Methods: 125 patients with somatoform disorders 17-68 years old filled Screening for Somatoform Symptoms (Rief, Hiller, 2003), Cognitions About Body And Health Questionnaire (Rief et al., 1998), Scale for the Assessment of Illness Behaviour (Rief, Ihle, Pigler, 2003), and Quality of Life Enjoyment and Satisfaction Questionnairie-18 (Ritsner et al., 2005).
Results: Severity of somatoform symptoms is higher in patients with catastrophization of bodily sensations, autonomic sensations, belief in their bodily weakness, somatosensory amplification, scanning for bodily symptoms, and disturbances in daily activities due to illness (r=.18-.38, p<.05). Adjusting for the severity of somatoform symptoms, subjective well-being was lower in patients with higher belief in their bodily weakness and somatosensory amplification, autonomic sensations, expression of symptoms, and changes in daily activities due to illness (r=.21-.40, p<.05).
Conclusions: The results suggests that regardless of symptoms severity poorer quality of life in patients with somatoform disorders is associated with beliefs about body and body perception that could be addressed in psychotherapy.

Keywords: somatoform disorders; factors of quality of life

Bipolar disorders

EPP0033

Insight and self-esteem in patients with bipolar disorders.

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Introduction: The recurrence of bipolar disorder due to poor treatment adherence can be explained by different factors.The poor awareness of the disorder seems to be the major cause.
Objectives: To evaluate insight in patients followed for euthymic bipolar disorders and determine the factors correlated with it,mainly the self-esteem.
Methods: A cross-sectional descriptive and analytical study of 33 euthymic subjects with bipolar I and II disorders (DSM 5) and followed up at the psychiatric consultation in Hédi Chaker university Hospital of Sfax.Data collection was performed using a sheet exploring socio-demographic and clinical data. We used Birchwood insight scale to assess the quality of insight and Rosenberg's Self-Esteem scale.
Results: The average age of our patients was 44,52±12,99 years old. The sex ratio =0.32.Patients were followed for bipolar I disorder (60.6%).The first episode of the disease was depressive in(51.5%) of cases.The average number of depressive episodes was1.97±1.87. The last episode was depressive in(57.6%) or manic in(42.4%). There were no psychotic characteristics in(42.4%) of cases.The patients had good insight in(54.5%).The average of self-esteem score was27±7.85and it was low in 51.5% of cases.Factors correlated with good insight were bipolar II disorder(p=0.001), high number of depressive episodes(p=0.013) and absence of psychotic characteristics(p=0.003) during the last episode.In addition,good insight was significantly associated with low self-esteem(p=0.023).
Conclusions: Our study shows that a poor insight depends mainly on the clinical characteristics of bipolar disorders. Moreover,low self-esteem seems to be linked to it. For this reason, our attention should be focused on psychoeducation to improve insight, especially during episodes, in order to facilitate integration and increase patients' self-esteem.

Keywords: insight; self-esteem; Bipolar Disorders

EPP0034

Does bipolar disorder cause posttraumatic growth? Relationship between psychological resistance in patients with bipolar disorder and caregivers

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Introduction: Focusing on the negative changes experienced by both patients and caregivers associatively caregiving and experiencing chronic mental illnesses, there is an increasing interest in the phenomenon of development after traumatic experiences with high levels of stress. These changes are in line with the concept of posttraumatic growth.
Objectives: In the study, posttraumatic growth and psychological resilience in bipolar patients and caregivers has been examined in the context of the variables that are claimed to be related to it.
Methods: With the approval of ethics committee, 49 patients in euthymic period and caregivers, 49 healthy volunteers meeting the inclusion criterions, applied to Erenköy Mental and Neurological Diseases Training-Research Hospital outpatient clinics between July-December 2019 were included. While psychological resilience and posttraumatic growth scale were implemented to patients and caregivers only psychological resilience scale was applied to healthy volunteers. The relationship between posttraumatic growth and psychological resilience, patient and caregiver variables was examined through statistical methods.
Results: Comparing with the patients and caregivers, respectively posttraumatic growth total scores were 57.7%-61.3% of the highest score obtained from the scale in the patients and caregivers. Considering the literature, patients and caregivers experienced moderate to high posttraumatic growth. Caregivers' psychological resilience levels was higher than the other groups.
Conclusions: The results of the study are in line with the findings that, negative life experiences positively contributes to individuals. Knowing the factors affecting posttraumatic growth can make contribution to approaching patients and caregivers in clinical practice.

Keywords: Psychological Resistance; Posttraumatic Growth

EPP0035

Psychosocial functionning in euthymic bipolar patients

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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

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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

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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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