

disorder is a frequent comorbidity in BD, but also in painful patients. The aim of our study was to analyze if bipolar patients with a painful expression have more substance use disorder than bipolar patients without pain.

**Objectives:** The aim of our study was to analyze if bipolar patients with a painful expression have more substance use disorder than bipolar patients without pain

**Methods:** We included all bipolar patients from the FACE-BD cohort which is a prospective cohort of French outpatients with BD enrolled at the 12 advanced Centers of Expertise in Bipolar Disorder (CEBD). Pain has been evaluated by the “pain item” of the EQ-5D scale and we divided subjects in four categories: “no pain”, “slight pain”, “moderate pain”, “severe or extreme pain”. A multivariate analysis was performed to identify differences between each pain’s groups according to the kind of substance use disorder, psychiatric comorbidities and clinicals data.

**Results:** The cohort enrolled 1897 bipolar patients, 970 had no pain (51.1%), 507 had slight pain (26.7%), 298 had moderate pain (15.7%) and 122 had severe or extreme pain (6.4%). We found significant differences according to age, comorbidities and clinicals data with older, more anxious, and more severe patients more represented in the more painful groups. Painful bipolar patients had also more frequently lifetime substance use disorders (alcohol, opioid, sedative, marijuana) and we were able to characterize different profiles in bipolar patients.

**Conclusions:** Bipolar patients with a painful expression had more risks to have a lifetime substance use disorder, an anxiety disorder, and a higher score on MADRS. Interestingly, subjects seemed to prefer substances with anxiolytic or analgic effects during the acute intoxication as alcohol, marijuana, opioid and sedatives.

**Disclosure of Interest:** None Declared

## EPP0135

### Lamina-specific association between reduced mRNA levels of tyrosine kinase b and glutamate decarboxylase 67 in the orbitofrontal cortex in bipolar disorder: A possible reflective of defective connectivity in bipolar disorder

J. E. Park<sup>1\*</sup>, J. Choi<sup>2</sup>, S.-B. Jung<sup>1</sup>, J.-C. Lee<sup>1</sup> and I. B. Kim<sup>2</sup>

<sup>1</sup>Department of Psychiatry, Keyo Hospital, Uiwang and <sup>2</sup>Department of Psychiatry, Hanyang University Medical College, Guri, Korea, Republic Of

\*Corresponding author.

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**Introduction:** Lamina-specific alterations of inhibitory circuitries have been considered the crucial pathogenesis of perceptual, cognitive and behavioral symptoms presented in schizophrenia and mood disorders. Especially, with emerging evidences indicating the close lamina-specific relationship between synaptic defects and  $\gamma$ -Aminobutyric acid (GABA)-related gene dysfunctions, it has been suggested the mRNA dysregulations of Tyrosine kinase B (TrkB) and Glutamate decarboxylase 67 (GAD67) could particularly be implicated in middle and deep layers of neocortex of patients with major psychiatric disorders.

**Objectives:** Giving inquiries of whether defects of these mRNA levels in Orbitofrontal cortex (OFC) would be involved as lamina-

specific patterns in individuals with schizophrenia and mood disorders.

**Methods:** We examined mRNA levels of BDNF, TrkB and GAD67 in each OFC layer I through VI. We analyzed data from postmortem brain tissue of the Stanley Neuropathology Consortium Integrative Database (SNCID). SNCID consists of 15 subjects in each of four groups (schizophrenia, bipolar disorder, major depression without psychotic features, and unaffected controls). All groups were matched for age, sex, race, brain pH and post-mortem interval.

**Results:** We found TrkB mRNA levels to be significantly reduced in layer VI in both groups with schizophrenia (25.8%) and bipolar disorder (35.7%) compared with controls. GAD67 mRNA levels were also significantly reduced in layer III and IV in patients with schizophrenia (23.4% and 22.7%, respectively) and bipolar disorder (31.2% and 24.9%, respectively) compared with controls. Individuals with major depression showed only trends toward decreased mRNA levels of GAD67 in layer III and IV and of TrkB in layer VI compared with controls. TrkB mRNA levels in layer VI were significantly correlated with GAD67 mRNA levels in layer III ( $\rho=0.581$ ,  $p=0.037$ ) and IV ( $\rho=0.857$ ,  $p<0.001$ ) in subjects with bipolar disorder, but not in those with schizophrenia. When analyzed with partial correlation controlling the effects of pH and PMI, significance of correlation remained only between GAD67 mRNA in layer IV and TrkB mRNA in layer VI in individuals with bipolar disorder ( $\rho=0.768$ ,  $p=0.006$ ).

**Conclusions:** The resulting lamina-specific decreases in inhibitory tone across layers of OFC may contribute to the unrestrained irritability and violent behaviors in common shared by both patients with schizophrenia and bipolar disorder. Nonetheless, our findings indicate the obvious correlations between lamina-specifically altered TrkB and GAD67 mRNA levels in OFC might be a candidate for endophenotype of bipolar disorder.

**Disclosure of Interest:** None Declared

## EPP0136

### Relationship of smartphone use severity with sleep quality in bipolar patients

J. Kim\* and S.-H. Kim

Department of Psychiatry, Korea University Guro Hospital, Seoul, Korea, Republic Of

\*Corresponding author.

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**Introduction:** Maintaining a good sleep-wake cycle is an important factor for the prognosis and management of bipolar disorder. However, studies on the to various technological advances including smartphoe usage affecting inter-episodic sleep quality are yet relatively less thoroughly investigated.

**Objectives:** This study aims to identify the association between smartphone usage and inter-episodic sleep quality of bipolar patients.

**Methods:** A total 52 Bipolar I or II subjects who were euthymic for at least 6 months were included in this analysis. Pearson correlation analysis was used to examine the association among psychological assessments, including the Pittsburgh Sleep Quality Index (PSQI-K), Smartphone Addiction Scale (SAS), Hamilton Depression Rating Scale (K-HDRS), Young Mania Rating Scale (K-YMRS), and Multidimensional Scale of Perceived Social Support (MDPSS).

Significant results were then analyzed using a multiple linear regression analysis with PSQI-K as the dependent variable to assess the impact of clinical variables on sleep quality.

**Results:** PSQI-K was positively correlated with SAS ( $r = 0.457$ ,  $p < 0.001$ ), K-HDRS ( $r = 0.447$ ,  $p < 0.001$ ), and negatively correlated with MDPSS ( $r = -0.336$ ,  $p < 0.05$ ). Smartphone use, depressive symptoms, and perceived social support seemed to explain 35.7% of sleep quality. After adjusting for confounders, more smartphone use and more severe depressive symptoms were associated with poor sleep quality (SAS:  $\beta = 0.383$ ,  $p = 0.002$ ; K-HDRS:  $\beta = 0.339$ ,  $p = 0.006$ ), but perceived social support did not reach statistical significance (MDPSS:  $\beta = -0.204$ ,  $p = 0.086$ ).

**Conclusions:** The results of this study show that the more a person uses a smartphone, the worse their sleep is. This effect is significant, even when other factors are taken into account. These results support the possibility that improving the degree of smartphone use could be an essential intervention target for improving sleep quality during the inter-episode period in patients with bipolar disorder.

**Disclosure of Interest:** None Declared

## Child and Adolescent Psychiatry 02

### EPP0137

#### Symptoms of depression and anxiety in adolescents and their caregivers: A cross-sectional study from North Macedonia

I. Kunovski<sup>1\*</sup>, F. Bolinski<sup>2</sup>, M. Raleva<sup>1</sup>, R. Isjanovska<sup>3</sup>, G. Kalpak<sup>1</sup>, A. Novotni<sup>1</sup>, B. Stefanovski<sup>1</sup>, K. Hadzihamza<sup>1</sup> and S. Bajraktarov<sup>1</sup>

<sup>1</sup>University Clinic of Psychiatry, Medical Faculty, Ss. Cyril and Methodius University, Skopje, North Macedonia; <sup>2</sup>Netherlands Institute for Mental Health and Addiction - Trimbos Institute, Utrecht, Netherlands and <sup>3</sup>Institute for Epidemiology and Biostatistics with Medical Informatics, Skopje, North Macedonia

\*Corresponding author.

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**Introduction:** Mental health problems have increased internationally during the COVID-19 pandemic. However, most data stems from Western countries and there is a clear lack of prevalence rates and potential risk factors from Central and Eastern Europe.

**Objectives:** To investigate the point prevalence and to provide further information on risk factors of depressive and anxiety symptoms in adolescents and their caregivers in North Macedonia after the COVID-19 pandemic.

**Methods:** A cross-sectional survey study was conducted on adolescents and their caregivers through the school setting in different areas of North Macedonia. Survey items assessed symptoms of depression, anxiety, and respondents' fear of COVID-19, as well as a number of risk factors, such as gender and living environment.

**Results:** 506 adolescents and 492 caregivers completed the survey. Symptoms of depression and anxiety were mild to moderate in adolescents and their caregivers. Women and girls generally scored higher than men and boys, and adolescents in high school scored higher than those in elementary school. Prevalence rates for depression were 29.2% for adolescents and 10.4% for caregivers, while rates of anxiety were 23.7% for adolescents and 6.1% for caregivers.

**Conclusions:** This study provides a first insight into the mental health of adolescents and their caregivers after the COVID-19 pandemic in North Macedonia. Further research is required to investigate the relatively low reported rates of caregivers' mental health problems compared to data from other countries.

**Disclosure of Interest:** None Declared

### EPP0138

#### 'Positive results of an intensive, immersive, confrontational and protocolized 10-week residential program for youth with mental health problems.'

J. Vangeneugden

Yes We Can Clinics, Hilvarenbeek, Netherlands

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**Introduction:** Treating mental health problems adequately is of paramount importance given the tremendous burden it places on the individual and on society. Knowing and realizing there is no one size-fits-all-solution, some methods do yield better results. The yardstick as such can be interpreted with scores on questionnaires, subjective accounts and/or having the need for further future follow-up treatments.

**Objectives:** Within the Yes We Can Clinics, based in the Netherlands, we provide a very intensive 10-week residential treatment program where clients learn to acknowledge their problems and get to the root of these problems. The program is centered around confrontation in group sessions from counselors and peers, a well-thought out activity program from early morning till late evening, multiple psychotherapeutic sessions on a daily basis and if possible, minimize the use of medication.

**Methods:** Different Routine Outcome Measurement tests were applied.

**Results:** Here we measured willingness to participate in the program, which fluctuates from average to low at the start, reaching a significant low motivational point after 2/3 weeks, in accordance with the quintessential confrontational aspect, but following the principles of the program in combination with reconnecting with parents and family (systems-approach), a tremendous increase in willingness and commitment towards the program, but also towards life and facing mental health struggles in general, arises.

**Conclusions:** Herewith confirming the effectiveness of our intensive, immersive, confrontational and protocolized 10-week residential program for youth with mental health problems

**Disclosure of Interest:** None Declared

### EPP0140

#### Psychometric Properties of the Parent Versions of the Japanese Versions of the Strength and Difficulties Questionnaire: A study on Health Checkups for 5-Year-Old Children in Japan

K. Yokoyama\* and K. Nomura

Nagoya University, Nagoya, Japan

\*Corresponding author.

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