(BD-II), even though generally before 50-years-old (EOBD). Clinical observation of late-onset BD (LOBD) posed some questions regarding a differential phenotypic/psychopathological manifestations and affective temperaments between LOBD vs EOBD.
Objectives: A case-control pilot-study was carried out to investigate psychopathological, clinical and temperamental features of a psychogeriatric cohort of LOBD and EOBD subjects.
Methods: Out of 74 enrolled patients, 64 patients (31 EOBD, 33 LOBD) were included and administered an ad hoc socio-demographic datasheet, BPRS, CGI, GAF, HAM-D, GDS, MSRS, MRS, MOCA and TEMPS-M.
Results: LOBD is significantly associated with higher rates of BD-II diagnosis (X2 = 26.1, p<.001), depressive (p=0.05) and mixed states (p=0.011), higher comorbid anxiety levels and depressive affective temperament (p<.001); while clinical manifestations of geriatric EOBD is significantly associated with higher endocrinological (X2 = 7.815, p=.005) and metabolic comorbidity (X2 = 6.896, p=.009), a diagnosis of BD-I, manic episodes and hyperthymic (p=.001) affective temperaments. GDS and MSRS total scores were significantly higher in LOBD (respectively, p<.001 and p=.008).
Conclusions: Further studies with larger sample sizes and a control group should verify whether LOBD is a distinct psychopathological entity from EOBD and evaluate differences (if any) in terms of prognosis and treatment between EOBD and LOBD.

Disclosure: No significant relationships.
Keywords: LOBD; EOBD; bipolar disorder; temperament

Bipolar Disorders 02

EPP0096

The role of Executive Attention in the association between obsessive-compulsive symptoms and relapses in Major Depressive and Bipolar Disorder

L. Lucassen[1]*, I. Tioli[1], M. Ferrari[2], P. Ossola[1] and C. Marchesi[3]

[1]University of Parma, Department Of Medicine And Surgery, Parma, Italy; [2]AUSL of Parma, Department Of Mental Healthy, Parma, Italy and [3]University of Parma, Department Of Medicine & Surgery, Unit Of Neuroscience, Psychiatric Unit, University Of Parma, Parma, Italy, Parma, Italy
*Corresponding author.
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Introduction: Major Depressive (MDD) and Bipolar Disorder (BD) are chronic relapsing condition in which mood episodes are interspersed with periods of euthymia. Impairments in Executive Attention (EA) are a trait characteristic of mood disorder that persists also during remission. Similarly prefrontal dysfunctions are crucial in the genesis and maintenance of Obsessive-Compulsive Symptoms (OCS), which are highly comorbid in both MDD and BD.
Objectives: The aim of this study is to test a model in which deficits in EA mediate the relationship between the OCS and the relapse in a cohort of patients with MDD and BD.
Methods: Sixty-four euthymic subjects with BD and MDD performed the Attentional Network Task Revised (ANT-R), that gauges EA in a standard conflict task. Here we adopted a drift diffusion model to measure the task efficiency as the drift rate in incongruent trials. Patients also completed at baseline the YBOCS, a questionnaire that evaluate the severity of OCS. All the participants have been followed-up for up to 5 years and relapses have been recorded.
Results: The association between OCS and time in euthymia was fully mediated by the EA so that greater OCS were associated with poorer executive functions (beta=-0.341; p=0.006) that in turn predicted a sooner relapse (beta=0.349; p=0.005). This held true even when controlling for classic predictors of recurrence such as previous episode distance, the duration of illness and medications.
Conclusions: Treatment targeting executive functions could hence be crucial in preventing relapses in subjects with mood disorders experiencing obsessive compulsive-symptoms.

Disclosure: No significant relationships.
Keywords: bipolar disorder; Obsessive-compulsive symptoms; Executive Attention; major depressive disorder

EPP0097

Applying existing clinical staging models in a sample of Italian bipolar patients over a 10-years follow-up

M. Macellaro[1]*, N. Girone[1], L. Cremaschi[1], M. Bosi[1], B. Cesana[2], F. Ambrogi[2] and B. Dell'Osso[1,3,4]

[1]University of Milan, Department Of Mental Health, Department Of Biomedical And Clinical Sciences Luigi Sacco, Milan, Italy; [2]University of Milan, Department Of Clinical Sciences And Community Health, Unit Of Medical Statistics, Biometrics And Bioinformatics "giulio A. Maccacaro", Faculty Of Medicine And Surgery, Milan, Italy; [3]University of Milan, "aldo Ravelli" Center For Nanotechnology And Neurostimulation, Milan, Italy and [4]Department of Psychiatry and Behavioral Sciences, Stanford University, Milan, Italy
*Corresponding author.
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Introduction: Bipolar Disorder (BD) is a life-course illness with evidence of a progressive nature. Although different staging models have been proposed from a theoretical perspective,longitudinal studies are scarce.
Objectives: The aim of the present study was to apply four staging models in a sample of BD patients and to observe their progression in 10 years of retrospective evaluation.
Methods: In a naturalistic sample of 100 BD patients, a retrospective assessment of clinical stages across 10 years of observation at six time points (T0: 2010; T1: 2013; T2: 2015; T3: 2018; T4: 2019; T5:2020) was performed according to the BD staging models (Berk et al., 2007; Kapczinski et al., 2009; Kupka et al., 2012 and Duffy et al., 2014). Socio-demographic and clinical variables were collected and the staging progression across time was analyzed.
Results: A significant progressive staging worsening emerged over 10 years of BD observation for each examined model (p<0.001). Moreover, for all considered staging approaches, stage values were lower over the time points for BD II, lower number of lifetime episodes and hospitalizations (p<0.05). Finally, the stage increase was associated with a lower age at first elevated episode (p<0.05).
Conclusions: Present preliminary results confirm the relevance of illness onset and early intervention in BD, given their role in

patients classified into worse clinical staging. There is an emerging need of a standardized universal staging model in order to better characterize BD patients, their treatment and their clinical course.

Disclosure: No significant relationships.
Keywords: bipolar disorder; Staging Models

EPP0099

Social Hypersensitivity in Bipolar Disorder: An ERP Study

Y. Kwan[1,2*], J. Lee[1], S. Hwang[3] and S. Choi[2]

[1]Yonsei University Wonju College of Medicine, Psychiatry, Wonju, Korea, Republic of; [2]Duksung Women's University, Clinical Psychology, Soul, Korea, Republic of and [3]Yonsei University Wonju College of Medicine, Artificial Intelligence Bigdata Medical Center, Wonju, Korea, Republic of
*Corresponding author.
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Introduction: Bipolar Disorder (BD) is a disorder in which cognitive function is relatively preserved but social functioning is markedly impaired. Interestingly, studies on BD show that the patients have a strong desire for social rewards. Hypersensitivity to social rewards in BD has not yet been sufficiently examined through experimental methods, although recent studies have pointed out that their reward hypersensitivity is the cause of symptoms and dysfunction.
Objectives: The purpose of this study was to investigate whether patients with BD are hypersensitive to social rewards using the social value capture task.
Methods: Groups of 25 BD and healthy control (HC) each completed the social value attention capture task. This task consists of a practice phase in which associative learning of social rewards with specific stimuli occurs, and a test phase in which the stimuli associated with rewards appear as distractors during the participants performing a selective attention task. We also recorded event-related potential (ERP) in the practice phase in order to investigate BDs' cortical activity for social reward.
Results: showed significantly decreased accuracy rate and increased reaction time in the high social reward-associated distractor trials of the test phase in the BD compared to the HC. As a result of analysis in ERP components, P3 amplitude for social reward was significantly greater in the BD than the HC.
Conclusions: BD patients exhibit behavioral and physiological hypersensitivity to social rewards that might contribute to social dysfunction.

Disclosure: No significant relationships.
Keywords: reward hypersensitivity; social reward; bipolar disorder

EPP0101

Cognitive function in bipolar disorder

T. Sparding

The Institute of Neuroscience and Physiology, Department Of Phychiatry Andneurochemistry, Göteborg, Sweden
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Introduction: In bipolar disorder, cognitive deficits persist across mood episodes and euthymia. Despite recent advances, cognitive impairment in bipolar disorder remains poorly understood. The presentation will focus on recent work where different approaches are used to clarify the role of cognitive deficits in bipolar disorder.
Objectives: First, we have examined the clinical relevance of cognitive impairments and examined if cognitive abilities differ between bipolar disorder subtypes and healthy controls. Second, we examined if cognitive abilities differ between individuals with bipolar disorder with and without attention-deficit hyperactivity disorder. Third, we examined the relationship between cognitive functioning and occupational functioning. Lastly, we examined if long-term changes in cognitive functioning in bipolar disorder patients differ from normal aging.
Methods: The St. Göran Bipolar Project is an interdisciplinary, prospective, naturalistic study of bipolar disorder. Patients were recruited and followed-up at two specialized out-patient clinics in Stockholm and Gothenburg, Sweden.
Results: We showed that there is evidence for significant cognitive heterogeneity in bipolar disorder. Comorbid ADHD could not explain this heterogeneity. Moreover, we showed that excutive functioning is a powerful predictor of occupational functioning. The cognitive trajectory over a 6-year period did not differ between bipolar disorder patients and healthy controls.
Conclusions: There is no conclusive cognitive profile characterizing bipolar disorder. However, cognitive functioning is of great importance in understanding occupational functioning in bipolar disorder. Contrary to the assumption that cognitive impairments may be progressive we show that changes in cognitive functioning over time do not differ between patients and healthy controls.

Disclosure: No significant relationships.
Keywords: cognition; bipolar disorder; Longitudinal study; functioning

EPP0102

Predictors of functional impairment in patients with bipolar disorder

C. Kartal[1] and E.F. Aydın[2*]

[1]Sivas Sample Hospital, Psychiatry Department, Sivas, Turkey and [2]Atatürk University Faculty of Medicine, Psychiatry Department, Erzurum, Turkey
*Corresponding author.
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Introduction: Psychosocial functioning is an an important issue in the follow-up processes of patients with bipolar disorder. Potential predictors of functional impairment in bipolar disorder may give a chance to improve functioning in this group of patients.
Objectives: We aimed to assess the differences between patients with bipolar disorder and healthy controls due to childhood traumas, attachment styles, dysfunctional attitudes, affective temperaments and to assess which of these factors may significantly predict the overall functional impairment in patients with bipolar disorder.
Methods: 63 remitted patients with bipolar disorder and 61 healthy controls were enrolled in the study. Asessment was conducted using a sociodemoghraphic and clinical questionnaire, Hamilton Depression Rating Scale 17-item version (HAM-D-17) and the Young Mania Rating Scale (YMRS), Childhood Trauma Questionnaire