EPP0923

A Comparative Study on the Influence of Psycho Social and Treatment Factors in Frequency of Episodes in Bipolar Affective Disorder

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Introduction: Bipolar disorder is a chronic psychiatric illness of an episodic and recurrent nature with marked mood and behavioural dysfunction and causes substantial psychosocial morbidity, as it frequently affects independent living, vocational, and social activities. But there is a relative dearth of Indian research about the factors associated with risk of recurrence in patients with BPAD receiving treatment according to contemporary practice guidelines.
Objectives: The study was under taken to assess the association of psycho-social and treatment factors with frequency of episodes in BPAD
Methods: A cross-sectional study consisted of first 120 subjects with bipolar disorder who availed psychiatry services in a general hospital setting in central Kerala from January 2014 to July 2014. Diagnosis was made by DCR-10 criteria. Data for 114 subjects with BPAD were analyzed. Episode frequency was estimated as the number of episodes of depression, mania, and hypomania and mixed per year of illness. Stressful life events were assessed by Presumptive Stressful Life Event scale and treatment adherence by Drug Attitude Inventory. Modified Camberwell Family Interview were used for assessing expressed emotions and Kuppuswamy's Socio Economic Scale for assessing SES
Results: Episode frequency was significantly associated with young age group, female sex, low educational status, unemployment, lower socio-economic class, marital status, number of children, earlier age at onset, family history of BPAD, high stressful life events, high expressed emotions and poor treatment adherence. The association of co-morbid general medical condition and psychiatric condition with episode frequency were not significant. The influence of religion, family type and co-morbid substance use on episode frequency could not be commented
Conclusions: Episode frequency was significantly associated psycho-social and treatment factors. Hence specific interventions are required to change the modifiable risk factors to reduce the recurrence in BPAD

Disclosure of Interest: M. Mundottu Kandy Consultant of: NIL

EPP0924

Childhood maltreatment and clinical response to mood stabilizers in patients with bipolar disorder

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Introduction: Childhood maltreatment (CM) is recognized to be a non-specific risk factor for the development of psychiatric disorders in adulthood. It has been consistently demonstrated that exposure to CM increases the risk of developing bipolar disorder (BD). In addition, CM has been associated with worse clinical presentation and course of BD. CM has been also linked to poorer responses to psychotropic drug treatments in different psychiatric disorders.
Objectives: The aim of the current study was to explore retrospectively the impact of CM on the response to prophylactic treatment with lithium or anticonvulsants in a cohort of adult BD patients. Based on the reported literature, we hypothesized that BD patients with a history of CM would present a poorer response to both lithium and anticonvulsant treatments.
Methods: Participants were recruited from patients consecutively attending the outpatient facilities of the Psychiatric Unit of the University of Salerno. The following inclusion criteria were adopted: (1) diagnosis of BD type 1 or type 2 according to DSM-5 criteria; (2) age $\geq$ 18 years; (3) willingness to participate in the study, expressed by written informed consent; (4) stable adequate treatments with mood stabilizers (at least 1-year duration and, in the case of lithium, at therapeutic blood levels); (5) being clinically euthymic at the time of inclusion. Retrospective treatment response was evaluated by using the Alda scale. CM history was assessed by means of the short form of the Childhood Trauma Questionnaire (CTQ).
Results: Thirty-seven patients (24 with a history of CM and 13 without CM) were on stable lithium treatment while sixty (35 with a history of CM and 25 without CM) were on stable anticonvulsant treatment. Clinical response to drug treatment did not differ between BD with CM and those without CM in the whole sample as well as in the anticonvulsant-treated subgroup. In the lithium-treated subgroup, a significant negative correlation emerged between physical abuse and treatment response ($\rho = -0.38$; $p = 0.03$) and patients with CM showed a significantly reduced Alda score ($p = 0.04$).
Conclusions: In patients with BD, CM did not influence the clinical response of anticonvulsants, whereas it was associated with a poorer response to lithium with childhood physical abuse playing a major role in this effect.

Disclosure of Interest: None Declared

EPP0925

Assessing progression in Bipolar Disorder: a staging model tested in a sample over ten years of observation

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Introduction: The longitudinal course of bipolar disorder (BD) is related to an active process of neuroprogression, associated with brain changes and functional impairment (Berk et al., *Bipolar*

Disord 2014; 16(5):471-7). Several clinical factors may influence illness trajectories, including the number of episodes and hospitalizations, the presence of comorbidities, stressful life events and familiarity for psychiatric disorders (Post. *Braz J Psychiatry* 2020;42(5):552-557). Trying to better define such progression, several authors conceptualized different staging models for BD, each one emphasizing different aspects of illness.

Objectives: In the present study, we focused on the Kupka & Hilleghers staging model, owing to its favorable ratio between the number of classes and transitions (Kupka & Hilleghers. *Tijdschr Psychiatr* 2012; 54(11):949-956). The aim was to investigate the transition of a sample of 100 BD patients through the different stages of illness across 10 years of observation, analyzing the potential role of clinical variables on the risk of illness progression.

Methods: Clinical stages of 100 BD patients (53 BDI and 47 BDII) were retrospectively assessed according to the model proposed by Kupka & Hilleghers at four time points: T0 (2010), T1 (2015), T2 (2018) and T3 (2020, at inclusion). Multistate Model using the mstate package in R and Markov model with stratified hazards were used for statistical analysis, to assess transition intensities across illness stages and the potential role of clinical variables on the risk of progression.

Results: A significant stage progression emerged during the observation period (Figure 1). More in detail, high hazard of transition from stage 2 to stage 3 was observed (Figure 2). A significant effect on the transition rate from 3 to 4 was found for higher number of affective episodes lifetime (> 3 episodes) (p=0.03) and for elevated predominant polarity (p=0.01). Overall, the average time subjects spent in stage 0 was 30.8 years and for stage 1 was 0.78 years. After BD onset, patients spent an average of 0.78 years in stage 2, 6.21 years in stage 3 and 2.23 in stage 4.

Image:

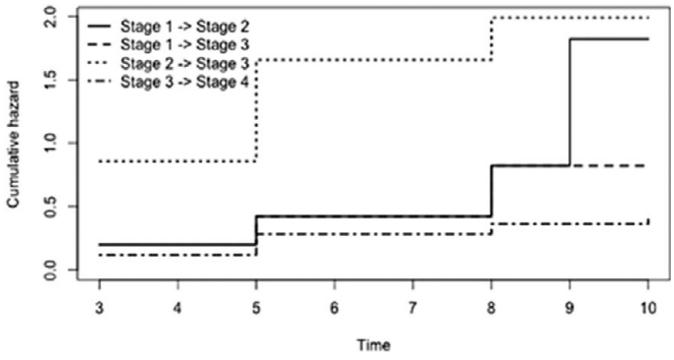
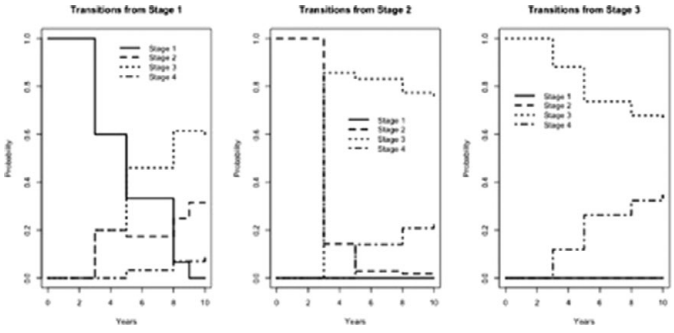


Image 2:



Conclusions: Present preliminary results confirm the progressive nature of the disorder. An increased risk of transition across stages emerged for patients with higher number of episodes lifetime and with elevated predominant polarity, confirming the need of improving timing and accuracy of diagnosis and therapeutic interventions. Further studies are warranted with the aim of define a universal staging model for BD.

Disclosure of Interest: None Declared

EPP0926

The impact of obesity and metabolic syndrome on clinical and cognitive parameters in bipolar disorder: Results from the BIPFAT/BIPLONG study

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Introduction: Patients with bipolar disorder have a hig risk of becoming overweight and obese, associated with an increased risk of somatic diseases and premature mortality. The Austrian BIPFAT/BIPLONG study aims at investigating lipid metabolism, psychosocial functioning, and cognitive parameters in bipolar disorder (BD).

Objectives: The aim was to investigate to what extent overweight, obesity and metabolic syndrome (MetS) are associated with clinical symptoms (e.g. suicidality, depressive symptoms) and cognitive factors (attention, memory, executive function) in BD.

Methods: In addition to anamnestic interview and psychological tests, all participants were tested with a neuropsychological test battery including the Trail Making Test A/B, the Stroop Color and Word Interference Test, the d2 Test of Attention Revised, Digit Span, Digit-Symbol-Test, and the California Verbal Learning Test. Additionally, body mass index (BMI) and variables defining MetS including waist circumference, serum triglycerides, high-density lipoprotein, blood pressure, and fasting glucose levels have been collected in DSM-5 diagnosed patients with BD and healthy controls.

Results: In our Austrian bipolar cohort (n=290), the median BMI was 27.9 (SD=5.9), 30.5 % of the patients were overweight (BMI = 25.5-29.9) and 24.6% of the patients were obese (BMI ≥ 30.0). In the control group (n=183), the median BMI was 24.5 (SD=4.8), 15.2% were overweight and 8.0% were obese. A sub-analysis in 215 patients showed that compared to overweight patients, normal weight patients showed more suicidal ideation in psychiatric history ($\chi 2(2)=7.97$, p=.019). In addition, there was a significant association between suicidal ideation and glucose (r=.15, p=.043) and cholesterol (r=−.17, p=.028). In another sub-analysis with 148 euthymic bipolar patients, we found a high prevalence of MetS in patients with BD (30.4% versus 15.4% in healthy controls) associated with impaired executive function compared to patients without MetS or healthy controls with and without MetS (p=.020). Clinical variables (illness duration, suicidality, number of affective episodes, medication, age of onset, and history of psychosis) did not