

significant association between demographic and clinical characteristics and Grit-S scores ($R^2=15.5\%$, $p<.001$).

Conclusions: Of particular interest, the positive factor of recovery protection showed the strongest association with grit of all the variables assessed. Hence the positive construct of grit was correlated with other positive constructs, as well as with risks. Longitudinal assessment of grit and substance use could measure the stability and clinical significance of grit throughout recovery.

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Bipolar Disorders 03

EPP0527

Validation of HCL-33 in screening for bipolar disorder in patients with depressive episode

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Introduction: Hypomania Check List 33 (HCL-33) constitutes a self-rating questionnaire for lifetime history of hypomanic symptoms, used in patients who present with depressive symptoms and a further screening for bipolar disorder is required.

Objectives: - Translation and cultural adaptation of HCL-33

- Measuring psychometric abilities, gender and age differences in score

Methods: In order to culturally adapt, standardize and validate the instrument for the Albanian context, the reliability and validity of the HCL-33 was examined using a sample of 99 patients, of whom 22 were diagnosed as bipolar disorder but all presented with a depressive episode.

In order to reach reliability, internal consistency analyses were performed.

Results: The factor analysis yielded two factor, with an internal consistency of .838 and .736 from the Cronbach's alphas, with a total alpha of .765, falling within the "good to excellent" range.

Furthermore, Albanian norm scores and cut-off scores have been generated for the Albanian version of HCL-33. The article provides evidence regarding the psychometric properties and utility of HCL-33 in the Albanian adult population for clinical assessment, outcome evaluations and research purposes. With a cut-off value of 16, sensitivity was 73% and specificity was 53%, with a prevalence of 22% and positive predictive value of 30% and negative predictive value 87%. Gender differences were not relevant in the total scoring, but there was a positive correlation between age and HCL-33 scoring ($r(n=99)=.243$, $p<.01$), especially with Factor II ($r(n=99)=.211$, $p<.05$).

Conclusions: The article provides evidence regarding the psychometric properties and utility of HCL-33 in the Albanian adult population as a screening tool for bipolar disorder in patients presenting with a depressive episode.

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EPP0528

Circadian Rhythm Alterations May be Related to Impaired Resilience, Emotional Dysregulation and to the Severity of Mood Features in Bipolar I and II Disorders

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Introduction: Recent theories hypothesized that chronobiological dys-rhythmicity might contribute to Bipolar disorders (BD) by dysregulating most of the systems involved in mood, stress and emotion regulation. In particular, the key role of sleep in regulating stress system and emotions has been hypothesized. Among other important factors contributing to BD the stress vulnerability/resilience dimension may play a key role. In particular low resilience has been associated with a dysregulation in emotions and stress response possibly involved in psychopathological process of BDs

Objectives: The study aimed to investigate the possible impact of resilience and emotion dysregulation on the clinical manifestations of bipolar disorders (BDs) focusing on the possible role of circadian rhythm alterations.

Methods: A sample of 197 inpatients suffering from BD of type I (BDI) or II (BDII) were assessed during a major depressive episode using the Structural Clinical Interview for DSM-5 (SCID-5), the Beck Depression Inventory-II (BDI-II), the Young Mania Rating Scale (YMRS), Resilience Scale for Adults (RSA), Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN), Difficulties in Emotion Regulation Scale (DERS) and the Scale for Suicide Ideation (SSI). Participants with or without circadian rhythm disturbances as measured with Biological Rhythms Interview of Assessment in Neuropsychiatry (BRIAN), were compared; regression and mediation analyses were computed.

Results: Participants with circadian rhythms disturbances showed a greater severity of depressive symptoms, of suicidal risk, lower resilience and more disturbances in emotion regulation including impulsivity and regulatory strategies. The logistic regression revealed that circadian rhythm disturbances was related to depressive symptoms (O.R. 4.0), suicidal risk (OR 2.51), emotion dysregulation (OR 2.28) and low resilience (OR 2.72). At the mediation analyses, circadian rhythm alterations showed an indirect effect on depressive symptoms by impairing resilience ($Z= 3.17$, $p=0.0014$)/ emotional regulation ($Z= 4.36$, $p<0.001$) and on suicidal risk by affecting resilience ($Z= 2.00$, $p=0.045$) and favoring impulsivity ($Z= 2.14$, $p=0.032$).

Conclusions: The present findings may show that circadian rhythm alterations might play a key role in BD manifestations, as being correlated with more severe clinical presentations of depressive symptoms, suicidal risk, impaired resilience and emotional dysregulation. Addressing circadian rhythm alterations might potentially promote resilience and emotion regulation hence improving mood symptoms and suicidal risk in BDs.

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