

induce hypomanic symptoms and prominent ruminative thinking which can be ameliorated with anti-manic treatment.

**Disclosure:** No significant relationships.

**Keywords:** venlafaxine; BIPOLAR; obsession; Mixed features

## EPV0102

### Therapeutic characteristics of patients followed for bipolar disorder with rapid cycles: Study on a Tunisian population.

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**Introduction:** Bipolar disorder is a frequent and particularly severe psychiatric pathology that causes significant morbidity and mortality. The rapid cycling forms are more severe in terms of their expression, evolutionary course, therapeutic responses and associated comorbidities.

**Objectives:** The aim of this study is to conduct a descriptive assessment of the therapeutic characteristics in patients with rapid cycling bipolar disorder.

**Methods:** Our work involved a population of 97 patients followed for bipolar disorder diagnosed according to DSM5 criteria, including 37 patients meeting the specification “with rapid cycles”. The patients were divided into two groups: - Group of patients with bipolar disorder with rapid cycles (TBCR) - Group of patients with bipolar disorder without rapid cycling (TBNCR). We compared the therapeutic features among these two groups.

**Results:** The dominant polarity was depressive in patients with rapid cycles. They required more mood stabilizers. A greater proportion of them had received treatment with serotonin reuptake inhibitor antidepressants. They were more likely to use hypnotics such as antihistamines and zolpidem.

**Conclusions:** Rapid cycling TB is a relatively common clinical modality that should be investigated and identified. The use of antidepressants is associated with this course of the disease. Their utilization in the treatment of bipolar depression must be thoughtful and well studied

**Disclosure:** No significant relationships.

**Keywords:** antidepressant; course; rapid cycling; bipolar disorders

## EPV0103

### Mixed features in depression: frequency and associated factors

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**Introduction:** Mixed states in mood disorders present significant clinical and prognostic challenges. Although the DSM-5 has broadened diagnostic criteria for mixed states with the development of the ‘mixed features’ specifier and its application to

unipolar depressive disorders, some mixed episodes might still be overlooked.

**Objectives:** to evaluate the frequency and the factors associated with mixed depression according to the broader Koukopoulos criteria in a sample of patients with a major depressive episode

**Methods:** We included 99 consecutive patients presenting for a major depressive episode of bipolar (n=10) or unipolar major depressive (n=89) disorder at our outpatient clinic. Major depression was ascertained using SCID- IV criteria, and mixed features were determined using Koukopoulos’ diagnostic criteria

**Results:** Mean age of the sample was 35.5 years [14-58]. Women accounted for 63.6% of patients. Mixed features were found in 19.5% (n=19) of the sample, 80% (n=8) among patients with bipolar disorders (BD) and 12.3% (n=11) among those with major depressive disorder (MDD). Individuals with mixed features had more substance abuse (p=0.005) and more suicide attempts (p=0.01). Individuals receiving antipsychotics had a lower risk of mixed features (p=0.000) while antidepressant treatment did not have any effect. A family history of BD, psychosis, suicide and substance abuse were found in these patients. Mixed features in depression were more frequent in patients with BD than in MDD.

**Conclusions:** Our study showed a high frequency of mixed features in depression, especially bipolar depression when Koukopoulos criteria are applied. Special attention should be given to these patients given the association with substance use and suicidality

**Disclosure:** No significant relationships.

**Keywords:** Mixed features; Depression

## EPV0104

### Retinal Thickness as a biomarker of cognitive impairment in bipolar disorder.

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**Introduction:** Ocular Coherence Tomography (OCT) to measure retinal thickness is the current method to observe neurological impairment in neurodegenerative diseases [1] and in mental disorders [2] due to the composition of the retina itself as an anatomic extension of the brain. There can be found some factors to improve the resilience like the years of study.

**Objectives:** Our aim is to evaluate cognitive and clinical impairment in Bipolar Disorder and see the correlation to the retinal thinning.

**Methods:** Twenty-seven patients diagnosed with Bipolar Disorder were assessed in the context of the FINEXT programme (3). Selective attention, executive functions and verbal memory were measured among other variables. Using the OCT technique, we measured the thickness of the ppRNFL, the RFNL, GCL and IPL layers in the macula in both eyes through several radial segments. Partial correlations were performed with Bonferroni correction

( $p \leq 0.006$ ) adjusted for age and academic status except for the variable years of study which was adjusted for age.

**Results:** Significant direct correlations were observed between:  
- The study-years and the thickness of the retina in the NO and RFNL. -Selective attention and GCL and RFNL layers. -Executive function and the GCL and IPL.

**Conclusions:** We can observe some preliminary results showing a significant correlation between some layers of the retina, upper segments more frequently, and the outcomes of the neurocognitive assessment. We can see a relationship as well between years of study and the thickness of the Retinal Nerve Fibre Layer in the retina and optic nerve head, the axons of the neurons in the eye.

**Disclosure:** No significant relationships.

**Keywords:** cognition; biomarker; resilience; bipolar disorder

## EPV0105

### Impact of sunlight exposure on the age of onset of bipolar disorder

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**Introduction:** Bipolar disorder is a multifactorial disorder influenced by multiple genetic and environmental factors. There is limited understanding of how non-genetic factors may impact the age of onset of bipolar disorder

**Objectives:** To study the age of onset of bipolar disease in Tunisia (where the average duration of sunshine is 8 hours/day) and compare it to the age of onset in countries with a lower duration of sunshine (Germany 0.17h/day; Norway 1.40h/day).

**Methods:** We conducted a retrospective study of 100 patients with bipolar disorder type I followed at the psychiatric department Aziza Othmana at Razi hospital. The data collection was done using a pre-established paper form exploring sociodemographic and clinical data. The duration of sunshine was estimated according to the average number of hours of sunshine per day in each country collected through meteorological sites.

**Results:** Our population was predominantly male (60%) with a mean age of 48.7 years. The first episode was manic in 76% of cases. The mean age of onset in our sample was 25.86 years, with extremes ranging from 13 to 49 years. An early onset (threshold age=21 years) was found in 36% of the Tunisian population. The age of onset was earlier in patients with a family history of bipolar disorder: 22.76 years vs 28.23 years. A late onset (threshold age=37 years) was found in 13% of the Tunisian population.

**Conclusions:** The study confirmed that there is an inverse relationship between the degree of sunlight and the age of onset of the disease, especially in the presence of a family history of mood disorders

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; age; sunlight exposure; onset

## EPV0106

### Evaluation of empathy among euthymic bipolar patients

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**Introduction:** Bipolar disorder (BD) is a mental illness marked by extreme swings in the mood, energy, and thinking. Although it's not an official symptom of the disease, some research suggests that it also may affect the empathy.

**Objectives:** To investigate empathic responding in patients with BD in euthymic state of illness and to determine associated factors.

**Methods:** A cross-sectional and descriptive study of 78 patients followed for bipolar disorder, during euthymia, at the psychiatric outpatient clinic at CHU Hédi Chaker in Sfax. We used a socio-demographic and clinical data sheet and the Questionnaire of Cognitive And Affective Empathy (QCAE) to assess empathy with its two dimensions: "Affective empathy" and "Cognitive empathy".

**Results:** The average age was 36.27 years, the sex ratio was 5.5. Bipolar I disorder was diagnosed in 88.5% of patients. The mean age of onset was 27.73 years, and the mean duration of illness was 8.4 years. 78.2% of patients had a good adherence to treatment. 60.3% of them had residual depressive symptoms during euthymia. QCAE total score was 72.49. (Maximum possible score 124) Cognitive empathy score was 43.21. (Maximum possible score 76) Affective empathy score was 29.36. (Maximum possible score 48) Affective empathy was associated with female gender ( $p=0$ ), good adherence to treatment ( $p=0.01$ ) and residual depressive symptoms ( $p=0.001$ ).

**Conclusions:** Our study shows that bipolar patients have fairly good levels of empathy. However, in order to better substantiate empathy in BD, comparative studies seem necessary.

**Disclosure:** No significant relationships.

**Keywords:** Empathy; cognitive; affective; bipolar; euthymia

## EPV0107

### Evaluation of functioning among euthymic bipolar patients

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**Introduction:** Numerous studies have documented high rates of functional impairment among bipolar disorder patients, even during phases of euthymia.

**Objectives:** To study different domains of functioning impairment in bipolar patients during euthymic phase.

**Methods:** A cross-sectional and descriptive study of 78 patients followed for bipolar disorder, during euthymia, at the psychiatric outpatient clinic at CHU Hédi Chaker in Sfax. We used a socio-demographic and clinical data sheet and the Functioning Assessment Short Test (FAST) to assess functioning: A functional impairment was retained for a total FAST score > 11.