

objective was to determine whether there is association between emotion processing and psychosocial functioning.

**Methods** A sample of 53 EBP and 53 healthy controls matched for age, gender, education level and premorbid intelligence were studied. All subjects were assessed using the MATRICS Consensus Cognitive Battery (MCCB) and two additional executive function measures: the Trail Making Test–Part B and the Stroop Test. Emotion processing was examined using the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT). Psychosocial functioning was assessed using the Global Assessment of Functioning (GAF) scale and the Functional Assessment Short Test (FAST).

**Results** For the MSCEIT, EBP obtained lower total scores ( $P=0.001$ ), experiential area scores ( $P=0.012$ ), strategic area scores ( $P=0.000$ ), perceiving emotions branch scores ( $P=0.008$ ), understanding emotions branch scores ( $P=0.014$ ) and managing emotions branch scores ( $P=0.000$ ) than controls. There were no significant differences between groups for the using emotions branch ( $P=0.113$ ). In addition, partial correlations controlling for sub-clinical psychopathology in EBP showed the existence of a significant correlation of MSCEIT total score and MSCEIT strategic area score with FAST total score.

**Conclusions** EBP exhibit deficits in several areas of emotion processing. Performance in emotion processing tasks is associated with social functioning in these patients.

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

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## EW52

### Prepulse inhibition in euthymic bipolar disorder patients in comparison with control subjects

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**Introduction** Deficient prepulse inhibition (PPI) of the startle response, indicating sensorimotor gating deficits, has been reported in schizophrenia and other neuropsychiatric disorders.

**Objectives and aims** The present study aimed to assess sensorimotor gating deficits in euthymic bipolar patients. Furthermore, we analysed the relationships between PPI and clinical and cognitive measures.

**Method** PPI was measured in 64 euthymic bipolar patients and in 64 control subjects matched for age, gender, education level and smoking status. Clinical characteristics and level of functioning were assessed in all participants using the Hamilton Depression Rating Scale (HDRS), Young Mania Rating Scale (YMRS) and Functioning Assessment Short Test (FAST). Cognition was evaluated using the MATRICS Consensus Cognitive Battery (MCCB) and the Stroop Test as an additional measure of executive function.

**Results** Compared with controls, patients with bipolar disorder exhibited PPI deficits at 60- and 120-millisecond prepulse-pulse intervals. Among patients with bipolar disorder, PPI was correlated with the social cognition domain of the MCCB. PPI was not significantly correlated with other clinical or neurocognitive variables in either group.

**Conclusions** Our data suggest that PPI deficit is a neurobiological marker in euthymic bipolar disorder, which is associated with social cognition but not with other clinical, functional or cognitive measures.

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

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## EW54

### Sensory processing patterns, coping strategies, and quality of life among patients with major affective disorders

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**Introduction** Several studies suggested the involvement of sensory perception in emotional processes and major affective disorders. Similarly, cognitive capacities and coping strategies are reported to influence quality of life of patients with unipolar and bipolar disorders.

**Objectives** The main objective of this study was to investigate the nature of the association between sensory processing patterns, coping strategies, and quality of life among patients with major affective disorders.

**Aims** The study aimed to compare unipolar/bipolar patients concerning sensory processing, coping strategies and quality of life (QOL); examine correlations between sensory processing and QOL; investigate the relative contribution of socio-demographic characteristics, sensory processing, and coping strategies to the prediction of QOL.

**Methods** Two hundred and sixty-seven participants, aged 16–85 years (mean = 53.6 ± 15.7), 157 diagnosed with unipolar major depressive disorder and 110 with bipolar disorder type I and type II completed the Adolescent/Adult Sensory Profile, Coping Orientations to Problems Experienced, and Short Form 12 Health Survey 2.

**Results** The unipolar and bipolar groups did not differ concerning sensory processing, coping strategies, and QOL. Sensory processing patterns correlated with QOL independently of the mediation by coping strategies. Correlations between low registration, sensory sensitivity, sensation avoidance, and reduced QOL were found more frequently in unipolar patients than bipolar patients. Elevated physical QOL was mainly predicted by lower age and lower sensory sensitivity whereas elevated mental QOL was mainly predicted by coping strategies.

**Conclusions** Future studies should further investigate the impact of sensory processing and coping strategies on patients' QOL to enhance adaptive and functional behaviors related to affective disturbances.

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

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## EW55

### Interictal dysphoric disorder – the bridge between epilepsy and bipolar disorder

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