disorder is a frequent comorbidity in BD, but also in painful patients. The aim of our study was to analyze if bipolar patients with a painful expression have more substance use disorder than bipolar patients without pain.
Objectives: The aim of our study was to analyze if bipolar patients with a painful expression have more substance use disorder than bipolar patients without pain
Methods: We included all bipolar patients from the FACE-BD cohort which is a prospective cohort of French outpatients with BD enrolled at the 12 advanced Centers of Expertise in Bipolar Disorder (CEBD). Pain has been evaluated by the "pain item" of the EQ-5D scale and we divided subjects in four categories: "no pain", "slight pain", "moderate pain", "severe or extreme pain". A multivariate analysis was performed to identify differences between each pain's groups according to the kind of substance use disorder, psychiatric comorbidities and clinicals data.
Results: The cohort enrolled 1897 bipolar patients, 970 had no pain (51.1%), 507 had slight pain (26.7%), 298 had moderate pain (15.7%) and 122 had severe or extreme pain (6.4%). We found significant differences according to age, comorbidities and clinicals data with older, more anxious, and more severe patients more represented in the more painful groups. Painful bipolar patients had also more frequently lifetime substance use disorders (alcohol, opioid, sedative, marijuana) and we were able to characterize different profiles in bipolar patients.
Conclusions: Bipolar patients with a painful expression had more risks to have a lifetime substance use disorder, an anxiety disorder, and a higher score on MADRS. Interestingly, subjects seemed to prefer substances with anxiolytic or antalgic effects during the acute intoxication as alcohol, marijuana, opioid and sedatives.

Disclosure of Interest: None Declared

EPP0135

Lamina-specific association between reduced mRNA levels of tyrosine kinase b and glutamate decarboxylase 67 in the orbitofrontal cortex in bipolar disorder: A possible reflective of defective connectivity in bipolar disorder

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Introduction: Lamina-specific alterations of inhibitory circuitries have been considered the crucial pathogenesis of perceptual, cognitive and behavioral symptoms presented in schizophrenia and mood disorders. Especially, with emerging evidences indicating the close lamina-specific relationship between synaptic defects and γ-Aminobutyric acid (GABA)-related gene dysfunctions, it has been suggested the mRNA dysregulations of Tyrosine kinase B (TrkB) and Glutamate decarboxylase 67 (GAD67) could particularly be implicated in middle and deep layers of neocortex of patients with major psychiatric disorders.
Objectives: Giving inquiries of whether defects of these mRNA levels in Orbitofrontal cortex (OFC) would be involved as lamina-specific patterns in individuals with schizophrenia and mood disorders.
Methods: We examined mRNA levels of BDNF, TrkB and GAD67 in each OFC layer I through VI. We analyzed data from postmortem brain tissue of the Stanley Neuropathology Consortium Integrative Database (SNCID). SNCID consists of 15 subjects in each of four groups (schizophrenia, bipolar disorder, major depression without psychotic features, and unaffected controls). All groups were matched for age, sex, race, brain pH and post-mortem interval.
Results: We found TrkB mRNA levels to be significantly reduced in layer VI in both groups with schizophrenia (25.8%) and bipolar disorder (35.7%) compared with controls. GAD67 mRNA levels were also significantly reduced in layer III and IV in patients with schizophrenia (23.4% and 22.7%, respectively) and bipolar disorder (31.2% and 24.9%, respectively) compared with controls. Individuals with major depression showed only trends toward decreased mRNA levels of GAD67 in layer III and IV and of TrkB in layer VI compared with controls. TrkB mRNA levels in layer VI were significantly correlated with GAD67 mRNA levels in layer III (ρ=0.581, p=0.037) and IV (ρ=0.857, p<0.001) in subjects with bipolar disorder, but not in those with schizophrenia. When analyzed with partial correlation controlling the effects of pH and PMI, significance of correlation remained only between GAD67 mRNA in layer IV and TrkB mRNA in layer VI in individuals with bipolar disorder (ρ=0.768, p=0.006).
Conclusions: The resulting lamina-specific decreases in inhibitory tone across layers of OFC may contribute to the unrestrained irritability and violent behaviors in common shared by both patients with schizophrenia and bipolar disorder. Nonetheless, our findings indicate the obvious correlations between lamina-specifically altered TrkB and GAD67 mRNA levels in OFC might be a candidate for endophenotype of bipolar disorder.

Disclosure of Interest: None Declared

EPP0136

Relationship of smartphone use severity with sleep quality in bipolar patients

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Introduction: Maintaining a good sleep-wake cycle is an important factor for the prognosis and management of bipolar disorder. However, studies on the to various technological advances including smartphoe usage affecting inter-episodic sleep quality are yet relatively less thoroughly investigated.
Objectives: This study aims to identify the association between smartphone usage and inter-episodic sleep quality of bipolar patients.
Methods: A total 52 Bipolar I or II subjects who were euthymic for at lest 6 months were included in this analysis. Pearson correlation analysis was used to examine the association among psychological assessments, including the Pittsburgh Sleep Quality Index (PSQI-K), Smartphone Addiction Scale (SAS), Hamilton Depression Rating Scale (K-HDRS), Young Mania Rating Scale (K-YMRS), and Multidimensional Scale of Perceived Social Support (MDPSS).

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