**Results:** 31 of 539 patients with bipolar disorder were referred, 14 were included and one dropped out of treatment. Group CBT-I-BD was acceptable as shown by high session attendance and good homework compliance. Participants highly appreciated the treatment, the group format and learning effect. Insomnia severity decreased significantly between baseline and post-treatment. Group CBT-I-BD did not cause mood episodes during treatment and although not requested, the total number of nights with sleep medication decreased.
**Conclusions:** Group CBT-I-BD seems to be a feasible, acceptable and therefore viable treatment for euthymic patients with bipolar disorder suffering from persistent insomnia. The small sample size, resulting in small CBT-I-BD groups was a main limitation of the study.

**Keywords:** bipolar disorder; Insomnia; cognitive behavior therapy; group therapy

## EPP0041

## Barriers and facilitators associated with pharmacological treatment in bipolar disorder patients.

J.Á. Alcalá Partera[1]*, A. Fontalba Navas[2], M. Company Morales[3], S. L. Romero Guillena[4], T. Gutiérrez Higueras[1], F. Calera Cortés[1], S. Vicent Forés[1] and L. Gutiérrez Rojas[5]

[1]Clinical Unit Of Mental Health., Reina Sofia University Hospital., Córdoba., Spain; [2]Antequera., Northern Málaga Integrated Healthcare Area., Málaga., Spain; [3]Faculty Of Nursing, Physiotherapy And Medicine., University of Almeria., Almería, Spain; [4]Clinical Unit Of Mental Health., Virgen Macarena University Hospital., Sevilla, Spain and [5]Department Of Psychiatry., University of Granada., Granada, Spain

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.519

**Introduction:** The main factors that are involved in a correct adherence to the therapeutic recommendations in Bipolar Disorder includes aspects related to age, sex, ethnicity, socioeconomic level and characteristics of the illness associated with the severity, comorbidity and adverse effects related to previous medicine.
**Objectives:** To analyse the individual perception that the patient with Bipolar Disorder has regarding the positive and negative aspects of taking the recommended medication.
**Methods:** Descriptive and interpretative observational study under the qualitative paradigm of research, extracting the data through the completion of four focus groups with ten patients everyone. To complete the codification of the content of the participant's discourses, we rely on the QRS NVivo 10 computer program.
**Results:** In the participant's discourse concerning the main barriers to pharmacological treatment, for example "It's because we live in a society and, because of that, we don't go without medicine; if we didn't live in society, we wouldn't take medicine because we wouldn't bother anyone". Some examples of patient's discourse, about perceived facilitators were: "I have to take medicine for my bipolar disorder, that's it, I have a treatment, my illness has a name".
**Conclusions:** The main facilitators regarding the use of pharmacological treatment in Bipolar Disorder are the perceived need for treatment in the acute phase and the recognition of the illness, the shared clinical decision and the causal biological attribution in the chronic phase. About perceived barriers, social control is identified in both phases, adverse effects in the acute cases and the absence of effective treatment in the chronic state.

**Keywords:** bipolar disorder; facilitators and barriers; pharmacological treatment; beliefs

## EPP0042

## Effectiveness of antidepressants in bipolar depression

S. Potanin* and M. Morozova

Laboratory Of Psychopharmacology, FSBSI Mental Health Research Center, Moscow, Russian Federation

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.520

**Introduction:** Prescribing antidepressants in the treatment of bipolar depression remains highly controversial due to the inconsistency between routine clinical practice and the results of controlled trials.
**Objectives:** To assess the validity of antidepressants use in bipolar depression from the point of view of evidence-based medicine.
**Methods:** Database search (Scopus and MEDLINE) followed by analysis of studies concerning the efficacy and safety of antidepressants in the bipolar depression treatment.
**Results:** The search found 23 studies. There was a high degree of inconsistency in the results, apparently related to the methodology. Only two studies compared the effectiveness of antidepressants in monotherapy with placebo. No differences were found in the study with 740 participants but in the study with 70 participants with type 2 bipolar disorder antidepressants were found to be more effective than placebo. Nevertheless, both studies had significant methodological issues. In 6 studies comparing the effectiveness of the combination of antidepressants with mood stabilizers against the combination of mood stabilizers with placebo, only the effectiveness of fluoxetine in combination with olanzapine was confirmed, other antidepressants were ineffective. At the same time, studies where antidepressants were compared with each other in combination with mood stabilizers revealed a significant clinical response to therapy. Risk of the treatment emergency adverse events were relatively low for SSRI.
**Conclusions:** Despite the contradictory literature data, the use of antidepressants in bipolar depression is justified from the point of view of evidence-based medicine for certain groups of patients with taking into account risk factors.

**Keywords:** bipolar depression; effectiveness; antidepressant treatment

## EPP0043

## Circadian rhythm dysfunction in bipolar affective disorder

M.T. Valadas[1]* and R. Mota Freitas[2]

[1]Serviço De Psiquiatria, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal and [2]Departamento De Psiquiatria E Saúde Mental, Hospital do Espírito Santo de Évora, Évora, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.521

**Introduction:** Sleep is paramount in bipolar affective disorder and sleep disturbance can be a trigger or initial manifestation of an episode of illness. Changes in the circadian rhythm in bipolar affective disorder have consistently been recognized and reported, however, this feature can be overlooked in daily clinical practice.
**Objectives:** We aim to review and summarize the literature regarding changes in circadian rhythm in patients with bipolar affective disorder.

**Methods:** We performed an updated review in the PubMed database using the terms "circadian rhythm" and "bipolar affective disorder".
**Results:** Irregularity of the sleep–wake rhythm, eveningness chronotype, abnormality of melatonin secretion, vulnerability of clock genes, and the irregularity of social time cues are circadian rhythm markers disrupted in bipolar affective disorder. Circadian rhythm dysfunction might be a trait marker of this illness and can act as a predictor for the first onset of bipolar affective disorder and the relapse of mood episodes. Achieving normalization of circadian rhythm in combination with pharmacological, psychosocial and chronobiological treatments can be a tool for managing bipolar affective disorder.
**Conclusions:** Recognizing patterns of changes in circadian rhythms is important to detect and diagnose bipolar disorder in clinical practice, also affecting treatment. These alterations are often overlooked and can lead to inadequate treatment and management.

**Keywords:** bipolar affective disorder; Circadian rhythm

## EPP0046

## Quality of life in euthymic patients with bipolar disorder

N. Smaoui[1]*, I. Lajmi[2], A. Guermazi[1], M. Maalej Bouali[1], S. Omri[1], R. Feki[1], L. Zouari[1], N. Charfi[1], J. Ben Thabet[1] and M. Maalej[1]

[1]Psychiatry C Department, Hedi chaker university hospital, sfax, Tunisia and [2]Department Of Psychiatry "c", Hedi Chaker University Hospital, Sfax, Tunisia, Sfax, Tunisia

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.522

**Introduction:** Patients with bipolar disorder (BD) frequently experience residual symptoms, problems in psychosocial functioning, cognitive impairment, and poor quality of life (QOL).
**Objectives:** * To evaluate the QOL of euthymic patients with BD compared to healthy controls (HC). * To identify factors associated with its deterioration.
**Methods:** This is a comparative and analytical study, conducted over 3 months, involving 30 euthymic patients with BD, followed up in the outpatient psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia). They were compared to 34 HC. General, clinical and therapeutic data were collected using a pre-established questionnaire. QOL was assessed with the «36 item Short-Form Health Survey» (SF-36).
**Results:** The mean ages of BD patients and HC were 44.17 years and 40.1 years, respectively. Compared with HC, patients with BD had decreased overall SF-36 scores (53.73 vs 73.78; p=0.000) and decreased physical and psychological subdomain scores (p=0.001; p=0.000). The study of the relationship between the dimensional average scores and different variables revealed correlations between; physical health problems and somatic disease (p=0.021) and unemployment (p=0.001), impaired general health and somatic disease (p=0.02) and psychotropic association (p=0.021), emotional health problems and psychiatric family history (p=0.023), pain and psychotropic association (p=0.031), and impaired global QOL and psychiatric family history (p=0.05).
**Conclusions:** Our results confirm the impairment of the QOL of patients with BD even in euthymic periods. Many factors have been associated, including demographic and clinical variables. The improvement of QOL is to consider these factors in the management of these patients.

**Keywords:** bipolar disorder; quality of life; euthymic patients

## EPP0049

## Bipolar disorder and peripartum mood episodes: Epidemiology and clinical correlates.

E. Aragno[1]*, G. Di Salvo[2], G. Rosso[2] and G. Maina[1]

[1]Department Of Neurosciences "rita Levi Montalcini", University of Turin, torino, Italy and [2]Department Of Neurosciences Rita Levi Montalcini, University of Turin, Turin, Italy

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.523

**Introduction:** It is known that the peripartum period is a high-risk period of recurrence in bipolar disorder (BD). However, data on correlations between reproductive life events, such as age at menarche and peripartum period, are mixed in BD.
**Objectives:** The aims of this retrospective study are to investigate the lifetime rate of peripartum mood episodes, the clinical correlates and the relationship between age at menarche and peripartum episode in a sample of women with BD.
**Methods:** The study focused on comparisons between women with vs. without peripartum mood episodes (n = 292). Sociodemographic and clinical characteristics between women with vs without BD peripartum episode were examined through descriptive statistics.Adjusted logistic regression analysis was run to examine the association between variables.
**Results:** In our sample, 30% had at least one BD peripartum episode. Women with peripartum episode had significantly earlier age at menarche, earlier onset of BD and longer duration of untreated disorder compared to women without peripartum episode. After adjustment, the late menarche (>15 years) was associated with lower probability of BD episodes during the peripartum period compared to normal menarche (12-14 years).
**Conclusions:** Peripartum mood episodes are common in BD and are correlated with early onset of BD and long duration of untreated disorder. Moreover, age at menarche may be related to the risk of peripartum mood episodes. The results deserve to be deepened in further studies.

**Keywords:** bipolar disorder; women; reproductive cycles; peripartum episodes

## EPP0052

## Bipolar disorders distribution in the two genders: An analysis of recently published large sample studies

R. Cafaro[1]*, B. Dell'Osso[1] and T. Ketter[2]

[1]Department Of Biomedical And Clinical Sciences Luigi Sacco, University of Milan, Milan, Italy and [2]Department Of Psychiatry And Behavioural Sciences, Stanford University, Stanford, United States of America

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.524

**Introduction:** In the last decade, literature reports evidences of a growing number of patients diagnosed with Bipolar Disorders (BD), however, only few data are available regarding the distribution of BD diagnosis in the two genders. In fact, although many studies show differences in presentation and comorbidities of BD in the two genders, BD are commonly perceived as equally affecting both women and men. On the other hand, BD in female patients

https://doi.org/10.1192/j.eurpsy.2021.521 Published online by Cambridge University Press