while recent longer-term findings in schizophrenia do not support neuroprogression, bipolar disorder is increasingly depicted as having neuroprogressive elements. There are, however, remarkably few prospective longitudinal studies of representative bipolar I cohorts followed from the first treatment.
Objectives: To study the clinical development of a representative cohort of bipolar disorder patients recruited at their first treatment.
Methods: Patients with DSM-IV Bipolar I or Bipolar NOS were consecutively recruited from in-and outpatient units in the larger Oslo area during their first treatment year and extensively clinically characterized at baseline. They then participated in personal one- and ten-year follow-ups.
Results: Sixty-nine patients participated in the 10-year follow-up. Age at follow-up was 39.0 (+ 9.6) years, 59% were females. A total of 12% had unipolar mania, 58% had psychotic bipolar disorder, and 20% had experienced rapid cycling. At follow-up, 75% were in full affective remission, 60% had regained full functioning, and 54% were in stable full recovery.
Mood episode relapses clustered around the first episode. Despite occasional relapses, 2/3 were mainly euthymic during the follow-up period. A small sub-group was highly affected from the first 2-3 years of treatment, but there were no apparent signs of kindling effects or indications of neuroprogression
Conclusions: The follow-up of this cohort of first-treatment Bipolar I patients does not support the hypothesis of neuroprogression.

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EPP0133

Elevated versus irritable mood: is illness severity any different?

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Introduction: Recent studies reported substantive clinical differences in those with a bipolar disorder who evidence elevated or irritable mood during a manic episode, which may have treatment and prognosis implications.
Objectives: We aim to compare sociodemographic and clinical characteristics of inpatients admitted for bipolar mania with elevated vs. irritable mood.
Methods: Retrospective observational study of inpatients admitted between January 1st 2018 and July 31st 2022 in a psychiatry inpatient unit of a tertiary hospital. Descriptive analysis of the results was performed using the SPSS software, version 26.0.
Results: Our sample included 143 inpatients, 39,9% (n=57) with elevated mood. When compared with those with irritable mood, euphoric patients had 2.765 more odds of having previous psychiatric hospitalizations ($x2(1, N = 143) = 4.93$; $p = 0.026$). Interestingly, 78.4% of inaugural manic episodes (n=19) presented with irritable mood ($x2(1, N = 143) = 3.447$; $p = 0.063$). We also found that a patient with euphoric mood has 2.575 greater odds of being under a mood stabilizer ($x2(1, N = 143) = 5.026$; $p = 0.025$) before admission. More specifically, there is a significantly higher proportion of euphoric patients that were prescribed with valproic acid as mood stabilizer (57.9% vs 37.2%; $x2(1, N = 143) = 5.016$; $p = 0.015$). This association was not found with lithium. We found no statistically significant differences regarding the sociodemographic characteristics, previous long acting injectable antipsychotic or antidepressant treatment and psychotic symptoms during manic episode between the two groups.
Conclusions: Patients with elevated mood are more likely to have a previous bipolar disorder diagnosis, which may reflect an observer bias due to the fact that diagnosis is already known.
The use of valproic acid as mood stabilizer may be a protective factor to irritable mood, since it's currently prescribed in those with bipolar disorder who have more depressive or mixed instead of manic episodes. However, future studies are essential to understand the impact of mood stabilizer on these two contrasting phenotypic expressions.
Differences related to disease severity or sociodemographic characteristics were not found.

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EPP0134

Substance use disorders in bipolar patients with a painful expression

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Introduction: Bipolar Disorder (BD) is a common psychiatric disease. It has been demonstrated a long time ago that bipolar patients are more painful than the healthy subjects. Substance use