

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 ≥ 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*