Methods: 73 patients with BD (26 BD+ PTSD and 46 BDw/oPTSD) and 88 HC were evaluated through actigraphic monitoring to explore sleep and circadian parameters, scales exploring sleep quality (*Pittsburgh Sleep Quality Index -PSQI-*) and chronotype (*reduced Morningness-Eveningness Questionnaire –rMEQ-*) and the Trauma and Loss Spectrum Self Report (TALS-SR), for lifetime trauma and loss spectrum symptoms.
Results: Compared to age-matched HC, patients with BD reported lower sleep quality, lower rMEQ scores suggestive of delayed chronotype, longer total sleep time, higher waking after sleep onset, lower interdaily stability and lower sleep health. Patients with BD+PTSD reported significantly higher PSQI scores than BDw/oPTSD; significant correlations between the PSQI total scores and TALS-SR symptomatic domains emerged in the BD+PTSD group only.
Conclusions: Our results suggest a strong correlation between sleep disturbances, particularly evaluated by subjective measures, and PTSD symptoms in patients with BD.

Disclosure of Interest: None Declared

EPP0128

Circadian rhythm disturbances in mood disorders: characterisation and clinical impact

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Introduction: Circadian rhythms, defined as endogenous oscillations that regulate metabolism, physiology and behaviour, may be frequently disrupted in mood disorders, influencing their clinical presentation and course (Srinivasan V. *et al.* World J Biol Psychiatry. 2006;7(3):138-151).
Objectives: To characterise circadian rhythm disruptions in a population of patients with mood disorders, analysing clinical and course differences in subjects with and without clinically significant circadian rhythm alterations
Methods: Patients selected for this cross-sectional study were assessed with CGI-BP, HAM-D, MRS, and PANSS. Circadian rhythm disturbances were evaluated with BRIAN. Patients with clinically relevant circadian rhythm disturbances were defined as BRIAN > 36 (Mondin TC *et al.* J Psychiatr Res. 2017;84:98-104). Bivariate analyses were subsequently performed to compare subgroups of patients.
Results: In our study, 61 subjects with DD or DB were enrolled. The overall mean BRIAN test score was 40.08 ± 10.26. When comparing the BRIAN test scores, both total and subscales, between subjects with DB and DD, social rhythms were significantly more altered in subjects with DB (8.63 ± 2.90 VS 6.80 ± 2.11, p=0.034). Subjects with disruption of circadian rhythms displayed greater severity of depressive symptoms (mean total HAM-D test score 16.06±8.61 VS 8.94±5.85; p<0.003, mean CGI-BP severity of depression test score 3.14±1.68 VS 1.88±1.11; p<0.010) and with a longer duration of untreated illness (6.14±8.64 VS 2.53±6.28; p= 0.040).
Conclusions: Alterations in circadian rhythms should be routinely investigated in all individuals with mood disorders, especially BD, and may represent a transdiagnostic psychopathological construct that defines a more severe disease phenotype.

Disclosure of Interest: None Declared

EPP0129

New perspectives on the role of vitamins in bipolar disorders: are there any relationships with outcomes?

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Introduction: Vitamin B12, folic acid and homocysteine play a key role in cellular functioning as part of "one-carbon metabolism", a biochemical pathway involved in many essential biological processes, such as DNA synthesis. Therefore, imbalance involving these micronutrients might impair neurological functioning as well. Vitamin B12 has been implicated in the onset of a wide range of neuropsychiatric symptoms/disorders, like mood disorders, anxiety, hallucinations and delirium. Altered levels have been reported in mood disorders (MDs), but available literature particularly focuses on major depression (MDD), while the information in bipolar disorders (BDs) is still limited.
Objectives: The present study aimed at assessing vitamin B12, homocysteine and folic acid in bipolar inpatients and detecting any relationship with clinical features or outcome measures.
Methods: A total sample of 69 inpatients was selected. Diagnoses of bipolar disorder I (BDI), II (BDII), schizoaffective disorders, and MDD, were assessed according to DSM-5 criteria. The Mini International Neuropsychiatric Interview (MINI), Hamilton Rating Scale for Depression (HRSD), Young Mania Rating Scale (YMRS) and Clinical Global Impression-Severity (CGI) scales were used to complete the psychopathological evaluation. The blood parameters were measured according to common clinical-chemical methods.
Results: About 50 % of bipolar patients (34) showed significantly lower vitamin B12, and 14 higher homocysteine levels than normative values. No differences were noted between genders, except for a slightly higher rate of women showing lower homocysteine, phase of illness, intake of psychotropic drugs, or dietary habits. Folic acid levels were normal in most of the sample. Patients with a family history of suicide showed significantly lower levels of vitamin B12.
Conclusions: These results suggest that implementing the assessment of vitamin B12, homocysteine and folic acid in patients with BD in routine clinical practice could be a useful as well as simple, non-invasive and cheap tool. Although other studies are necessary, the present findings that lower levels of vitamin B12 seem typical of patients with a family history of suicide independently from the

phase of illness, suggests that they might constitute a possible predictor of this tragic outcome.

Disclosure of Interest: None Declared

EPP0130

Factors associated with poor medication adherence in patients with Bipolar Disorders

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Introduction: Treatment adherence in patients living with Bipolar Disorders can influence prognosis and quality of life. It is associated with an increased morbidity and healthcare costs.
Objectives: The aim of our study was to evaluate treatment adherence in a sample of patients living with Bipolar disorders and to determine factors associated with poor adherence.
Methods: We conducted a cross sectional study where we included bipolar patients being treated in psychiatry department A. We developed a survey containing sociodemographic and clinical features. We used the medical adherence rating scale to evaluate treatment adherence.
Results: Our sample consisted of 100 patients with a mean age of 47,5 years old. Sixty seven patients were being treated for bipolar disorder type 1. Medication adherence rate was 64%.
Factors associated with poor medication adherence were being single, an early age of onset, comorbid substance abuse disorder, severe treatment side effects and poor insight.
Conclusions: Poor medication adherence is a major issue for people living with Bipolar Disorders. Clinicians should pay more attention to sociodemographic and clinical factors to predict and enhance treatment adherence.

Disclosure of Interest: None Declared

EPP0131

Lithium management in pregnant patients with bipolar disorder

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Introduction: Women with bipolar disorder often ask their treating clinician for information about family planning, as they are concerned about the impact of their illness on offspring. Pregnancy places additional stress on patients, and physiological changes are particularly acute during postpartum. On the other hand, the risk of abnormalities and teratogenicity from psychotropic drugs is significant. The decision wether resuming or discontinuating lithium is discussed.
Objectives: We present a theoretical review on the topic.
Methods: A bibliographic review is presented.
Results: The choice to continue medication during pregnancy balances the risks of an untreated illness with the risks of medication exposure. Abrupt discontinuation of psychotropic medications is associated with an increased risk for illness recurrence. Women with BD who discontinue their medications before or during pregnancy have a 71% risk of recurrence with new episodes occurring most frequently in the first trimester. Recurrent illness during pregnancy is associated with a 66% increase in the risk of postpartum episodes. Untreated or under-treated BD during pregnancy is associated with poor birth outcomes independent of pharmacotherapy exposure, including preterm birth, low birth-weight, intrauterine growth retardation, small for gestational age, fetal distress, and adverse neurodeve- lopmental outcomes. Women with untreated BD also have behavioral risk factors such as decreased compliance with prenatal care, poor nutrition, and high-risk behaviors. Impaired capacity to function may result in loss of employment, health care benefits, and social support. The biological and psychosocial risks of a BD episode are the justification for the risk of medication exposure.
Fetal exposure to lithium has been associated with an increased risk for cardiac abnormalities. The risk for Ebstein's anomaly with first trimester exposure is 1 (0.1%) to 2 in 1000 (0.2%), but the absolute risk remains low. Folate supplementation with 5 mg reduces the risk and severity of congenital heart disease. Lithium toxicity causes lethargy, hypotonia, tachycardia, coma, cyanosis, and chronic twitching in the newborn.
Strategies to minimize fetal exposure and maintain efficacy include using the lowest effective dose, prescribing lithium twice daily to avoid high peak serum concentrations, and regular monitoring of lithium serum concentrations. The effective serum concentration must be established before pregnancy. If a therapeutic concentration has not been established, the lithium dose is titrated to a concentration within the therapeutic range. Breast feeding is discouraged in women taking lithium because of the high rate of transmission to the infant.
Conclusions: Treatment decisions for pregnant women with mood disorders must weigh the potential for increased risks of lithium during pregnancy, especially during the first trimester, against its effectiveness at reducing relapse.

Disclosure of Interest: None Declared

EPP0132

Do prospective longitudinal studies of bipolar disorder support the hypothesis of neuroprogression?

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Introduction: Bipolar I disorder is a mental disorder with the risk of severe clinical outcomes. Bipolar disorder was initially defined based on having a better outcome than schizophrenia. However,