

Methods: A 56-year-old patient, who has been suffering from episodes of hypomania since the age of 40, with episodes of depression. After poor tolerance to the use of the usual stabilisers, and the impossibility of using antidepressants due to hypomanic swings, it was decided to start treatment with aripiprazole orally, up to a maximum of 60mg daily. Despite the fact that the patient, with this treatment, had no side effects and remained more stable psychopathologically, the patient did not comply adequately with the correct dosage, due to his rotating work shifts. This fact explained that although he acknowledged an improvement, he continued with episodes of depressive symptoms lasting several days followed by episodes of hypomanic characteristics.

Results: For this reason, it was decided to change treatment to aripiprazole long-acting injectable, in order to ensure linear blood levels of the drug. Initially, it was decided to prescribe 400mg every 28 days. However, after the first administration, 20 days later, the patient began to show dysphoric mood, with marked emotional lability, living in an egodystonic manner. For this reason, the dose was increased to 600mg on a monthly basis. Since then, after a year and a half with the same treatment, the patient has been stable and in line. There has been no further decompensation of the underlying psychopathology and no side effects.

Conclusions: Aripiprazole in TAB is superior to placebo in type I patients, mainly affecting manic and mixed episodes, but not so much in depressive episodes. It has also been observed that it not only acts in the acute phases, but also has a stabilising function, preventing manic episodes.

One study showed that up to 65% of patients on oral aripiprazole in whom it was replaced by AOM remained clinically stable. In the same study, approximately 50% of those who completed 52 weeks of follow-up were able to maintain clinical stability.

Disclosure of Interest: None Declared

EPV0118

Sleep disorders in patients with bipolar disorder: age and tobacco consumption correlates

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doi: 10.1192/j.eurpsy.2024.904

Introduction: Sleep disruptions are frequently observed in individuals with bipolar disorder and have been linked to various unfavorable consequences, such as an elevated risk of relapse and lower quality of life. Nonetheless, the impact of sociodemographic factors on the development and progression of these disruptions remains largely unexplored. Gaining insight into the relationship between sleep disruptions and sociodemographic factors is essential for designing effective interventions and enhancing clinical outcomes for individuals affected by bipolar disorder

Objectives: The objective of this study is to examine the association between sleep disorders in patients with bipolar disorder II (BDII) and sociodemographic characteristics.

Methods: This is a cross-sectional, descriptive, and analytical study that was conducted over a one-month period from October 1 to

October 31, 2022, with patients attending the follow-up unit of the mental health department at Nabeul Hospital, Tunisia. The study employed a questionnaire as a tool for data collection, and participants provided voluntary and informed consent before responding. The protection of participant confidentiality and anonymity was carefully observed during all stages of the study.

Results: In this study, we enrolled patients who satisfied the following eligibility criteria: age range of 18 to 60 years, a confirmed diagnosis of type II bipolar disorder based on DSM V criteria, and psychiatric stability as demonstrated by no hospitalization within the preceding 6-month period.

Our study included a sample of 40 male patients diagnosed with type II bipolar disorder. The participants had a mean age of 36 ± 13.2 years, and the majority were unmarried and living with their families or alone. Over two-thirds of the participants had attained a university level of education, while a large proportion of the patients, specifically 80%, reported being regular smokers.

The results of the study revealed that the mean global score on the Pittsburgh Sleep Quality Index (PSQI) was 7.28 ± 3.35 , indicating an overall low quality of sleep. The majority of the participants, that is 65% (26), had poor sleep quality scores (> 5), while 45% (18) reported experiencing poor sleep ($PSQI \geq 8$).

Our analyses further demonstrated that there was a significant association between tobacco consumption and PSQI scores ($p=0.003$). Additionally, we found that participants who were above 40 years old had a higher likelihood of experiencing sleep disturbances ($p=0.0017$).

Conclusions: According to the findings of our study, it appears that patients diagnosed with type II bipolar disorder may experience impaired sleep quality, which can be influenced by age and tobacco consumption. These results underscore the need for a holistic approach to patient care that addresses both the biological and sociodemographic factors that can impact sleep in this population.

Disclosure of Interest: None Declared

EPV0120

Sleep and cognition in Bipolar Disorder in full or partial remission

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doi: 10.1192/j.eurpsy.2024.905

Introduction: Cognitive impairment in Bipolar Disorder (BD) is frequent and is associated with reduced function in several areas. Close to half of the patients with BD have persistent cognitive dysfunction. The causes of cognitive impairments and factors associated with normal cognitive function are not clearly described. Some preliminary evidence links sleep disturbances and cognition impairment in BD. A limited number of studies have investigated the link between sleep and cognitive function in BD using objective measures.

Objectives: We aim to investigate associations between sleep and objective and subjective cognitive function in patients with BD in full or partial remission.