EPV214

Implication of affective traits in bipolar vulnerability: A study of university students

N. Regaieg, H. Mezghani*, F. Guermazi, R. Masmoudi, I. Feki, J. Masmoudi and I. Baati

Psychiatry A Department, Hedi Chaker University Hospital, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11195

Introduction: Emotional fluctuations and emotional hyperreactivity characterize bipolar disorder. These affective patterns are often linked to enduring personality traits. Gaining a better understanding of the relationship between affective temperaments and bipolar vulnerability facilitates the identification of those at risk.
Objectives: The objective of this study is to investigate the relationship between affective temperaments and bipolar vulnerability among students at the Institute of Arts and Crafts in Sfax, Tunisia.
Methods: Our study was cross-sectional, descriptive, and analytical, conducted from February 1st to March 5th, 2025, among students at the Institute of Arts and Crafts in Sfax (Tunisia). These students were assessed using an anonymous self-administered questionnaire including sociodemographic, clinical, and additional data, as well as two psychometric scales in their Arabic versions: the Tunisian TEMPERAMENT Scale (TEMPS) to measure affective temperaments and the Mood Disorder Questionnaire (MDQ), used for screening for bipolar disorder.
Results: The study included 60 students, with a sex ratio of 0.6. The median age of the sample was 20 years [19-22 years]. According to the MDQ scale, 28.3% of the sample had a positive score, indicating a possible screening for bipolar disorder.
Among these students with a positive MDQ score, 66.3% reported difficulties controlling their emotions, with frequent changes between periods of high energy and moments of emotional weakness, and 41.7% of students indicated having made impulsive decisions during periods of intense emotions, often marked by excess energy or a state of excitement.
Moreover, 56.7% of these students reported experiencing periods where they felt unusually euphoric, hyperactive, or particularly sad for no apparent reason.
Our study showed that students with a positive MDQ score had significantly higher cyclothymic and hyperthymic temperament scores than those with a negative MDQ score ($p < 0.001$).
Conversely, no significant association was found between a positive screening result for bipolar disorder and scores attributed to depressive, anxious or irritable affectives temperaments.
Conclusions: Understanding how affective temperaments interact with vulnerability to mood disorders in artistic students could improve prevention and early management of the disorder.

Disclosure of Interest: None Declared

EPV215

Comparison of Bipolar Type 1 Disorder and Unipolar Mani Patients in Terms of Sociodemographic and Clinical Features and Functionality

E. İzmir Soygenç[1] and Ö. Şahmelikoğlu Onur[2]*

[1]Psychiatry, Bakırköy Prof Dr Mazhar Osman Research and Training Hospital, İstanbul and [2]Tekirdağ Namık Keml University, Tekirdağ, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11194

Introduction: Kleist, Leonhard, and Neele differentiated bipolar and unipolar disorders, defining "pure mania" and "pure melancholia" as distinct entities. Although the concept of unipolar mania (UM) has been debated due to its rarity and unclear diagnostic criteria, studies suggest it differs from bipolar disorder (BD) in epidemiology, clinical features, and treatment response. Functionality and social adjustment tend to be better in UM. Considering these differences, further studies comparing UM, BD, and healthy controls regarding functionality and clinical characteristics are needed to clarify UM's nosological status.
Objectives: The aim of this study to determine whether there are differences between Unipolar Mania (UM), Bipolar Disorder (BD) type 1 patients in the euthymic period and healthy individuals in terms of sociodemographic characteristics, clinical features and functionality.
Methods: 58 patients diagnosed with euthymic BD -1, 58 patients with a diagnosis of euthymic unipolar mania, who had no depressive episode in the past, were followed up for at least 4 years, had at least 4 manic episodes, 58 healthy controls with patients for age and sex were included in the study. Sociodemographic Data Form, Young Mania Rating Scale (YMRS), Beck Depression Inventory (BDI), Positive and Negative Syndrome Scale (PANSS), Beck Anxiety Inventory (BAI), Bipolar Disorder Functioning Scale (BDFS), Functioning Assessment Short Test (FAST) were applied to the participants.
Results: The presence of psychotic symptoms in the first episode were higher in the UM group than in the BD group ($p<0.05$). The number of total episodes were significantly higher in the BD group than in the UM group ($p<0.05$). The number of mania episodes, the total mean duration of episodes, the number of hospitalizations, and the use of valproate as a mood stabilizer were significantly higher in the UM group than in the BD group ($p<0.05$). Medical diseases both in own and family history of patients' were higher in the BD group than in the UM group ($p<0.05$). Suicidality was higher in the BD group than in the UM group ($p<0.05$). The BD group had a higher score in the occupational functioning subscale, which is a subscale of FAST. The scores of the UM group were higher than the BD group in the emotional functioning and social withdrawal subscales, which are subscales of BDFS. ($p<0.05$)
Conclusions: As a result of the findings of our study, the presence of differences in sociodemographic and clinical features and functionality between UM and BD supports the possibility of UM as a different diagnosis from BD.

Disclosure of Interest: None Declared