

Methods: This is a cross-sectional study. The participants will be 90 adults meeting criteria for DSM 5 BD type 1 or type 2 in full or partial remission. Participants are recruited from psychoeducational groups for BD and from a specialist outpatient clinic.

Diagnoses are set with SCID-5 and are confirmed in a consensus meeting with at least two psychiatrists and/or specialists in psychology. Symptoms of depression and mania are measured with Montgomery Asberg depression rating scale (MADRS) and Young Mania Rating Scale (YMRS). Sleep is measured subjectively with Insomnia Severity Index (ISI) and objectively with actigraphs which participants wear on their non-dominant hand for ten days. Subjective cognition is measured with Cognitive Complaints in Bipolar Disorder Rating Assessment (COBRA). Participants undergo neurocognitive testing with a self-administered validated web-based neuropsychological test platform. The testing is carried out in the participant's home on their smart phones. The tests include measures of learning, storing, recalling, and recognizing visual and verbal information, working memory and reaction time. Normal cognitive function is defined as scores within or above mean on all cognitive subtests. The test-platform has been validated.

We will use descriptive statistics to examine distribution of demographic characteristics. We will test for correlations between sleep factors and subjective and objective measures of cognitive function.

Ethics: The Regional Committees for Medical and Health research ethics approved the study.

Results: Results will be presented at the conference. So far, 74 out of 90 participants have been included.

Conclusions: We anticipate that normal sleep may be associated with good cognitive functioning. The findings of this study could offer supplementary insights into BD heterogeneity and potential treatment targets.

Abbreviations: SCID-5, Structured Clinical Interview for DSM-5

Disclosure of Interest: None Declared

EPV0121

The role of cannabis in bipolar disorder relapse: a prospective study of hospital acute readmissions

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Introduction: With the rapid changes of attitude, investigation and legislation around cannabis and its subproducts in the Western world, there is a need to profoundly examine the consequences of its use in the general population and, specifically, in people affected by mental disorders. There is a clear relationship between cannabis use and psychosis, but there is also growing evidence of its relationship with manic episodes (Sideli et al, 2019).

A systematic review published by the CANMAT Task Force in 2022 examined again the relationship between cannabis use and bipolar

disorder (BD), establishing association with worsened course and functioning of BD in frequent users (Tourjman et al., 2023). On the other hand, some recent papers have highlighted the role of the endocannabinoid system (ECS) in BD, suggesting even possible beneficial effects, mainly through the CB2 receptor (Arjmand et al, 2019).

Objectives: To describe the impact of cannabis in the psychiatric readmission in BD and to approach the differences in course in cannabis users with regards to non-users.

Methods: We conducted a prospective cohort study including the patients admitted to our acute psychiatric unit with the diagnosis of manic or mixed episode during the period between 2015 and 2019 (including patients with one of both final diagnosis: BD or schizoaffective disorder). We established a follow-up of 3 years from the date of admission in which hospital readmissions are examined.

Results: The study, which included 309 patients, concluded that cannabis users were admitted and had the first episode at a younger age ($p=0.005$), a higher percentage of them did not have a previous diagnosis ($p=0.026$) nor a previous history of mental health issues ($p=0.019$) and it was more likely to be their first admission ($p=0.011$) and to suffer psychotic symptoms ($p=0.002$).

As of treatment, the results were statistically significant regarding the fact that a lower proportion of patients had received previous psychiatric treatment ($p=0.004$) and previous electroconvulsive therapy ($p=0.003$). There was a higher chance of them being non-adherent with medication ($p<0.001$) and to be administered extended-release antipsychotic treatment during admission ($p<0.001$).

The study did not find a statistically significant relationship with cannabis use and a higher rate of readmission in the 3 years of follow-up.

Conclusions: Although a higher relapse rate could not be proven in our study, other previously identified factors related to a worse illness course (Sajatovic et al., 2009) did show a significant association with cannabis use, which could lead to one suggesting that our results are compatible with the actual evidence and that cannabis products are detrimental to people who suffer from BD and schizoaffective disorder.

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EPV0122

Bipolar disorder and Quality of life assessment using the SF-12 health survey

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Introduction: Bipolar disorder (BD) is a severe and chronic mental illness characterized by recurrent major depressive episodes and mania (BD-I) or hypomania (BD-II). In addition to the burden of the disease and its consequences, people living with BD, like many