

Background Studies have shown that beliefs, attitudes and knowledge towards bipolar disorder are influenced by country-specific social and cultural factors. Our study aims to improve and assess public beliefs, knowledge and attitude towards bipolar disorder in Pakistan.

Methods We targeted 500 population. A questionnaire was organized into four sections in order to investigate knowledge about bipolar disorder, attitudes and beliefs, treatment options and fighting stigma and help seeking attitudes.

Results Of the 500 participants, 28% people were aware of exact definition of bipolar disorder. A widespread belief (85%) was that people suffering from bipolar disorder should avoid talking and telling about their illness. According to 50% respondents people experiencing bipolar disorder “are dangerous to others”, 68% population viewed it as a result of black magic. Sixty-five per cent thought that the best way to recover from bipolar disorder consisted in seeking help from Psychiatrist. Twenty per cent thought to take help from religious people and shrines. Most of people seemed convinced that drugs are addictive (70%) and may cause serious side effects (80%).

Conclusions Mental health illness including bipolar disorder can be improved by the positive influence of education, employment availability, respect, social support, rehabilitative services, justice and equity. Lack of education, stigmatization, and cultural norms are the leading barriers towards.

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EW0028

Association between HbA1c and number of episodes in individuals with bipolar disorder

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Introduction Bipolar disorder (BD) is associated with an impaired glucose metabolism (IGM) leading to diabetes mellitus Type II (DM). DM influences the medical state of BD individuals and leads to increased mortality. However, there is evidence that IGM is associated with psychiatric symptoms, as well.

Aim The study aimed to investigate the association between IGM and number of episodes and their ratio in individuals with BD, separated for gender.

Methods HbA1c levels from fasting blood were measured of 162 individuals (46% females) with BD. Furthermore, clinical parameters e.g. number of depressive and (hypo)manic episodes were gathered.

Results After adjustment for illness duration and BMI there was a positive correlation in male individuals between HbA1c and number of depressive ($M = 13.86$, $SD = 14.67$; $r = .308$, $P < 0.05$) as well as (hypo)manic episodes ($M = 17.23$, $SD = 24.24$; $r = 0.263$, $P < 0.05$). There was no association in females as well as between HbA1c levels and ratio of episodes.

Conclusion Associations between HbA1c and number of episodes in male individuals with BD were found. As there are correlations between IGM and somatic co-morbidities as well as the course of illness the treatment of glucose metabolism is important in BD. However, number of episodes might have an impact on the glucose metabolism due to inflammation processes, but further investigations have to focus on the direction of the found correlation. As gender differences are known in different pathways, they should be considered in research, diagnosis and therapy.

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EW0029

Gender difference among admitted patients with bipolar disorder in a psychiatric service during a three-year period

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Introduction Gender differences in bipolar disorder are becoming apparent, but have been less studied compared with major depression. The presentation, clinical features, course and evolution of bipolar disorder differ between men and women. Research data on these differences will help determine whether gender is important in influencing illness variables.

Objectives Determine whether men and women with bipolar disorder have statistical significant differences in socio-demographic and clinical data.

Methods Charts of all patients with a diagnosis of bipolar disorder admitted in the Coimbra Hospital and University Center over a three-year period (between 2013 and 2015) were reviewed to gather data on socio-demographic, clinical and psychopathological variables to assess differences across genders. Statistical analysis of data with “SPSS21”.

Results During a three-year period, 189 patients were admitted with bipolar disorder, the majority were female patients, with ages between 21 and 84 years old. The authors will analyse if there is any statistical significant difference between gender in the rate of bipolar I or II diagnoses, age at onset, symptom presentation, delay in diagnoses, number of depressive, or manic episodes, hospitalisations, involuntarily admissions, number of suicide attempts, co-morbidity rates, negative life events, family history and treatment options. Sociodemographic characteristics will also be analysed.

Conclusion Gender differences in bipolar disorder is a controversial issue in the literature. The importance of gender on the course and outcome in bipolar disorder has been widely acknowledged. The limited data suggest that the prevalence is similar between sexes but that the course of illness may be different.

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EW0030

Epidemiological and clinical variables related with the predominant polarity on bipolar disorder: A systematic review

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Introduction Type I and type II classification of bipolar disorder (BD) may not provide useful information to the clinician regarding epidemiological and clinical correlates.