father as well as all their uncles offspring's, and their grandparents, who were consanguineous. The depressive mood was a common sign in the three generations. Personal history revealed significant signs of a very early onset of the disorder since the neonatal period for the two sisters as well as for their four paternal cousins who also presented BSD features. Familial risk of BSD in this family correlates with a variably higher personal risk of other psychiatric disorders such as anxiety, drug abuse, personality disorders, and autism spectrum disorder.
Conclusions: Environmental conditions, familial care and educational level have a strong correlation with the severity and the efficiency of cognitive management of BSD and its psychiatric comorbidities. BSD is highly heterogeneous and polygenic and personalized management has considerable clinical repercussions benefits.

Disclosure: No significant relationships.
Keywords: Bipolar spectrum disorder; heritable mood/mental disorder; Longitudinal familial study; Neonatal onset

EPV0083

A review: Circadian Rhythm Dysfunction and Bipolar Disorder

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Introduction: Circadian rhythm (CR) dysfunction is a prominent feature in bipolar disorder (BD) and sleep disturbances are characteristic, although not essential to the diagnosis.
Objectives: To review the literature regarding the CR dysfunction and its impact on the onset and clinical course of BD.
Methods: We conducted a MEDLINE search using bipolar disorder, circadian rhythm and sleep as keywords, selecting studies written in English.
Results: CR dysfunction is a trait marker of BD. It's known that during depressive episodes insomnia is present, with difficulty falling asleep/ maintaining sleep and early awakening. Regarding mania, decreased need for sleep is a critical marker. During the euthymic period significant alterations in sleep pattern have been described. It's also known that changes in the sleep pattern occur prior to those in mood patterns, indicating that sleep dysregulation may trigger the onset of mood episodes or relapses. Therefore, CR disruption may be associated with the pathophysiology of BD and some factors have already been identified: irregularity of the sleep-wake rhythm, eveningness chronotype, abnormality of melatonin secretion, vulnerability of clock genes and the irregularity of social *zeitgeber*.
Conclusions: Disturbances of sleep are pervasive, and an essential feature of BD, worse during mood episodes, but still present during euthymic periods. It remains to determine whether circadian rhythm dysfunction is a trait marker or mood state dependent. Further studies are warranted to clarify this association.

Disclosure: No significant relationships.
Keywords: circadian rhythm; bipolar disorder; sleep

EPV0084

Manic patients and sleep management: the role of polysomnography in clinical practice

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Introduction: *Sleep plays a key role in the pathogenesis and clinic of mood disorders. However, few studies have investigated electroencephalographic sleep parameters during the manic phases of Bipolar Disorder (BD).*
Objectives: Sleep management is a priority objective in the treatment of the manic phases of BD and the polysomnographic investigation can be a valid tool both in the diagnostic phase and in monitoring clinical progress.
Methods: *Twenty-one patients affected by BD, manic phase, were subjected to sleep monitoring via PSG in the acute phase (at the entrance to the ward) and in the resolution phase (near discharge). All participants were also clinically* evaluated *using Young Manic Rating Scale (YMRS) Pittsburgh Sleep Quality Index (PSQI), Morningness-eveningness Questionnaire (MEQ) at different timepoints.*
Results: *Over the hospitalization time frame there was an increase in quantity (Total Sleep Time) and an improvement in the quality and effectiveness of sleep (Sleep Efficiency). In addition, from the point of view of the EEG structure, clinical improvement was accompanied by an increase in the percentage of REM sleep.*
Conclusions: *Sleep monitoring by PSG can be a valuable tool in the clinical setting both in the diagnostic phase, "objectively" ascertaining the amount of sleep, and in the prognostic phase, identifying electroencephalographic characteristics that can predict the patient's progress and response to drug therapy. The improvement in effectiveness and continuity of sleep and the change in its structure that accompanies the resolution of manic symptoms also testifies how the regularization of the sleep-wake rhythm is to be considered a priority in treating manic phases.*

Disclosure: No significant relationships.
Keywords: Bipola Disorder; Polysomnography; mania; sleep

EPV0085

Comparison of prevalence, clinical evolution and vaccination rate against COVID 19 in a population of patients diagnosed with Dual Bipolar disorder and Non-dual bipolar disorder

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Introduction: Since the beginning of the pandemic, 4,745,519 cases, 396,878 hospitalizations and 82,884 deaths with COVID-19 have been reported in Spain. As of August 24, 2021, 76.4% of Andalusians over 12 years of age have the complete vaccination regimen.

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