Results: There were 821 (56%) male and 642 (44%) female mood disorder patients. BPD-NOS diagnosis among all mood disorder patients were 194 (13.2%). Re-hospitalization rate of patients treated with the diagnosis of BPD-NOS was 6.7%. Duration of illness, episode duration, symptom variety and treatment responses were he most common features ''making the diagnosis atypical''.

Conclusions: A more systematic and detailed evaluation is needed for appropriate acute or preventive treatment. Studies are needed on patients with BD-NOS with comorbid schizophrenia or delusional disorder as specified in DSM-IV-TR.

P124

Behavioral disorders at adolescent with primary cerebral dysfunction

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Introduction: The object was to explore behavioral disorders at adolescent of female sex with a primary cerebral dysfunction.

Methods: 49 adolescent of female gender in age of 11-16 with a primary cerebral dysfunction, behavioral disorders and with intelligence quotient more than 80 on the Wechsler's scale were observed. All adolescent were explored with clinical, neuropsychological and neurological methods.

Results: At all adolescent were early psychical disorders (in 100% of cases), brain trauma in age of 7 (22%) and negative sociological environment (79%). They had symptoms of psychoorganical syndrome with behavioral and emotional disorders. These disorders were presented by such psychopathological variants as apathic (15%), labile (38%), hyperactive (41%) and aggressive (16%). The spectrum of the behavioral disorders was studied in the relation to the age. The standard development of behavioral disorders was noticed in the age of 7-10. The worsening of cerebral dysfunction, psychopathological traits of personality disorders were in the age of 12. And the formation of the psychopathy with behavioral disorders was in the age of 16.

Conclusions: The behavioral disorders at adolescent of female sex with primary cerebral dysfunction were bound with gender and options of psychoorganical syndrome.

P125

Suicidal risk in bipolar disorder patients

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Background: Suicidal risk is very high among bipolar disorder (BPD) patients. Risks of suicide attempts are not as well quantified but remain the most important factor for predicting risk of completed suicide.

Methods: We retrospectively evaluated 88 patients diagnosed as bipolar I, II, or unipolar depression. Of these, 44 had made at least one suicide attempt, and were matched for age, sex and diagnosis with 44 patients who had never attempted suicide.

Results: In the univariate contrasts, suicidal patients were more likely to be: men, single, younger currently but not at onset, bipolar, substance abusing, and being unemployed. In a logistic regression only older age in the control group and occupation held the significance.

Limitations: Study findings may not generalize to other samples, settings, and treatments.

Conclusions: Our results support previous finding of literature but overall add a consistent emphasis on the role two variables involved in the precipitation of suicide attempts in bipolar and unipolar patients, that is the role of age and that of occupation. The former may be identified as Trait-dependent risk factors (unchangeable) the latter as State-dependent risk factors (which can potentially be modified).

P126

Social networks of patients with bipolar affective disorder.

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Background and aims: According to Axer's definition a social network is a certain number of people with whom a person remains contact. These people provide stimuli - both positive and negative. In everyday life and even more during the periods of disease all people need to experience positive aspects of their network - especially support.

The purpose of the research is to analyze the structure of social networks as well as types and sources of support received by patients with bipolar affective disease (BID).

Methods: The study group consisted of euthymic outpatients (40 patients). The control group consisted of healthy volunteers of sex and age corresponding to the case group. Assessment of a structure of a social network and the amount of support received was made according to Bizoń's questionnaire and Cohen's ISEL.

Results: It has been shown that social networks of BID patients differ from the ones of healthy people. Patients have social networks characterized by the structure and activity comparable with that of healthy people. But often there is only one person who carries the whole burden of support. When compared to the control group these patients receive less support, and the emotional support is the most deficient.

Conclusions: Information about a patient's social network may be helpful when planning treatment in hospital as well as preparing psychosocial interventions in an outpatients' clinic. The information enables to recognize deficiencies so as to make attempts to reorganize or reconstruct a network.

P127

A perception of social support in the aspect of a cognitive style of patients with affective disorders.

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Background: According to Aaron Beck dysfunctional thinking patters appear also in euthymic patients, after withdrawal of acute disease's symptoms. Patients have disordered, negative image of themselves, of their future and the surrounding world.

It has been shown that a way a man perceives possessed social support has for him a basic meaning.

Aims: The purpose of the research is to analyze the relationship between perceived social support and patient's cognitive style.

Methods: The study group consisted of euthymic outpatients diagnosed with recurrent depressive disorder (40 patients) or bipolar affective disorder (40 patients). The control group consisted of healthy volunteers of sex and age corresponding to the case group.

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Assessment of a cognitive style was made according to Rosenberg Scale, Hopelessness Scale HS-20 and Automatique Thoughts Questionnaire ATQ 30, assessment of the amount of received support - according to Cohen's ISEL.

Results: The presented study revealed that, in both groups of patients, a thinking style is disturbed and that there is a link between a cognitive style and the perception of the level of received support. The link was stronger in the group of patients with unipolar affective disorder. In both groups correlations concerning the emotional support were the highest.

Conclusions: The most important therapeutic implication of the obtained results is confirmation or emphasis of the existence, in the therapy of affective disorders, a common field for cognitive-behavioral therapy and psycho-social interventions. According to shown correlations an improvement in functioning on one field may positively influence other.

P128

Efficacy of ziprasidone in dysphoric mania: Pooled analysis of two double-blind studies

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Dysphoric mania is a common and often difficult-to-treat subset of bipolar mania that is associated with significant depressive symptoms. In addition to improving mania, ziprasidone has been found to reduce HAM-D scores in subjects with mixed mania. This post-hoc analysis evaluated the efficacy of ziprasidone in the treatment of depressive and other symptoms in patients with dysphoric mania. Pooled data were examined from 2 similarly designed, 3-week, placebo-controlled trials in acute bipolar mania. Subjects were considered to have dysphoric mania if they scored ≥ 2 on at least 2 items of the extracted HAM-D scale (dysphoric mood, worry, self-reproach, and negative self-evaluation). Changes in HAM-D scores from baseline to Days 2, 4, 7, 14, and 21 were evaluated by a mixed-model analysis of variance. Additional assessments included changes in the MRS, CGI-S, PANSS, and GAF scores. Starting on Day 4, HAM-D scores were significantly lower at all visits in subjects treated with ziprasidone compared with those treated with placebo ($P < 0.05$). Mean ($\pm$ SD) improvement in HAM-D score in subjects treated with ziprasidone at study endpoint was -4.2 ± 0.7), a reduction of 44% from baseline. Ziprasidone-treated subjects also demonstrated significant and persistent improvements on the MRS, CGI-S, PANSS, and GAF scores compared with placebo, starting at Days 2, 2, 7, and 7, respectively. In conclusion, in placebo-controlled trials, ziprasidone significantly improved depressive and other symptoms associated with dysphoric mania.

P129

Does cannabis use impact on treatment outcome in bipolar illness?A longitudinal analysis

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Background: Research suggests that cannabis use negatively impacts on onset and outcome of schizophrenia. Possible effects in mood disorders have received little investigation. The first study analysing the influence of cannabis exposure on clinical and social treatment outcomes within a bipolar disorder (BP) population during 1 year of treatment is presented.

Method: 3684 patients were enrolled in an observational study when psychotropic treatment for mania was initiated/changed. The influence of cannabis exposure on baseline-corrected clinical and social treatment outcome measures was examined. Mediating effects of six variables on associations between cannabis and outcome measures were investigated further.

Results: Over 12 months of treatment, cannabis users exhibited higher levels of BP overall illness severity, mania and psychosis, and less severe depression symptoms compared to non-users. These associations were most frequently mediated by abuse of alcohol and other substances. Users more frequently abused alcohol and other substances; these associations were not mediated by other variables. Cannabis users engaged in more social activities but had a higher probability of not having a relationship and fewer dependents to care for. Associations with activities and dependents to care for were mediated by various variables, whereas no variables mediated the association with not having a relationship.

Conclusions: Cannabis use impacts on clinical outcomes in patients with BP, with a modest impact on social outcomes. More research is required to further elucidate the mechanism by which cannabis exerts its influence. Understanding the associations between cannabis use and outcome measures may offer valuable insights into treatment strategies.

P130

Behavioral activation and inhibition systems in bipolar i euthymic patients and its influence in subsequent episodes

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In order to better understand individual vulnerabilities to bipolar I disorder, our study evaluates individual differences in Behavioral Activation and Inhibition Systems as possible markers of bipolar I disorder. We evaluated BAS and BIS functioning in 39 bipolar I euthymic patients and in 38 controls. Patients showed higher scores on the BAS scale while differences weren't detected on the BIS scale. Eighteen months after the initial assessment, patients were re-grouped according to the presence and type of new affective episodes. Those relapsing with a depressive episode showed lower scores on the BAS scale than patients suffering from a manic/hypomanic episode, and a tendency to score lower than patients still asymptomatic. The reported higher BAS functioning would reinforce the hypothesis of a trait vulnerability to present approach behaviors during euthymia associated with bipolar I disorder, not necessarily related to the proximity of a manic/hypomanic episode, and interestingly not detected when approaching a depressive episode, circumstance in which BAS functioning would be similar to controls. Results didn't reveal a weaker BIS in patients, hypothesized to account for BAS instability in bipolar I disorder.

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