Conclusions: The co-occurrence of BD and ADHD may represent a distinct clinical phenotype, with recent findings highlighting the presence of common neurobiological mechanisms. Accordingly, patients with BD should be screened for ADHD and viceversa. There is no consensus for treatment of ADHD-BD patients, with further studies being necessary to better define and define possible therapeutic approaches.

Keywords: attention deficit and hyperactivity disorder; comorbidity in adult adhd; bipolar affective disorder

EPP0038

Impulsivity in remitted bipolar disorder

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Introduction: Bipolar disorders (BD) are associated with a high degree of impulsivity especially during manic and depressive episodes. However, there is little information on impulsivity during remission phase.
Objectives: Our objective was to assess impulsivity in patients with BD in remission compared to healthy controls (HC).
Methods: This was a comparative, cross-sectional and analytical study, conducted in the outpatient psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia), from July to September 2019, among 30 patients with BD in remission compared to 34 HC. Data were collected on a pre-established questionnaire. Impulsivity was assessed with the Barratt Impulsiveness Scale (BIS-11).
Results: Mean ages of BD patients and HC were 44.17 and 40.1 years, respectively. The sex ratio was 1.7 in BD patients and 0.9 in HC groups. Age of onset of BD was 30 years. Impulsivity scores of the BD patients were higher than HC on total (66.27 vs 53.53) and three subscales measures; motor (21.83 vs 16.15), attentional (15.83 vs 13.53) and non planning impulsivity (28.93 vs 23.71). High degree of impulsivity was noted in 33.3% of BD patients. BD patients scored significantly higher than the HC on total, motor, and non planning impulsivity scores ($p = 0.001$; $p = 0.001$; $p=0.000$, respectively)
Conclusions: Our study found that patients with BD had a high degree of impulsivity outside the critical period compared to healthy individuals. Would this impulsivity be a vulnerability marker to the risk of early onset of the disease or the risk of its relapse?

Keywords: bipolar disorder; Impulsivity

EPP0039

Quality of life and mood disorders

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Introduction: Many researches addressing quality of life (QOL) has been demonstrated its impairment during acute episodes of bipolar disorder (BD) and major depressive disorder (MDD).
Objectives: To compare QOL between patients with remitted MDD and remitted BD and healthy controls (HC).
Methods: A comparative and analytical study, conducted over 3 months in the outpatient psychiatric department of Hedi Chaker University Hospital in Sfax (Tunisia) among 30 patients with remitted BD, 30 patients with remitted MDD and 34 HC. QOL was assessed with the «36 item Short-Form Health Survey» (SF-36).
Results: Compared with HC, the MDD and the BD groups had significantly lower scores for the total of the SF-36 and its sub-domains (table 1). Physical scores were lower in patients with MDD, compared with patients with BD (table 1). Table 1: Comparison of SF-36 sub-domain scores between MDD, BD patients, and HC.

Sub-domains of the SF36	MDD	BD	HC	P
Mean physical score -	45.5	59,28	77,86	0.000
Physical functioning -	67	69,00	84,26	0.003
limitation due to	42.5	44,17	71,03	0.005
physical health - Pain -	60	67,13	83,50	0.001
General health	48.5	56,83	72,05	0.000
Mean psychic score -	47.25	48,19	68,66	0,000
limitation due to	41	48.89	76.97	0.000
emotional problems -	55.8	43.48	75.52	0.000
Social functioning -	40	46.5	56.02	0.002
Energy/fatigue -	52	53.86	66.12	0.007
Emotional well-being				
Mean global score	50.88	53,73	73,78	0,000

Conclusions: QOL of patients with mood disorders such as MDD and BD suffered damage even in euthymic periods.

Keywords: quality of life; mood disorders

EPP0040

Feasibility of group cognitive behavioural therapy for insomnia (CBT-I) in bipolar disorder

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Introduction: Euthymic patients with bipolar I and II disorder (BD) often have comorbid insomnia, which is associated with worse outcome. Cognitive behavioral therapy for insomnia (CBT-I) is rarely offered to this population, though preliminary research indicates CBT-I to be safe and helpful to improve sleep and mood stability.
Objectives: The present study investigates if CBT-I for euthymic BD patients is feasible and acceptable when offered in a group format.
Methods: 14 euthymic bipolar disorder I or II participants participated in a 7-session group CBT-I with BD-specific modifications (CBT-I-BD), preceded by one individual session. Feasibility and acceptability were assessed by recruitment, treatment drop-out and participants' and therapists' evaluations, while sleep quality, mood and sleep medication were assessed at baseline, end of treatment, 3 and 6 months later.

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.

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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

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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

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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.