

EPV0037

To what extent do sexual hormones influence bipolar disorder?

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Introduction: It is known that female reproductive events and hormonal treatments can impact the course of bipolar disorder (BD) in women, some of whom are more vulnerable to the development of mood instability under periods of hormonal fluctuation. The mechanisms involved are, however, largely unknown. The aim of this work is to review the impact of sexual hormones on the course of BD, regarding a clinical case.

Objectives: To explore the role of sexual hormones in BD.

Methods: Literature review using Medline database.

Results: This is a case of a 36-year-old woman with type 1 BD who develops a manic episode after starting oral contraception (OC). This episode remitted with suspension of the pill. Estrogen and progesterone are involved in various aspects of brain function, such as brain development, synaptic plasticity, and modulation of neurotransmitter systems. Studies indicate that there is a relationship between ovarian hormones and intracellular signaling systems involved in the pathophysiology of BD. However, research on OC use in patients with mood disorders is limited. Recent studies state that OC aren't associated with a worse clinical course and don't negatively influence BD, while other studies show there is a subgroup of bipolar women that improve with hormonal stability, while others get worse.

Conclusions: Further studies are needed to determine possible relationships between sexual hormones and BD, and it is essential to identify patients vulnerable to these risks by measuring baseline hormone levels, assessing hormone sensitivity through a history of mood changes during menstrual cycle and a history of previous mental health problems.

Disclosure: No significant relationships.

Keywords: sexual hormones; oral contraception; mood instability; bipolar disorder

EPV0036

Hyperthymic traits, major depression and bipolar spectrum, review and case report

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Introduction: Akiskal proposed the bipolar spectrum concept with the aim of including those patients with atypical depressive presenta-

tions and mood temperaments. Also Koukopoulos accepted this proposal in those patients with poor response to antidepressants or highly recurrent course. Concretely bipolar disorder type IV was defined as clinical depression based on a lifelong hyperthymic temperament. Some years after DSM-III several experts in bipolar disorder continued in this work line even though DSM-IV and most recent DSM-V not considered to include this concept as a new diagnostic category.

Objectives: To present a theoretical and practical review about bipolar spectrum and its relationship with hyperthymic traits.

Methods: We carry out a literature review about bipolar spectrum, accompanied by the clinical description of one patient with major depressive disorder and hyperthymic traits base.

Results: 45 years old female referred to our outpatient mental health service after episode of voluntary drug overdose. She presented long evolution depressive symptoms (sadness, apathy, anhedonia, anergy, irritability, anxiety, emotional lability, early awakening, social withdrawal, self-care neglect, hopelessness, cognitive failures, guilt feelings and death ideas) with onset in postpartum. She reported a previous depressive episode 9 years ago with good response to fluoxetine. Hyperthymic traits were described but no history of manic symptoms. An erratic evolution was observed with various antidepressant treatment and finally improved adding mood stabilizer.

Conclusions: We must propose to consider the diagnosis of bipolar spectrum in order to treat effectively patients with major depression disorder and hyperthymic temperament in absence of manic symptoms.

Disclosure: No significant relationships.

Keywords: bipolar disorder; bipolar spectrum; hyperthymic temperament; Major Depression

EPV0037

Relationship between metabolic syndrome and functioning in patients with bipolar disorder type 1

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Introduction: The available literature indicates a possible association between metabolic syndrome (MS) which is highly prevalent among patients with bipolar disorder (BD), and functioning.

Objectives: We sought to compare differences in functional areas of patients with Bipolar Disorder Type 1 (BPD-1) with and without MS in euthymic period.

Methods: This study included 69 euthymic BPD-1 patients without MS and 46 age- and sex-matched BPD-1 patients with MS. All participants completed a sociodemographic form; took the Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Young Mania Rating Scale score, and Bipolar Disorder Functioning Questionnaire. MS was diagnosed according to the International Diabetes Federation (IDF) criteria.

Results: All of the functioning areas were significantly lower in the BPD-1 with MS group than in the without MS group ($p < 0.05$).

Moreover age at onset of disease was significantly lower in BPD-1 group with MS than without MS ($p < 0.05$). Number of suicide attempts was significantly higher in BPD-1 group with MS than without MS ($p < 0.05$). Catatonic and melancholic depression were significantly more prevalent in the BPD-1 with MS than without MS ($p < 0.05$).

Conclusions: Our findings suggest that MS might have an effect on functioning in BD patients even in euthymic period.

Disclosure: No significant relationships.

Keywords: bipolar disorder; Metabolic syndrome; Functionality

EPV0038

Chronotype and biological rhythms in bipolar disorders

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Introduction: Biological rhythms play an important role in the etiology of mood disorders. Several lines of evidence established a link between circadian rhythm disruption and mood episodes. Chronotypes are the behavioral manifestations of circadian rhythms and eveningness appears to be more frequent in bipolar disorder (BD). The influence of chronotype on mood symptoms needs yet to be clarified.

Objectives: -Identifying the predominant chronotype in a Tunisian sample of patients with BD -Assessing the association between chronotype and biological rhythm disruptions in the sample

Methods: For this study, a total of 80 euthymic outpatients with bipolar disorder and 80 control subjects were recruited. Biological rhythms disruptions were assessed using the Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN). Predominant chronotype was identified using the composite scale of morningness (CSM).

Results: BRIAN scores showed greater biological rhythms disruptions in bipolar patients than the control subjects (mean scores 35.26 ± 9.21 vs 25.84 ± 2.68). Low CSM scores in the patients' group indicated a predominant evening chronotype whereas an intermediate chronotype was more frequent within the control group. The correlation analysis revealed a statistically significant negative correlation between the 2 scales ($r = -0.716$, $p < 0.001$): the CSM scores decreased as the BRIAN scores increased.

Conclusions: This study indicates that eveningness is more common in BD. This chronotype is more likely to disturb biological rhythms which may increase the risk of mood symptoms and lead to a poor prognosis for BD, thus the relevance of treating rhythm alterations, especially in evening-type patients, in order to improve their quality of life and prevent mood episodes.

Disclosure: No significant relationships.

Keywords: Bipolar Disorders; biological rhythms; chronotype; BRIAN scale

EPV0040

Social rhythms and occupational functioning disturbance in remitted bipolar patients

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Introduction: Biological rhythm disturbance is etiologically involved in mood disorders. Previous literature focused on studying sleep disruption in bipolar disorders (BD). However, only a few studies addressed the influence of social rhythms and occupational functioning as they may affect circadian regularity and consequently be a critical pathway to mood symptoms.

Objectives: The main aim of this study was to assess biological rhythms in remitted bipolar patients and to evaluate their social rhythms and occupational functioning.

Methods: We recruited a total of 80 euthymic outpatients with BD and 80 control subjects. Biological rhythm disruptions were assessed using the Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN), an interviewer administered questionnaire that assesses disruptions in sleep, eating patterns, social rhythms, and general activity.

Results: Patients with BD experienced greater biological rhythm alterations than the control group (BRIAN total scores 35.26 ± 9.21 vs. 25.84 ± 2.68). In addition to their sleep-wake rhythm (mean scores 11.1 ± 3.95 vs. 7.41 ± 1.41), patients were particularly more impaired than the control group with regards to social rhythms (7.31 ± 2.57 vs. 5.24 ± 1.06) and general activity (8.9 ± 3.35 vs. 7.01 ± 1.4).

Conclusions: Our study indicated that patients with BD experience major disruptions in their social rhythms and occupational functioning. These alterations may lead to unstable biological rhythms and to a higher risk of mood episodes. Therefore, consolidating social rhythms and functioning appears to be a crucial step for preventing relapses in patients with BD.

Disclosure: No significant relationships.

Keywords: chronobiology; social rhythms; occupational functioning; Bipolar Disorders

EPV0041

Prediction of functional outcome in bipolar disorder: Effects of cognitive remediation and cognitive psychoeducational group therapy

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Introduction: In bipolar patients cognitive deficits are an important feature. Persisting neurocognitive impairment is associated with low psychosocial functioning.