

This study shows that even those who only inconsistently receive agonists are also likely to benefit.

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EPP0917

Mindfulness: Implementation and evaluation of an intervention program for people with alcohol dependence

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Introduction: The treatment of the person with alcohol dependence allows the possibility of a self-determined alcoholic abstinence and reducing the consequences associated with alcohol-related problems at a personal, family, work and social level.

It is important to develop therapeutic strategies that complement the different approaches in the treatment of people with alcohol dependence, enabling them to use effective coping strategies that facilitate the maintenance of their self-determined alcohol abstinence. In recent years, scientific evidence has emerged that justifies the adoption of mindfulness-based protocols as a complement to various treatments, both for the prevention of relapses and as a treatment enhancer.

Objectives: To train people with alcohol dependence to use Mindfulness;

To promote psychological well-being and positive emotions;

To reduce anxiety;

To evaluate the effectiveness of a Mindfulness-based intervention program.

Methods: The Mindfulness-based intervention program was developed with 2 groups of people hospitalized for the treatment of alcohol dependence (the institution's treatment protocol is comprehensive and based on self-determined alcohol abstinence). The 1st G (pilot) - 6 people; 2nd G - 5 people), total of 11 participants; 4 sessions (each group), duration 45-60 minutes.

The selection criteria of the participants were evaluated in an interview and defined as follows: being in the first week of the treatment program; self and allo psychic orientation; reduced to moderate anxiety (Zung Self-Assessment Anxiety Scale - EAAZ); existence of motivation for change.

Participants gave informed consent.

In the global assessment used instruments: Psychological General Well-being Scale for the Portuguese population (BEP); Short Version of the Portuguese Scale of Positive and Negative Affect (PANAS-VRP) in the first session (before intervention). In the last session (after the intervention), in addition to the BEP and the PANAS-VRP, the EAAZ was also used.

At the end of each session, an evaluation was carried out using a grid built for this purpose.

Results: As for the general psychological well-being, the BEP, only one participant (pilot group) had a final score lower than the initial one.

With regard to PANAS-VRP, in both groups, there was an increase in positive affection and a reduction in negative affection at the end of program implementation.

With regard to the EAAZ, 7 participants showed a decrease in anxiety after the intervention.

The evaluation grid of each session revealed good participation, good adhesion and positive evaluation.

Conclusions: It is concluded that after the implementation of the Mindfulness-based intervention program there was: an increase in well-being (the higher the score, the greater the state of well-being); increase in positive affection (which remained or increased); decrease in negative affection and decrease in the level of anxiety.

Disclosure of Interest: None Declared

Bipolar Disorders 05

EPP0918

Joint treatment of an acute manic episode and a multiple sclerosis debut: A case study

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Introduction: Multiple Sclerosis (MS) is an autoimmune inflammatory disease that affects 1 in 1000 people. Given the association of MS to many affective disorders and specifically with Bipolar Disorder (BD), it is possible that a manic episode and an acute episode of MS may appear together. In these cases, it is difficult to decide whether it is necessary to start a corticosteroid regimen as treatment for the acute episode of MS, since it may worsen manic symptoms.

Objectives: The aim is to carry out a review of the existing information in relation to the comorbidity prevalence of MS and TB as well as the joint treatment of both illnesses, and to expose the details of a clinical case, regarding the treatment that was used in the acute psychiatry unit.

Methods: First, a search was done in PubMed database reviewing recent cases of steroid induced psychosis using the words (Multiple Sclerosis) AND (Bipolar Disorder). Subsequently, we describe the case of a 41-year-old patient who was admitted to the acute care unit from the emergency department presenting manic symptoms (megalomania, sensation of increased capacities and ideas of mystical content) associated to episodes of muscle weakness and gait disturbances. A screening Magnetic Resonance was performed in which lesions with inflammatory-demyelinating characteristics were detected, and was therefore catalogued as MS debut.

Results: After carrying out a bibliographical review, we can conclude that studies recommend the inclusion of MS within the differential diagnosis of a first manic episode (1), performing neurological examinations, complete anamnesis and imaging tests, given that there is a high prevalence ratio of the comorbidity (2.95%) (2). It has been described that the use of lithium has a calming and neuroprotective agent that may be useful (3).

Conclusions: We consider it of interest to describe the therapeutic approach to the case. After the introduction of Aripiprazole and Lithium, a short regimen of methylprednisolone in high doses was administered to treat the MS episode. When the treatment started, the patient presented a progressive improvement of the manic

episode and motor symptoms. We observed that corticosteroid therapy did not worsen the manic symptoms or the patient's evolution in this case. We intend to contribute by providing information on the joint management of these pathologies and we consider that it is necessary to continue studying this matter to be able to manage these cases in the most appropriate way.

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EPP0919

Does bipolar disorder differ from other mental illnesses in terms of emotion dysregulation? A systematic review and meta-analysis

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Introduction: Emotion regulation (ER) is the ability to assess, monitor, or modify emotional reactions to achieve a goal (Gross. Psychological inquiry 2015; 26 1-26). When ER strategies are rigidly or maladaptively applied, emotional dysregulation (ED) can occur (Thompson. Development and psychopathology 2019; 31 805-815). ED is common in people diagnosed with bipolar disorder (BD), but it can also be described in other clinical populations given its trans-diagnostic nature. Numerous aspects of ED have been described in BD (De Prisco *et al.* Neuroscience & Biobehavioral Reviews 2022; 104914), but it is unclear whether these manifest similarly in other conditions such as major depressive disorder (MDD) or borderline personality disorder (BPD), or whether they are specific to BD.

Objectives: The objective of this systematic review and meta-analysis is to examine the literature comparing BD with other psychiatric disorders in terms of ED, focusing on those studies using validated clinical tools.

Methods: A systematic search from inception to April 28th, 2022, was conducted exploring the PubMed/MEDLINE, EMBASE, Scopus, and PsycINFO databases. Those studies providing quantitative data on ED in people diagnosed with BD and compared with clinical groups were eligible for inclusion. No restriction about age, sample size, or language were applied. Random effect meta-analyses were conducted, and effect sizes were calculated as standardized mean differences (SMD).

Results: A total of 3,239 records was identified and, after duplicate removal and title/abstract evaluation, 112 were explored at the full text. Twenty-nine studies were finally included, and it was possible to perform a meta-analysis with twenty-two (145 comparisons) of

them. Only studies comparing BD with MDD, and BPD provided sufficient data to perform a meta-analysis. People with BD did not differ from people with MDD in most of the comparisons considered. However, BD patients presented higher positive rumination (two comparisons: SMD=0.46; CI=0.27, 0.64; p=8.5e-07; I²=0%; and SMD=0.34; CI=0.15, 0.52; p=2.7e-04; I²=0%) and risk-taking behaviors (SMD=0.48; CI=0.27, 0.69; p=8.11e-06; I²=0%). In contrast, people with BPD displayed an overall higher degree of ED (SMD=-1.22; CI=-1.94, -0.5; p=9.1e-04; I²= 90.7) and used fewer adaptive ER strategies. Additionally, higher levels of self-blaming (SMD=-0.80; CI=-1.11, -0.50; p=2.68e-07; I²=0) and impulsive behavior (SMD=-0.76; CI=-0.89, -0.63; p=5.4e-29; I²=0) were observed.

Image:

