doubled, as 576 (24%) screened positive for GAD, and shifted towards greater severity with 337 (14%) moderate and 239 (10%) severe in the pooled European sample (**Figure 1**). Before COVID, the prevalence of positive screen ranged from 11% (France, Germany, Spain) to 16% (UK). Statistically significant increases in positive screen over baseline levels were observed across all countries ($p<0.01$), except Germany. Spain was the most impacted by COVID (increase: 16%), followed by Italy, France, and UK (increase: 14%, 12%, and 9%, respectively). Germany was the least affected, overall (increase: 4%) (**Figure 2**).

Image:

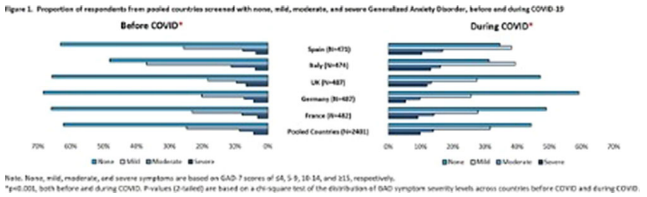
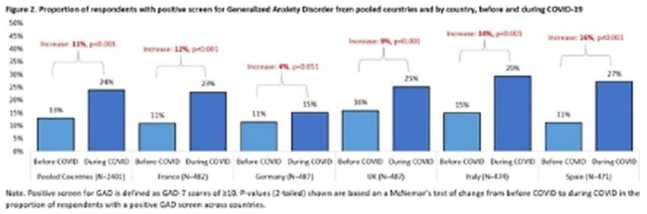


Image 2:



Conclusions: During COVID, estimates of positive screen for GAD increased substantially to 24% across 5 European countries. Surges in positive screen and GAD symptom severity were observed in all 5 countries, with more profound impact in Spain, Italy, France, and UK. With new baseline GAD estimates, the country-specific data of COVID impact on GAD could help to inform appropriate allocation of mental health resources.

Disclosure of Interest: D. Karlin Employee of: MindMed, S. Suponcic Shareolder of: Eli Lilly, Stryker, Abbott, Amgen, Consultant of: MindMed, Becton Dickinson Company, CSL Behring, N. Chen Consultant of: MindMed, C. Steinhart Employee of: MindMed, P. Duong Employee of: MindMed

EPP0551

Sociodemographic factors as a predictor for pregnancy-related anxiety

M. Abdelkefi[1]*, R. Walha[2], R. Feki[1], W. Zid[2], I. Gassara[1], N. Smaoui[1], S. Omri[1], N. Charfi[1], L. Zouari[1], J. Ben thabet[1], M. Maalej bouali[1], K. Chaabene[2] and M. Maalej[1]

[1]psychiatry C department and [2]Gynecology-Obstetrics department, Hedi Chaker university hospital, sfax, Tunisia
*Corresponding author.
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Introduction: Pregnant women are particularly vulnerable to a wide variety of psychiatric symptoms, including anxiety related to pregnancy and childbirth.
Objectives: The purpose of our study was to determine the sociodemographic characteristics of pregnant women and investigate their relationship with pregnancy-related anxiety.
Methods: The study was conducted from February to July 2023 among pregnant women in their 3rd-trimester consulting at the Gynecology-obstetrics department of the Hedi Chaker University Hospital of Sfax, Tunisia. Women with obstetric conditions favorable to vaginal delivery (cephalic presentation and eutrophic fetus) were interviewed using a questionnaire including their sociodemographic characteristics and the brief version of the pregnancy-related anxiety questionnaire PRAQ-R2.
Results: A total of 350 women were included in our study. The mean age of the participants was 28 years [16-41 years] with the majority being married (95.7%). One hundred and eighty-eight women (53.7%) did not graduate from high school and 213 (60.9%) were housewives. Half of the participants (52.9%) lived in the city, and 38.9% reported low income. Almost half of them (46.28%) were multiparous.
The mean score of the PRAQ-R2 was 31.24 ± 7.53.
We found a positive correlation between the PRAQ-R2 scale score and age younger than 30 years ($p<0.001$), low educational level ($p=0.006$), and low income ($p=0.031$).
Conclusions: Our findings suggest that demographic factors seem to predict anxiety related to pregnancy and are worth examining in future studies for a better understanding of this symptom in pregnant women.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP0554

Drug repurposing as add-on treatment strategy for mania and bipolar depression: systematic synthesis and qualitative appraisal of the existing meta-analytic evidence

D. Cavaleri[1]*, F. Bartoli[1], C. Crocamo[1] and G. Carrà[1,2]

[1]Department of Medicine and Surgery, University of Milano-Bicocca, Monza, Italy and [2]Division of Psychiatry, University College London, London, United Kingdom
*Corresponding author.
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Introduction: In the complex pathophysiology of bipolar disorder (BD), increasing evidence supports the involvement of neurobiological abnormalities beyond the classical ones, suggesting them as potential alternative therapeutic targets. Several drugs approved for different indications have thus been repurposed for the treatment of BD, all of them supported by a plausible biological rationale. Some recent reviews have provided an update on these possible additional treatment options for mania and bipolar depression, but no systematic synthesis and qualitative evaluation of meta-analytic findings has been made.
Objectives: To provide a guidance on the available evidence on these treatments and their potential role in clinical practice, we

conducted an umbrella review of meta-analyses of randomized placebo-controlled trials investigating drugs repurposed as add-on treatments for mania and bipolar depression.
Methods: We performed a systematic search and screening of the existing literature looking for the most up-to-date or comprehensive meta-analyses of randomized controlled trials (RCTs) on adults suffering from BD during an acute mood episode (mania or depression) which compared a repurposed drug and placebo as adjunctive treatments. We performed a critical appraisal according to "A MeaSurement Tool to Assess systematic Reviews" Version 2 (AMSTAR 2). We synthesized meta-analytic findings regarding efficacy, tolerability, and safety, also assessing the quality of evidence using the "Grading of Recommendations, Assessment, Development and Evaluations" (GRADE) approach.
Results: In nine eligible meta-analyses investigating 12 drugs (four for mania and eight for bipolar depression) we observed a heterogeneous quality of reporting was according to AMSTAR 2.
In mania, allopurinol (for symptoms reduction and remission at 4-8 weeks) and tamoxifen (for response and symptoms reduction at 4-6 weeks) showed higher efficacy than placebo, with evidence of low and very low quality, respectively.
In bipolar depression, modafinil/armodafinil (for response, remission, and symptoms reduction at 6-8 weeks) and pramipexole (for response and symptoms reductionat 6 weeks) were superior to placebo, with low-quality evidence. Results on celecoxib and N-acetylcysteine were of low quality and limited to certain outcomes.
Conclusions: Overall, the lack of evidence of high and moderate quality does not allow firm conclusions on the clinical utility of repurposed drugs as adjunctive treatments for mania and bipolar depression, limiting recommendations for their use in clinical practice. However, since some lines of evidence seem to hold some potential, and standard treatments for mania and bipolar depression remain not entirely satisfactory, the search for novel therapeutic targets and strategies for the management of BD warrants further research in the field.

Disclosure of Interest: None Declared

EPP0555

Cognitive reserve in Older Adults with Bipolar Disorder and its relationship with cognitive performance and psychosocial functioning

L. Montejo[1]*, C. Torrent[1], S. Martín[2], A. Ruiz[2], M. Bort[2], G. Fico[2], V. Oliva[2], M. De Prisco[1], J. Sanchez-Moreno[1], E. Jimenez[1], A. Martinez-Aran[1], E. Vieta[3] and B. Sole[1]

[1]Bipolar and Depressive Disorders Unit, Hospital Clinic of Barcelona, CIBERSAM, IDIBAPS, University of Barcelona; [2]Bipolar and Depressive Disorders Unit, Hospital Clinic of Barcelona, IDIBAPS, University of Barcelona and [3]Bipolar and Depressive Disorders Unit, Hospital Clinic of Barcelona, CIBERSAM, IDIBAPS, Departament de Medicina, Facultat de Medicina i Ciències de la Salut, University of Barcelona, Barcelona, Spain
*Corresponding author.
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Introduction: Cognitive reserve (CR) refers to the ability of the brain to cope with damage or pathology. In bipolar disorder (BD), it has been seen that the effects of the disease may potentially reduce CR, thus compromising cognitive outcomes. This concept takes on special relevance in late life in BD, due to the increased risk of cognitive decline because of the accumulative effects of the disease and the potential effects of aging. Therefore, we believe that CR may be a protective factor against cognitive decline in older adults with bipolar disorder (OABD).
Objectives: The aim of this study was to study the CR in OABD compared with healthy controls (HC) and to analyze its association with psychosocial functioning and cognitive performance.
Methods: A sample of euthymic OABD, defined as patients over 50 years old, and HC were included. CR was assessed using the CRASH scale. Differences in demographic, clinical, and cognitive variables between patients and HC were analyzed by t-test or X2 as appropriated. Lineal simple and multiple regressions analyses were used to study the association of CR and several clinical variables with functional and cognitive performance.
Results: A total of 83 participants (42 OABD and 41 HC) were included. Compared to HC, OABD exhibited poorer cognitive performance ($p<0.001$), psychosocial functioning ($p<0.001$) and lower CR ($p<0.001$). Within the patient's group, the linear simple regression analysis revealed that CR was associated with psychosocial functioning ($\beta=-2.16$; $p=0.037$), attention ($\beta= 3.03$; $p=0.005$) and working memory ($\beta = 2.98$; $p=0.005$) while no clinical factors were associated. Age and CR were associated with processing speed and verbal memory, but after applying multiple regression model, only the effect of age remained significant ($\beta =-2.26$; $p= 0.030$, and $\beta =-2.23$; $p= 0.032$ respectively). CR, age, and number of episodes were related to visual memory, but the multiple regression showed that only age ($\beta = -2.37$; $p= 0.023$) and CR ($\beta = 3.99$; $p<0.001$) were associated. Regarding executive functions only the number of manic episodes were significant. CR and age at onset were associated with visuospatial ability, but multiple regression only showed association of CR ($\beta =2.23$; $p=0.032$). Other clinical factors such as number of depressive or hypomanic episodes, illness duration, admissions, type of BD, and psychotic symptoms were not associated.
Conclusions: To the best of our knowledge, this is the first report that studies the CR in a sample of OABD. We demonstrated that OABD had lower CR than HC. Importantly, we observed that CR was associated with cognitive and psychosocial functioning in OABD, even more than disease-related factors. These results suggest the potential protector effect of CR against cognitive impairment, supporting that improving modifiable factors associated with the enhancement of CR can prevent cognitive decline.

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