(BD-II), even though generally before 50-years-old (EOBD). Clinical observation of late-onset BD (LOBD) posed some questions regarding a differential phenotypic/psychopathological manifestations and affective temperaments between LOBD vs EOBD.
Objectives: A case-control pilot-study was carried out to investigate psychopathological, clinical and temperamental features of a psychogeriatric cohort of LOBD and EOBD subjects.
Methods: Out of 74 enrolled patients, 64 patients (31 EOBD, 33 LOBD) were included and administered an ad hoc socio-demographic datasheet, BPRS, CGI, GAF, HAM-D, GDS, MSRS, MRS, MOCA and TEMPS-M.
Results: LOBD is significantly associated with higher rates of BD-II diagnosis (X2 = 26.1, p<.001), depressive (p=0.05) and mixed states (p=0.011), higher comorbid anxiety levels and depressive affective temperament (p<.001); while clinical manifestations of geriatric EOBD is significantly associated with higher endocrinological (X2 = 7.815, p=.005) and metabolic comorbidity (X2 = 6.896, p=.009), a diagnosis of BD-I, manic episodes and hyperthymic (p=.001) affective temperaments. GDS and MSRS total scores were significantly higher in LOBD (respectively, p<.001 and p=.008).
Conclusions: Further studies with larger sample sizes and a control group should verify whether LOBD is a distinct psychopathological entity from EOBD and evaluate differences (if any) in terms of prognosis and treatment between EOBD and LOBD.

Disclosure: No significant relationships.
Keywords: LOBD; EOBD; bipolar disorder; temperament

Bipolar Disorders 02

EPP0096

The role of Executive Attention in the association between obsessive-compulsive symptoms and relapses in Major Depressive and Bipolar Disorder

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Introduction: Major Depressive (MDD) and Bipolar Disorder (BD) are chronic relapsing condition in which mood episodes are interspersed with periods of euthymia. Impairments in Executive Attention (EA) are a trait characteristic of mood disorder that persists also during remission. Similarly prefrontal dysfunctions are crucial in the genesis and maintenance of Obsessive-Compulsive Symptoms (OCS), which are highly comorbid in both MDD and BD.
Objectives: The aim of this study is to test a model in which deficits in EA mediate the relationship between the OCS and the relapse in a cohort of patients with MDD and BD.
Methods: Sixty-four euthymic subjects with BD and MDD performed the Attentional Network Task Revised (ANT-R), that gauges EA in a standard conflict task. Here we adopted a drift diffusion model to measure the task efficiency as the drift rate in incongruent trials. Patients also completed at baseline the YBOCS, a questionnaire that evaluate the severity of OCS. All the participants have been followed-up for up to 5 years and relapses have been recorded.
Results: The association between OCS and time in euthymia was fully mediated by the EA so that greater OCS were associated with poorer executive functions (beta=-0.341; p=0.006) that in turn predicted a sooner relapse (beta=0.349; p=0.005). This held true even when controlling for classic predictors of recurrence such as previous episode distance, the duration of illness and medications.
Conclusions: Treatment targeting executive functions could hence be crucial in preventing relapses in subjects with mood disorders experiencing obsessive compulsive-symptoms.

Disclosure: No significant relationships.
Keywords: bipolar disorder; Obsessive-compulsive symptoms; Executive Attention; major depressive disorder

EPP0097

Applying existing clinical staging models in a sample of Italian bipolar patients over a 10-years follow-up

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Introduction: Bipolar Disorder (BD) is a life-course illness with evidence of a progressive nature. Although different staging models have been proposed from a theoretical perspective,longitudinal studies are scarce.
Objectives: The aim of the present study was to apply four staging models in a sample of BD patients and to observe their progression in 10 years of retrospective evaluation.
Methods: In a naturalistic sample of 100 BD patients, a retrospective assessment of clinical stages across 10 years of observation at six time points (T0: 2010; T1: 2013; T2: 2015; T3: 2018; T4: 2019; T5:2020) was performed according to the BD staging models (Berk et al., 2007; Kapczinski et al., 2009; Kupka et al., 2012 and Duffy et al., 2014). Socio-demographic and clinical variables were collected and the staging progression across time was analyzed.
Results: A significant progressive staging worsening emerged over 10 years of BD observation for each examined model (p<0.001). Moreover, for all considered staging approaches, stage values were lower over the time points for BD II, lower number of lifetime episodes and hospitalizations (p<0.05). Finally, the stage increase was associated with a lower age at first elevated episode (p<0.05).
Conclusions: Present preliminary results confirm the relevance of illness onset and early intervention in BD, given their role in