* = 1.81, *SD* = 2.11) and Hamilton Depression Rating Scale (HDRS; *M* = 5.46, *SD* = 3.71) were enrolled in this study. Participants were evaluated using the Five Facet Mindfulness Questionnaire (FFMQ) to assess Mindfulness, the Trail Making Test (TMT-A) and the Conner's Continuous Performance test (CPT-II) to assess Attention, and the Barratt Impulsiveness Scale (BIS-11) to assess Impulsivity. Pearson correlations were performed, and statistical significance was evaluated two-sided at the 5% threshold.
Results: Mindfulness-Describing was negatively associated with Cognitive and Non-Planning Impulsivity (r = -.43 and -.28, p < .001), Mindfulness-Acting with Awareness was negatively associated with Cognitive, Motor and Non-Planning Impulsivity (r = -.27 to -.45, p < .001), Mindfulness Non-Judging (r = -.33 and -.34, p < .001) and Non-Reacting (r = -.30 and -.46, p < .001) of inner experience were negatively associated with Cognitive and Motor Impulsivity. No associations were found between neither Mindfulness nor Impulsivity with any aspects of Attention.
Conclusions: Preliminary findings suggest that better performance in specific facets of mindfulness (describing, acting with awareness, non-judging or reacting of inner experience) may be related to a decrease in different aspects of trait impulsivity. Further longitudinal and interventional research is needed on underlying mechanisms. Nonetheless, our study suggests the need for including mindfulness-based approaches to improve behavioral and functional outcomes for those with BD.
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Disclosure of Interest: None Declared

O0058

Psychometric Properties of the Korean Version of Functioning Assessment Short Test in Bipolar Disorder

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Introduction: The Functioning Assessment Short Test (FAST) is a relatively specific test for bipolar disorders designed to assess the main functioning problems experienced by patients.
Objectives: FAST includes 24 items assessing impairment or disability in 6 domains of functioning: autonomy, occupational functioning, cognitive functioning, financial issues, interpersonal relationships, and leisure time. It has already been translated into standardized versions in several languages. The aim of this study is to measure the validity and reliability of the Korean version of FAST (K-FAST).
Methods: A total of 209 bipolar disorder patients were recruited from 14 centers in Korea. K-FAST, Young Mania Rating Scale (YMRS), Bipolar Depression Rating Scale (BDRS), Global Assessment of Functioning (GAF) and the World Health Organization Quality of Life Assessment Instrument Brief Form (WHOQOL-BREF) were administered, and psychometric analysis of the K-FAST was conducted
Results: The internal consistency (Cronbach's alpha) of the K-FAST was 0.95. Test-retest reliability analysis showed a strong correlation between the two measures assessed at a 1-week interval (ICC = 0.97; p < 0.001). The K-FAST exhibited significant correlations with GAF (r=-0.771), WHOQOL-BREF (r=-0.326), YMRS (r=0.509) and BDRS (r=0.598). A strong negative correlation with GAF pointed to a reasonable degree of concurrent validity. Although the exploratory factor analysis showed 4 factors, the confirmatory factor analysis of questionnaires had a good fit for a six factors model (CFI=0.925; TLI=0.912; RMSEA=0.078).

Table. Model fit index of confirmatory factor analysis (n=209)

Measure of fit	4-factor model	6-factor model	Acceptable value
χ2/df	2.832	2.267	<3
RMSEA (90% CI)	0.094(0.086-0.102)	0.078 (0.069-0.087)	<0.08
CFI	0.887	0.925	>0.9
TLI	0.873	0.912	>0.9

χ2, chi-square; df, degrees of freedom; RMSEA, root mean square error of approximation; CFI, comparative fit index; TLI, Tucker-Lewis index.

Conclusions: The K-FAST has good psychometric properties, good internal consistency, and can be applicable and acceptable to the Korean context.

Disclosure of Interest: None Declared

O0059

Changing trends of suicide mortality from 2011 to 2019: an analysis of 38 European Countries

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