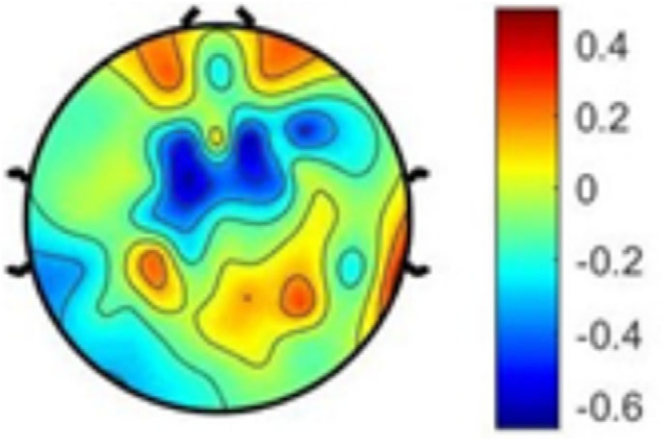
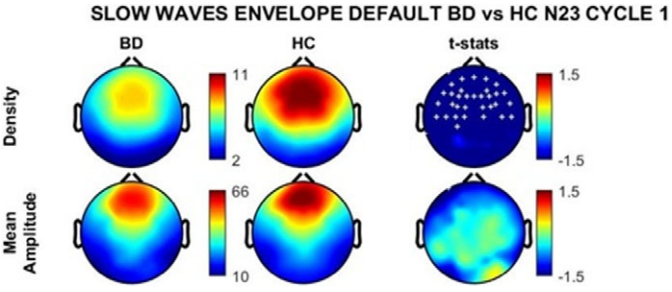
Image 2:



T-stats, BD vs HC comparison of fast spindles (14 – 16 Hz) Density after multiple comparison correction (no difference, significant ones would be white dots on the scalp map)



Conclusions: The absence of sleep spindle deficits in the BD group suggests that the systems involved in generating and maintaining these thalamocortical oscillations are presevered during periods of clinical stability in Bipolar Disorder. Conversely, reduced sleep slow wave density points to an altered cortical synchronization, which might represent a common neurophysiological feature shared with Schizophrenia. Further research is needed to confirm these preliminary observations in all–night recordings and with a direct comparison of larger cohorts of patients with both diagnoses.

Disclosure of Interest: None Declared

EPP0792

Rates and correlates of DSM-5 mixed features among individuals with affective disorders: a cross-sectional study

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Introduction: The definition of mixed states has been changed over the years, leading to substantial heterogeneity and inconsistencies across studies, and thus limiting the understanding of this phenomenon. Given the limited data available after the introduction of the DSM-5 mixed features specifier (MFs), we conducted a cross-sectional study evaluating MFs in individuals suffering from affective disorders, i.e., major depressive disorder (MDD) or bipolar disorder (BD).
Objectives: The aim of this study is to evaluate rates and correlates of MFs in a consecutive sample of inpatients with mood episodes.
Methods: We included adults consecutively admitted to our inpatient mental health unit with a current manic episode (ME) or major depressive episode (MDE). DSM-5 criteria were used to assess the occurrence of MFs. Young Mania Rating Scale (YMRS) and Montgomery-Åsberg Depression Rating Scale (MADRS) were used to assess the severity of the mood episodes. We used the Kemp Compliance Rating Scale to assess medication adherence.
Results: A total of 285 individuals were included (mean age ± SD: 48.3 ± 17.9; M/F ratio: 2/3). Among them, 94 (33.0%) were in a ME and 191 (67.0%) in a MDE. Forty individuals (14.0%) exhibited MFs. We found that MFs were significantly more frequent in participants with a diagnosis of BD ($p<0.001$) and during a ME ($p=0.006$). In addition, study participants with MFs had lower medication adherence at hospital admission ($p=0.008$). Finally, individuals with ME and MFs had lower YMRS scores than those without MFs ($p<0.001$), and, similarly, those with MDE and MFs had lower MADRS scores than those without MFs ($p<0.001$).
Conclusions: Considering DSM-5 classification, we found that MFs are a phenomenon strongly linked to BD. While the symptom severity of the prevalent polarity tends to be lower in episodes with MFs, the reduced adherence may be suggestive of a more complex clinical management requiring specific treatment approaches.

Disclosure of Interest: None Declared

EPP0793

The Role of The Predominant Polarity on Neurocognitive and Social Cognitive Dysfunctions in Patients with Bipolar Disorder

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Introduction: Bipolar disorder (BD) is characterized by significant inter-individual variation in terms of course and outcome. The most important factors associated with the outcome are subsyndromal depression and cognitive disability. Predominant polarity (PP), which is a proposed course specifier for BD, can be associated with various clinical differences such as psychotic feature, suicidality, hospitalization, while it is thought to be associated with the severity of cognitive impairment.
Objectives: To elucidate the role of the predominant polarity on cognitive dysfunction in patients with BD.
Methods: Patients with BD in remission (n=84) and healthy control volunteers (HC, n=27) participated in the study. Patients were divided into 3 subgroups according to their PP characteristics: manic (MPP, n=31), depressive (DPP, n=25), and undetermined (UPP, n=28). Structured Clinical Interview for DSM-5 Disorders-Clinician Version (SCID-5/CV), WAIS-R-Vocabulary Subtest, Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale, Young Mania Rating Scale, Rey's Auditory Verbal Learning Test (RAVLT), Trail Making Test (TMT), Stroop Test (ST), WMS-R Visual Reproduction Subtest, Controlled Oral Word Association Test (COWAT), Auditory Consonant Trigrams Test (ACT), Reading the Mind in the Eyes Test (RMET), Hinting Test (HT), Wisconsin Card Sorting Test (WCST), and Conners Continuous Performance Test (CCPT) were administered. Scores that do not show normal distribution were transformed using the two-step normalization method. Principal component analysis (PCA) with direct oblimin rotation was applied as a dimension reduction technique to identify different neurocognitive domains. Single-factorial PCA was also applied to calculate global cognition scores.
Results: In MPP group compared to HC, worse performance was observed in ACT (d=1.24), COWAT (d=1.16), RMET (d=1.03), HT (d=1.78), WCST correct answers (d=0.99), CCPT correct target section (d=0.99) and a prolongation in TMT-A (d=1.00). Compared to DPP, MPP had a weak performance in COWAT (d=0.89), RMET (d=0.86) and HT (d=1.00). MPP (d=1.18) and UPP (d=1.03) groups showed deterioration in processing speed compared to HC. MPP group showed impairment in working memory (d=1.17) and attention (d=0.70) compared to HC. In problem-solving and reasoning, deterioration was found in MPP compared to HC (d=1.16) and UPP (d=0.67), also in DPP compared to HC (d=0.74).
Conclusions: The MPP group yielded more severe cognitive impairment in verbal fluency and social cognition tests compared to DPP. Predominant polarity may also be related to cognitive impairment patterns seen in BD.

Disclosure of Interest: None Declared

EPP0794

More bipolar than bipolar disorder – a polygenic risk score analysis of postpartum psychosis

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Introduction: Postpartum psychosis is a rare psychiatric emergency, occurring days to weeks after 1-2 per 1000 deliveries. Its low prevalence makes it difficult to recruit enough participants to investigate the underlying pathophysiology. It is epidemiologically linked to bipolar disorder, which one study also found it to resemble in genetic susceptibility for psychiatric disorders (Di Florio *et al.* Lancet Psych 2021; 8: 1045–52).
Objectives: In this study we aim to investigate polygenic liability for psychiatric disorders in two new Swedish postpartum psychosis cohorts.
Methods: Cases with postpartum psychosis, defined as a psychiatric hospitalization within 6 weeks after delivery, and/or receiving a diagnosis of F53.1 (ICD 10) or 294.40 (ICD 8.), parous women with severe mental illness without postpartum psychosis, and healthy parous controls were identified in two Swedish genetic studies: the Swedish bipolar collection (SWEBIC) and Predictors for ECT (PREFECT). Polygenic risk scores (PRS) were calculated from summary statistics from genome wide studies on bipolar disorder (Mullins *et al.* Nat Genet 2021; 53 817-829), schizophrenia (Trubetskoy *et al.* Nature 2022; 604 502-508) and major depression (Wray *et al.* Nat Genet. 2018; 50 668-681). The p-value thresholds best predicting their respective phenotype were used in logistic regression analyses with the first six principal components and genotyping platform as confounders.
Results: We identified 176 patients with postpartum psychosis and genetic information (N(SWEBIC)=126, N(PREFECT)=50). Compared with healthy parous women, patients with postpartum psychosis had significantly higher PRS for bipolar disorder (SWEBIC: odds ratio [OR] 2.6 (95% confidence interval [CI] 1.9-3.5), PREFECT: OR 2.4 (95% CI 1.8-3.2), Figure 1.) and schizophrenia (SWEBIC: OR 1.6 (95% CI 1.2-2.2), PREFECT: OR 1.8 (95%; CI 1.3-2.5)). Patients with postpartum psychosis had significantly higher PRS for bipolar disorder (SWEBIC: OR 1.4 (95% CI 1.2-1.8), PREFECT: OR 1.5 (95% CI 1.1-2)) compared with parous women with severe mental illness without postpartum psychosis. We found no associations with major depression PRS in either cohort.
Image: