

0023

Clinical and sociodemographic correlates of suicidality in bipolar patients

U. Ouali

Razi Hospital, Psychiatry A, Mannouba, Tunisia

Introduction A major concern in patients with BIPOLAR Disorder (BD) is the high frequency of suicidality. It is important to determine the subgroup of patients particularly exposed to this risk.

Objectives To explore sociodemographic and clinical characteristics of BD patients with a history of suicide attempts and compare them to those who never attempted suicide.

Methods This is a retrospective, cross-sectional, descriptive and comparative study on 100 patients followed in our department and diagnosed with BD type I according to DSM 5. Demographic and clinical data was compared across the groups: suicide+ (S+) and suicide–(S–).

Results Overall, 77 patients never attempted suicide (S–), whereas 23 had made at least one suicide attempt (S+). Females represented 61,9% of the S+ group. S+ patients had more relatives with psychiatric illness (82,6% vs. 57,1%) and affective illness (43,5% vs. 33,8%). The mean diagnostic delay was 6,61 years in the S+ group vs. 4,58 in the S– group, with 78,3% of S+ patients first receiving another diagnosis than BD. S+ patients had significantly more depressive episodes and manic episodes with mixed features. Quality of intervals was worse in S+ patients. Anxiety comorbidity was significantly higher in the S+ group (52,2% vs. 13%; $P=0,000$). Hyperthymic temperament was significantly associated with the S– group.

Conclusions Depressive polarity, anxiety comorbidity, as well as diagnostic delay seem to elevate the risk for suicidality in bipolar patients. Suicidality should be closely monitored in patients with these characteristics.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.245>

0024

Determinants of functioning in euthymic patients with bipolar disorder: A structural equation modelling approach

L. Samalin^{1,*}, L. Boyer², A. Murru³, I. Pacchiarotti³, M. Reinares³, C.M. Bonnin³, C. Torrent³, V. Norma³, P. Corinna⁴, I. de Chazeron¹, M. Boucekine², P.A. Geoffroy⁵, F. Bellivier⁵, P.M. Llorca¹, E. Vieta³

¹ CHU de Clermont-Ferrand, Psychiatry, EA 7280, Clermont-Ferrand, France

² Aix-Marseille University- EA 3279- Public Health, Chronic Diseases and Quality of Life research Unit, Marseille, France

³ Institute of Neuroscience- Hospital Clinic- University of Barcelona, Bipolar Disorder Unit, Barcelona, Spain

⁴ Policlinico Umberto I of Rome- La sapienza University of Roma, Department of Neurology and Psychiatry, Roma, Italy

⁵ AP-HP-GH Saint-Louis-Lariboisière-F. Widal, Inserm U1144, université Paris-Diderot, pôle de psychiatrie et de médecine addictologique, Paris, France

* Corresponding author.

Background Euthymic patients with bipolar disorder (BD) experience residual symptoms. Interestingly, residual symptoms appear to impact the natural course of BD and represent potential predictors of recurrence and functional impairment.

Objectives The study aimed to analyse the relationship between residual depressive symptoms, sleep disturbances and cognitive impairment as determinants of psychosocial functioning in a large sample of euthymic BD patients.

Methods We performed a cross-sectional study of 468 BD outpatients in clinical remission for at least 6 months. Bipolar Depression Rating Scale (BDRS), Pittsburgh Sleep Quality Index (PSQI) scale, Visual Analogic Scales (VAS) evaluated cognitive impairment and functioning assessment short test were used to assess residual symptomatology and functioning of patients. We evaluated functioning with. Structural equation modelling (SEM) was used to describe the relationships among the residual depressive symptoms, sleep disturbances, perceived cognitive performance and functioning.

Results SEM showed good fit. This model revealed that residual depressive symptoms (path coefficient = 0.37) and perceived cognitive performance (path coefficient = 0.27) were the most important features significantly related to psychosocial functioning. Sleep disturbances were indirectly associated with functioning via residual depressive symptoms and perceived cognitive performance (path coefficient = 0.23).

Conclusions This study contributes to a better understanding of the determinants of psychosocial functioning during the interepisodic periods of BD patients. These findings should have implications for the improvement of functioning of BD patients in a personalized approach to treatment.

Disclosure of interest

COI: Dr. Samalin reports personal fees and nonfinancial support from Astra-Zeneca, Bristol Myers Squibb, Janssen, Lundbeck, and Otsuka.

The authors L. Boyer, A. Murru, I. Pacchiarotti, M. Reinares, C.M. Bonnin, C. Torrent, V. Norma, P. Corinna, I. de Chazeron, M. Boucekine, P.A. Geoffroy, F. Bellivier, P.M. Llorca, E. Vieta have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.246>

0025

Subcortical structures in suicide attempters with bipolar disorder, type I

G. Sani^{*}, A. Simonetti, E. Ambrosi, D. Janiri, G. Kotzalidis
Sapienza University of Rome, NeSMOS, Rome, Italy

* Corresponding author.

Introduction Suicidality is a major health concern with as yet unclear neurobiology.

Objectives To identify emotional correlates of suicidality in bipolar disorder I (BD-I).

Aims To detect subcortical structural morphology changes associated with suicide attempts.

Methods We enrolled 30 patients with BD-I of which 15 had history of suicide attempts, and 15 healthy controls (HCs) with no such history. Groups were defined according to suicide attempt history and psychopathology. Subcortical gray matter volumes were obtained from 3 T structural MRI scans using FreeSurfer. Intergroup differences were investigated through ANOVAs followed by post hoc Fischer's least significant difference.

Results HCs had larger left hippocampal and left accumbens volumes than both BD-I attempters and nonattempters. BD-I attempters had smaller left hippocampi and larger left amygdala than both nonattempters and HCs.

Conclusions Differences were observed in emotional processing mediating neural circuitries, with BD-I attempters showing opposite patterns to nonattempters between amygdala and hippocampus.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.247>