

father as well as all their uncles offspring's, and their grandparents, who were consanguineous. The depressive mood was a common sign in the three generations. Personal history revealed significant signs of a very early onset of the disorder since the neonatal period for the two sisters as well as for their four paternal cousins who also presented BSD features. Familial risk of BSD in this family correlates with a variably higher personal risk of other psychiatric disorders such as anxiety, drug abuse, personality disorders, and autism spectrum disorder.

Conclusions: Environmental conditions, familial care and educational level have a strong correlation with the severity and the efficiency of cognitive management of BSD and its psychiatric comorbidities. BSD is highly heterogeneous and polygenic and personalized management has considerable clinical repercussions benefits.

Disclosure: No significant relationships.

Keywords: Bipolar spectrum disorder; heritable mood/mental disorder; Longitudinal familial study; Neonatal onset

EPV0083

A review: Circadian Rhythm Dysfunction and Bipolar Disorder

M. Ribeiro^{1*}, A. Lourenço¹, M. Lemos¹, J. Bastos² and J.M. Pereira¹

¹Centro Hospitalar Lisboa Norte, Psychiatry, Lisboa, Portugal and

²Hospital Prof. Doutor Fernando Fonseca, Departamento De Saúde Mental, Amadora, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1035

Introduction: Circadian rhythm (CR) dysfunction is a prominent feature in bipolar disorder (BD) and sleep disturbances are characteristic, although not essential to the diagnosis.

Objectives: To review the literature regarding the CR dysfunction and its impact on the onset and clinical course of BD.

Methods: We conducted a MEDLINE search using bipolar disorder, circadian rhythm and sleep as keywords, selecting studies written in English.

Results: CR dysfunction is a trait marker of BD. It's known that during depressive episodes insomnia is present, with difficulty falling asleep/ maintaining sleep and early awakening. Regarding mania, decreased need for sleep is a critical marker. During the euthymic period significant alterations in sleep pattern have been described. It's also known that changes in the sleep pattern occur prior to those in mood patterns, indicating that sleep dysregulation may trigger the onset of mood episodes or relapses. Therefore, CR disruption may be associated with the pathophysiology of BD and some factors have already been identified: irregularity of the sleep-wake rhythm, eveningness chronotype, abnormality of melatonin secretion, vulnerability of clock genes and the irregularity of social *zeitgeber*.

Conclusions: Disturbances of sleep are pervasive, and an essential feature of BD, worse during mood episodes, but still present during euthymic periods. It remains to determine whether circadian rhythm dysfunction is a trait marker or mood state dependent. Further studies are warranted to clarify this association.

Disclosure: No significant relationships.

Keywords: circadian rhythm; bipolar disorder; sleep

EPV0084

Manic patients and sleep management: the role of polysomnography in clinical practice

F. Pacchioni^{1*}, M.C. Cavallini², L. Fregna², A. Sarzetto¹, F. Attanasio¹, B. Barbini² and C. Colombo^{1,2}

¹Università Vita-Salute San Raffaele, Psychiatry, Milano, Italy and

²IRCCS San Raffaele Scientific Institute, Psychiatry - Mood Disorders, Milano, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1036

Introduction: Sleep plays a key role in the pathogenesis and clinic of mood disorders. However, few studies have investigated electroencephalographic sleep parameters during the manic phases of Bipolar Disorder (BD).

Objectives: Sleep management is a priority objective in the treatment of the manic phases of BD and the polysomnographic investigation can be a valid tool both in the diagnostic phase and in monitoring clinical progress.

Methods: Twenty-one patients affected by BD, manic phase, were subjected to sleep monitoring via PSG in the acute phase (at the entrance to the ward) and in the resolution phase (near discharge). All participants were also clinically evaluated using Young Manic Rating Scale (YMRS) Pittsburgh Sleep Quality Index (PSQI), Morningness-eveningness Questionnaire (MEQ) at different timepoints.

Results: Over the hospitalization time frame there was an increase in quantity (Total Sleep Time) and an improvement in the quality and effectiveness of sleep (Sleep Efficiency). In addition, from the point of view of the EEG structure, clinical improvement was accompanied by an increase in the percentage of REM sleep.

Conclusions: Sleep monitoring by PSG can be a valuable tool in the clinical setting both in the diagnostic phase, "objectively" ascertaining the amount of sleep, and in the prognostic phase, identifying electroencephalographic characteristics that can predict the patient's progress and response to drug therapy. The improvement in effectiveness and continuity of sleep and the change in its structure that accompanies the resolution of manic symptoms also testifies how the regularization of the sleep-wake rhythm is to be considered a priority in treating manic phases.

Disclosure: No significant relationships.

Keywords: Bipolar Disorder; Polysomnography; mania; sleep

EPV0085

Comparison of prevalence, clinical evolution and vaccination rate against COVID 19 in a population of patients diagnosed with Dual Bipolar disorder and Non-dual bipolar disorder

B. Losilla Rodríguez*, F. Palermo Zeballos and M. Ortiz Jiménez

Hospital Universitario Virgen Macarena, Psychiatry, Sevilla, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1037

Introduction: Since the beginning of the pandemic, 4,745,519 cases, 396,878 hospitalizations and 82,884 deaths with COVID-19 have been reported in Spain. As of August 24, 2021, 76.4% of Andalusians over 12 years of age have the complete vaccination regimen.

Objectives: Main: to calculate the prevalence of COVID 19 infection, clinical evolution, and vaccination rate in a population of patients diagnosed with dual bipolar disorder. Secondary: compare these data with those obtained inpatients diagnosed with non-dual bipolar disorder.

Methods: Retrospective descriptive study. The study population is made up of patients diagnosed with dual bipolar disorder and non-dual bipolar disorder (according to DSM 5 criteria). Infection, admission, death, and vaccination data were obtained from the patient's medical history.

Results: Of the 7 patients diagnosed with dual bipolar disorder, the prevalence of COVID 19 infection, since the beginning of the pandemic is 0% and of the 21 patients diagnosed with non-dual bipolar disorder the prevalence is 9.51% (2/21). Of the patients with COVID 19 infection, none required hospital admission and no deaths occurred. The vaccination rate in the group of patients with dual bipolar disorder is 85,71% (6/7) and in the group of non-dual bipolar disorder is 61.91% (13/21), no finding statistically significant differences between both groups.

Conclusions: In our study the prevalence of COVID 19 infection inpatients diagnosed with dual bipolar disorder is 0% and the vaccination rate is 85.71%. While in patients with non-dual bipolar disorder the prevalence is 9.51%, there were no admissions, no deaths and the vaccination rate is 61.91%.

Disclosure: No significant relationships.

Keywords: covid 19; dual disorder; Prevalence; bipolar disorder

EPV0086

Hyperprolactinemia with antipsychotics and the need for magnetic resonance imaging

M.D.C. Molina Liétor^{1*} and I. Cuevas Iñiguez²

¹Hospital Universitario Príncipe de Asturias, Psiquiatría, Alcalá de Henares, Spain and ²Hospital Principe de Asturias, Psiquiatría, Alcalá de Henares, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1038

Introduction: Hyperprolactinemia is a frequent medical condition in daily clinical practice. In most laboratories, normal prolactin (PRL) concentrations are less than 25ng / ml in women and less than 20ng / ml in men. The causes of hyperprolactinemia can be physiological or secondary, among which a differential diagnosis must be made.

Objectives: The causes of hyperprolactinemia are reviewed on the basis of a clinical case.

Methods: Bibliographic review and presentation of a clinical case.

Results: The case of a 17-year-old patient is presented, who comes to the Emergency Department due to a picture of agitation at home. Her relatives comment that two months ago, they began to notice her strange, very active and without the need to sleep. During the examination, the patient presents with verbiage, flight of ideas, and megalomaniac thoughts. A manic episode was diagnosed and the patient was admitted to the psychiatric hospital. She was prescribed risperidone up to 4mg / day, carrying out prolactin determination after a few days. The baseline prolactin determination was 140 ng / ml and 130 ng/ml at twenty minutes. Due to the very high levels, the question arises as to whether the cause of hyperprolactinemia is due

to treatment or hypothalamic damage. The MRI: "slight asymmetry in the pituitary gland, being discreetly more globular the adenohypophyseal LD, which could be in relation to underlying microadenoma". As there were no previous data, the decision was made to withdraw risperidone with the introduction of aripiprazole and imaging tests periodically.

Conclusions: Differential diagnosis of the cause of hyperprolactinemia is important.

Disclosure: No significant relationships.

Keywords: BIPOLAR; magnetic resonance imaging; Hyperprolactinemia; risperidone

EPV0087

Developing an online positive psychology application for people with bipolar disorder; 'How expectations of consumers and professionals turned into an intervention.'

B. Geerling^{1,2*}, S. Kelders², A. Stevens¹, R. Kupka³ and E. Bohlmeijer²

¹Dimence, Scbs, Deventer, Netherlands; ²University Twente, Bms, Enschede, Netherlands and ³Amsterdam UMC, VU medical centre, Psychiatry, Amsterdam, Netherlands

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1039

Introduction: In Bipolar Disorder (BD), people report a lower quality of life and lower levels of well-being than the general population. Additionally, patients with bipolar disorder have unmet needs which are closely linked to elements of positive psychology.

Objectives: The current study aimed to gain insight from patients with BD and care professionals about their thoughts of online Positive Psychology Interventions (PPI) to develop an app containing PPI's for people with BD.

Methods: The study is conducted in accordance with the CeHRes roadmap principles. Data were collected by focus groups, questionnaires, rapid prototyping and online feedback from the participants. Three focus groups meetings (FGM) were held with consumers (8) and professionals (5).

Results: The FGM reveals a need for positive psychology interventions to cover some of the unmet needs that can be applied in an app in addition to the guidelines-advised treatment. Patients and professionals expect that PPIs in the current treatment in BD can meet some of the needs that are currently still unmet, specifically offering hope, increasing self-esteem, expressing feelings, acceptance and preventing social isolation. The process of contextual inquiry and value specification is helpful to guide this process.

Conclusions: The consensus on the different topics about the use of positive psychology intervention shows that both consumers and professionals underline the importance of applying PPI's in BD. The use during subsyndrome and mild depressive episodes seem the most beneficial periods for patients with BD. A more extended study has to be conducted to confirm if these findings are more generalizable

Disclosure: No significant relationships.

Keywords: co-creation; positive psychology; intervention development; bipolar disorder