Objectives: The aim of this presentation is to discuss potential cognitive, clinical and treatment-dependent predictors for functional impairment in bipolar patients.
Methods: In a first study (1) at the Medical University of Vienna 43 remitted bipolar patients and 40 healthy controls were assessed testing specifically attention, memory, verbal fluency and executive functions. In a randomized controlled trial, patients were assigned to two treatment conditions as add-on to state-of-the-art pharmacotherapy: cognitive psychoeducational group therapy over 14 weeks or treatment-as-usual. At 12 months after therapy, functional impairment and severity of symptoms were assessed. In a second, ongoing study, in-patients from a defined catchment area in Vienna (12th, 13th and 23rd district) were assessed via SCIP (Purdon S. 2005. The screen for cognitive impairment in psychiatry: Administration and psychometric properties. Edmonton, Alberta, Canada: PNL Inc.). The SCIP was performed before and after cognitive remediation. The effects of treatment on functioning were measured with the clinical Global Impression Scale (CGI).
Results: Compared to controls, bipolar patients showed lower performance in executive function, sustained attention, verbal learning and verbal fluency. Cognitive psychoeducational group therapy and attention predicted occupational functioning. In the second study, SCIP and CGI values showed improvement after treatment.
Conclusions: Our data support the idea that cognition affects outcome. Bipolar patients benefit from cognitive psychoeducational group therapy in the domain of occupational life. (1) Sachs G et al. Front. Psychiatry, 23 November 2020 | https://doi.org/10.3389/fpsyt.2020.530026

Disclosure: No significant relationships.
Keywords: bipolar disorder; Functional Outcome; neurocognition; group therapy

EPV0042

Completed suicide in bipolar i patients after their first hospitalisation

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Introduction: Bipolar disorder is a mental disorder that has one of the greatest risk of completed suicide (CS)
Objectives: Determine the rate and the risk factors of CS in a cohort of Bipolar I patients followed after their first hospitalization
Methods: We choose all Bipolar I patients (DSM-IV) who were first time hospitalized in our Psychiatric unit between 1996 and 2016. We reviewed the charts of first hospitalization and recorded multiple baseline variables. In the follow-up we updated the database recording all patients who CS. We compared the different baseline variables between Bipolar patients who CS and the rest.
Results: Of a total of 254 bipolar I patients 9 (3,5%) CS in the mean of 13 years of follow up (rate 40 times higher than General Population). The average age at CS was 41.1 years (range between 26 and 71 years old) so there was a 9 years gap on average between the first psychiatric hospitalization and suicide. CS was characterized by a violent act (8 out of 9 cases, 89 %). When we compared BP patients who CS with the rest, only history of suicide in first-degree relatives was detected as a risk factor significantly associated (P<0.01) with CS. Conversely baseline treatment with anticonvulsants (mainly valproate) was detected as a significantly (P<0.004) protective factor of CS.
Conclusions: 1-Bipolar I patients after first hospitalization completed suicide 40 times higher than general population almost always by violent method 2-History of CS in first-degree relatives is predictor of completed suicide

Disclosure: No significant relationships.
Keywords: bipolar; Suicide; Hospitalization

EPV0043

Orexins in the clinical course of bipolar disorder

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Introduction: Orexins are involved in the regulation of circadian rhythms which play an important role in mood regulation(1,2), and are hypothesised to be associated with major depressive disorder (3). However, scarce studies analyse their relationship with bipolar disorder (BD).
Objectives: To evaluate the relationship of orexin-A and the clinical course of BD
Methods: 95 BD patients were tested for serum orexin-A. The clinical course was analysed through number of depressive, manic/mixed episodes. HDRS and YMRS were used to assess severity of current episode. Statistics: Spearman correlations, U Mann-Whitney, linear regression analysis.
Results: Mean age was 50.03 (SD=12.87) and 64.2% were women. 63.2% had BD-type I. Mean number of manic, depressive and mixed episodes was 2.32 (SD=3.07), 7.28 (SD=12.37), and 3.01 (SD=9.06), respectively. Mean age of onset was 26.09 (SD=10.50). Mean concentration of orexin-A was 21.78 pg/ml (SD=15.41), with no differences in sex, body mass index, age at onset or presence of insomnia (ICD-10). A correlation with age was observed; r=0.24 (p=0.019). No association was identified between orexin-A and severity of current episode. In relation to clinical course, no correlation was found with manic or mixed episodes. However, a negative correlation was identified between orexin-A levels and number of depressive episodes; r=-0.36 (p=0.001). When linear regression (orexin-A as dependent variable) was used to control for age, only this covariate (B=0.304) entered in the model (R2=0.067, F=6.045, p=0.015).
Conclusions: No relationship between orexin-A and number of manic/mixed episodes were detected. The association of orexin-A with number of depressive episodes dissappeared when age was controlled.

Disclosure: No significant relationships.
Keywords: bipolar disorder; Depression; orexins