

EPV0126

Evaluation of the executive dysfunction in patients with bipolar disorder

O. Vasiliu

Psychiatry Department, Dr. Carol Davila University Emergency Central Military Hospital, Bucharest, Romania

doi: 10.1192/j.eurpsy.2023.1481

Introduction: Bipolar disorders (BD) associate impairments in cognitive functioning not restricted to acute mood episodes. The functional impact of these cognitive dysfunctions is significant in many cases, therefore, an extensive evaluation is granted for BD patients from this perspective. Executive dysfunction in BD has been reported, especially during mania and was associated with formal thought disorder, but multiple cognitive deficits may reflect an underlying pathologic process related to the mood disorder itself.

Objectives: To assess the level of executive dysfunction in a sample of patients with type I BD (BDI) using structured measurement methods.

Methods: Five patients diagnosed with BDI (two patients during manic episodes, one during the euthymic phase, and 2 during depressive episodes) were evaluated for working memory (n-back test), verbal fluency (Controlled Oral Word Association Test, COWAT) and verbal learning (Verbal Learning and Memory test, VLMT). All patients were adults, mean age of 35.5 years, and all were undergoing psychotropic treatment with antipsychotics and/or mood stabilizers. Also, five normal healthy controls, matched for age, were evaluated using the same test battery.

Results: All five BDI patients presented dysfunctions (three at a trend level, and one at a significant level, $p < 0.01$) in at least one cognitive domain, with three patients presenting modifications in all three tests that were administered vs. normal controls. The most affected domain was verbal learning, followed by working memory and verbal fluency. No individual in the control group had significant cognitive deterioration, on any outcome assessed.

Conclusions: Cognitive domains are altered in BDI patients, therefore, a test battery destined to quantify executive dysfunctions, independent of the presence of an acute mood episode or during the euthymic phase, may be useful for case management.

Disclosure of Interest: None Declared

EPV0127

C-reactive protein levels and cognitive functions in patients with bipolar disorder

O. Elleuch^{1*}, M. Maalej¹, W. Guidara², M. Naifar², M. Maalej¹ and F. Ayadi^{2,3}

¹Department of psychiatry C, Hedi Chaker University Hospital of Sfax; ²Laboratory of Research "Molecular Basis of Human Diseases", LR19ES13, Faculty of Medicine, University of Sfax and ³Laboratory of Biochemistry, Faculty of Medicine of Sfax & Habib Bourguiba Hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1482

Introduction: The pathophysiology of bipolar disorder (BD) is complex and remains uncertain to this day.

Several hypotheses have been suggested, including the involvement of inflammatory mechanisms in its pathogenesis and in eventual cognitive impairment. C-reactive protein (CRP) is one of the most commonly used inflammatory markers. High-sensitivity CRP (hs-CRP) is a more sensitive marker.

Objectives: We aimed to examine hs-CRP levels in patients with BD, and to investigate its relationship with cognitive functions.

Methods: We conducted a cross-sectional study between June 2016 and July 2018 on drug-free BD patients. These participants were hospitalized at the "C" Psychiatry department of HediChaker University Hospital in Sfax-Tunisia which accepts only male patients. The diagnosis of BP disorder was established according to DSM-5 criteria.

We used the Montreal Cognitive Assessment (MoCA) scale to assess cognitive functions in our patients, and blood samples were collected to analyze hs-CRP levels.

Results: Our study included 33 patients whose median age was 33 years, with an interquartile range of 27.5-44 years. The majority (90.3%) were diagnosed with type I of bipolar disorder and 9.7% were diagnosed with type II. At the time of the study, 82.4% had a manic episode and 17.6% had a depressive one.

The median MOCA scale score was 24 with an interquartile range of 19-26, and the analysis of hs-CRP values revealed a median level of 2.1 (interquartile range: 1.2-7.3).

There was no significant correlation between hs-CRP levels and MOCA scores nor its domains. Table 1 shows the results of this correlation analysis.

Table1: correlation results between hs-CRP levels and MOCA domains

		Visuospatial and MOCA executive functions						
		naming	attention	language	abstraction	memory	orientation	
hs-CRP	r=	0.157	0.031	-0.092	-0.020	0.099	0.071	0.055
	p=	0.415	0.873	0.636	0.918	0.610	0.714	0.775

We also did not find any significant difference in hs-CRP levels between patients with depressive and manic episodes.

Conclusions: Our study showed no significant relationship between inflammation and cognitive impairment in bipolar disorder. Further research is needed to better investigate the role of inflammatory processes in this disorder.

Disclosure of Interest: None Declared

EPV0128

Use of Caripracina in a case of manic episode with psychotic symptoms difficult to treat due to side effects with the use of psychotropic medication. A case report

P. Casado De La Torre

Psychiatry, Sistema Andaluz de Salud (SAS), Algeciras, Spain

doi: 10.1192/j.eurpsy.2023.1483

Introduction: There are manic episodes to involve a challenge in treatment due to finding resistance or secondary effects with the