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## SUBJECTIVE EXPERIENCE OF COGNITIVE FUNCTION IN AFFECTIVE DISORDERS

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**Introduction:** Cognitive dysfunction in unipolar depression (UD) and bipolar disorder (BD) may persist into periods of remission and affect psychosocial function. Attention and memory deficits may be more pronounced during remission in BD compared with UD. However, patients' subjective experience of cognitive difficulties is poorly understood, and it is unclear whether this differs between BD and UD.

**Aims and objectives:** To examine self-reported cognitive function in remitted patients with BD and UD.

**Methods:** Patients with BD (n=54) and UD (n=45) were referred to the outpatient clinic at Department of Psychiatry, Copenhagen University Hospital, following hospital discharge.

Affective symptoms and patients' experience of cognitive symptoms were assessed at their initial consultation at the clinic.

**Results:** Patients in remission experienced mild to moderate impairment of cognitive function with greatest difficulties in motivation, energy, attention and memory. Subjective experience of cognitive function were similar for BD and UD and were predicted by affective symptoms rather than by diagnosis, age, gender or comorbid alcohol misuse.

**Conclusions:** The absence of differences between UD and BD in the subjective experience of cognitive difficulties contrasts with evidence of greater objective cognitive dysfunction in BD. This highlights a potential discord between subjective and objective measures of cognitive function. The impact of affective symptoms on the subjectively experienced cognitive difficulties suggests that they reflect mood symptoms rather than objective cognitive deficits. Further investigation of the relation between objective and subjective measures of cognitive function and the influence of affective symptoms is warranted.