Results: The average age was 36.27 years, the sex ratio was 5.5. Bipolar I disorder was diagnosed in 88.5% of patients. The mean age of onset was 27.73 years, and the mean duration of illness was 8.4 years. *The mean total score at the FAST was 22.23. *Functioning was altered on 69.2% of patients. *The occupational and the cognitive functioning were the two most altered domains in our population (respective mean scores : 8.69 and 5.74). *Autonomy was altered on 17.9% of patients. *Occupationnal functioning was altered on 76.9% of patients. *Cognitive functioning was altered on 70.5% of patients. *Financial issues were observed on 34.6% of patients. *Interpersonal relationships were altered on 41% of patients. *Leisure time difficulties were present with 24.4% of patients.
Conclusions: This work has focused on the very high frequency of functional handicap in euthymic bipolar patients. Thus, several measures must be put in place to prevent or mitigate the negative effects of the impaired functioning on these patients.

Disclosure: No significant relationships.
Keywords: functioning; impairment; bipolar; euthymic

EPV0108

Use of Electro-Convulsive Therapy as a Bipolar Disorder Treatment: A Systematic Review

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Introduction: Electro-convulsive Therapy (ECT) has been considered a useful for the treatment of depression and other affective disorders, however it is considered as a last resort given the risks and possible adverse effects.
Objectives: The objective of this review is to assess the use of ECT (in terms of efficacy and tolerability) for patients diagnosed with bipolar disorder and how it can be compared with other treatments more commonly used to treat this disorder.
Methods: A search was carried out in Medline and in the Virtual Health Library as well as in the Trripdatabase with the search terms "Bipolar disorder", "Bipolar Depression", "ECT", "ECT treatment" and "Mania" in English and narrowing the search to the last 5 years. 8 articles were included for the review after applying inclusion and exclusion criteria.
Results: A favorable and well tolerated response was observed when applied ECT on patients with Bipolar disorder, especially the elderly populations. It was observed that the administration of unilateral and bilateral ECT are both equally effective. A better response was detected to ECT compared to newer treatments like ketamine, as well as lower suicide rate when ECT was used compared to other treatments.
Conclusions: ECT is considered an effective and safe treatment for Bipolar Disorder and should be taken into account not only as a last resort. Even so, given the limitations observed, it is necessary to carry out further investigation on the matter.

Disclosure: No significant relationships.
Keywords: bipolar depression; bipolar disorder; Electro-convulsive therapy; mania

EPV0109

Bipolar Disorder Comorbid with Arnold-Chiari Malformation: Case Report

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Introduction: Arnold Chiari malformation (ACM), a condition in which a portion of the brain pushes through the opening at the base of the skull, can cause headaches, dizziness, difficulty swallowing, muscle weakness and balance problems. The prevalence in the general population has been estimated at slightly less than 1/1000. The majority of these cases are asymptomatic. Chiari malformations are often detected coincidently among patients who have undergone diagnostic imaging for unrelated reasons. Several cases of psychiatric illness comorbid with ACM type 1 (ACM1) are reported in the literature.
Objectives: Here we reported a patient with bipolar affective disorder, manic episode with a history of depressive episodes for 2 years comorbid with ACM1.
Methods: A 39 year-old-woman,with the history of panic disorder and obsessive compulsive disorder comorbid with depression have been using sertraline 50 mg/day for a year, admitted for decreased need of sleep, grandiosity, increased libido,risky behaviours, rapid speech and agitation. The patient met DSM 5 criteria for a manic episode and was hospitalized. She had a positive history of depression in her family. Her lab work up was unremarkable; including negative urine toxicology. MRI scans, for exclusion of organicity, demonstrated ACM1. Her treatment was started with a regimen of haloperidol 20 mg/day, biperiden 10 mg/day. The treatment was switched to olanzapine 20mg/day upon detection of rigidity. Lithium was added as 900mg/day. Neurosurgery, outpatient control was recommended by neurosurgery.
Results: The patient's symptoms gradually improved within one week with attainment of euthymic mood.
Conclusions: This case might show that ACM1 could cause abnormal functioning of brain circuits promoting psychiatric symptoms.

Disclosure: No significant relationships.
Keywords: mood disorder; bipolar disorder; Arnold-Chiari Malformation

EPV0110

Do people with bipolar disorder have a lack of empathy?

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Introduction: Impairments of empathy have been observed in patients with various psychiatric Disorders. Yet, little research on empathy concerning mood disorders exists.
Objectives: To compare empathy levels in euthymic bipolar patients (BP) and healthy controls (HC).

Methods: A cross-sectional and comparative study of 78 patients followed for bipolar disorder, during euthymia, at the psychiatric outpatient clinic at CHU Hédi Chaker in Sfax, and 78 age-gender matched HC. We used a socio-demographic and clinical data sheet and the Questionnaire of Cognitive And Affective Empathy (QCAE) to assess empathy with its two dimensions : "Affective empathy" and "Cognitive empathy".
Results: The average age was 36.27 years, the sex ratio was 5.5. Bipolar I disorder was diagnosed in 88.5% of patients. The mean age of onset was 27.73 years, and the mean duration of illness was 8.4 years. Total scores of empathy as well as scores of cognitive and affective empathy were higher in HC than in BP. *Total QCAE BP vs HC : 72.49 vs 80.53 *Cognitive empathy BP vs HC : 43.21 vs 94.24 *Affective empathy BP vs HC : 29.36 vs 30.44 A significant difference in QCAE score and cognitive empathy score between BP and HC was found (p<10-3).
Conclusions: In our study, euthymic BP have been less empathetic than HC. Research on the subject are small and few. Thus, more studies are needed to confirm our results on the effect of mood disorders on empathy.

Disclosure: No significant relationships.
Keywords: empathy; bipolar; euthymic; matched; controls

EPV0111

Are there clinical and sociodemographic differences between bipolar i and ii disorders?

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Introduction: Bipolar disorder is a serious mental disorder. Although bipolar disorder I (BDI) might seem to have a more complex evolution and severe prognosis than bipolar disorder II (BDII) because of cross-sectional symptom severity, BDII has a high episode frequency, high rates of psychiatric comorbidities and recurrent suicidal behaviours that impair functioning and quality of life.
Objectives: To explore whether there are differences between patients with BDI and BDII concerning sociodemographic and clinical variables of interest.
Methods: A sample of 407 euthymic patients with bipolar disorder (307 BDI and 100 BDII) being age 18 or older was recruited from the Bipolar and Depressive Disorders Unit of the Hospital Clinic of Barcelona. Sociodemographic and clinical variables were collected through the administration of semi-structured interview and clinical scales. Differences between groups in these variables were analysed using the Mann-Whitney U and Chi-square tests, as appropriate. The level of significance was set at p <0.05.
Results: We found statistically significant differences between both groups. Patients with BD II were older (p<0.001), presented a longer illness duration (p=0,001) and a greater subsyndromal depressive symptomatology (p=0,010). Patients with BDI had a higher number of previous hospitalizations (p<0,001) and higher rates of psychotic symptoms (p<0,001) even during the first episode (p<0,001).
Conclusions: Our data suggests that clinical differences exist between both bipolar subtypes. The episodes may be more serious, with a greater presence of a history of psychosis, and require more hospitalizations in BDI patients. In the BDII group, persistent subsyndromal symptoms may predominate, especially of the depressive pole.

Disclosure: No significant relationships.
Keywords: bipolar disorder add clinical add SOCIODEMOGRAPHIC add DIFFERENCES

Child and Adolescent Psychiatry

EPV0113

Post Traumatic Stress Disorder : Clinical description of 101 children

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Introduction: Post traumatic stress disorder (PTSD) is a mental health condition that's triggered by a psychotraumatic event .
Objectives: The aim of our study was to investigate the clinical manifestations of PTSD in the pediatric population.
Methods: This is a descriptive cross-sectional study carried out on children over the age of 7 and victims of a traumatic event that had occurred at least one month before. They were recruited from August 2020 to April 2021, in child psychiatry department. The clinical manifestations were evaluated using the Clinician Administered PTSD Scale Child and Adolescent version for DSM 5 (CAPS CA5) in Tunisian dialect. The statistical processing of these data was carried out using SPSS 26 software.
Results: We recruited 101 children who had experienced a traumatic event which was in 35.6% physical assault, 47.5% sexual assault and in 16.8 % exposure to death. The mean age was 10.7 years at the onset of traumatic event and 11.74 years at the interview. We noted in our patients a female predominance at 64.4%. Diagnosis of PTSD according to the diagnostic criteria of the DSM5 was retained in 54.5% of cases. Intrusive symptoms were present in 81.2%, with 66.3% of involuntary, intrusive memories. Persistent avoidance of stimuli was noted in 80.2%. 71.3% of cases suffered from negative cognition and mood. We found in 66.3% marked alterations in trauma-related arousal and reactivity. Resulting in clinicialy significant distress in71.3%.
Conclusions: Recognizing PTSD symptoms is essential for diagnosis to initiate specialized care and reduce impairment at this critical age.

Disclosure: No significant relationships.
Keywords: clinical manifestation; description; post traumatic stress disorder; Children