

Managing bipolar disorder in pregnancy and postpartum is a challenge. There is lack of literature to inform that and an urgent need for more data.

**Objectives** To develop and validate a risk prediction model for individual prognosis of the risk of recurrence of bipolar disorder for women in the perinatal period.

**Aims** To provide evidence-based information to help women and the clinicians that look after them make decisions about their care, taking into account the most recent scientific knowledge and their individual characteristics.

**Methods** The development of the model will be done in retrospective data from a large clinical cohort from the Bipolar Disorder Research Network (BDRN.org). The validation will be done in a prospectively recruited sample.

Participants will be 2181 parous women with a lifetime diagnosis of bipolar disorder from BDRN and 300 prospectively recruited pregnant women with a history of postpartum psychosis or bipolar disorder.

Predictors will be chosen based on clinical experience and literature, from data collected via semi-structured interview (in pregnancy and 3 months postpartum, medical and psychiatric notes) e.g. medication, smoking, parity, obstetric complications and sleep.

**Results** N/A.

**Conclusions** We will present the full prediction model (regression coefficients and model intercept) and report performance measures (with CIs).

We will discuss its potential clinical use and implications for future research.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EW0022

### Review of risk prediction approaches for bipolar episodes in the perinatal period

M. Casanova Dias<sup>1,\*</sup>, I. Jones<sup>1</sup>, A. Di Florio<sup>1</sup>, L. Jones<sup>2</sup>, N. Craddock<sup>1</sup>

<sup>1</sup> Cardiff University School of Medicine, MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff, United Kingdom

<sup>2</sup> Institute of Health & Society, Worcester University, Worcester, United Kingdom

\* Corresponding author.

**Introduction** The perinatal period is a high-risk period for the development of illness episodes in women with bipolar disorder. Relapse rates vary between 9 and 75% depending on the study. The overall risk of a severe episode is approximately 20%. The impact on women, the relationships with their babies and their families can be devastating. In the UK costs to society are £8.1 billion per year-cohort of births. The advice currently given to women is based of general risk rates. Women's needs of information for decision-making in the perinatal period are not being met.

**Objectives** To review the risk prediction approaches used for women with bipolar disorder in the perinatal period.

**Aims** To understand the existing risk prediction models and approaches used for prognosis of the risk of recurrence of bipolar disorder for women in the perinatal period.

**Methods** Systematic literature search of public medical electronic databases and grey literature on risk prediction for bipolar episodes in the perinatal period.

**Results** We will present the existing models and approaches used for risk prediction of illness episodes in the perinatal period.

**Conclusions** Awareness of existing risk prediction models for recurrence of bipolar disorder in the perinatal period will allow better informed risk-benefit analysis of treatment and management options.

This person-centred approach will help women and clinicians in their decision-making at this crucial high-risk period.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EW0023

### Physical health in early and late stages of bipolar disorder

M.P. García-Portilla<sup>1,\*</sup>, L. de la Fuente-Tomás<sup>1</sup>, L. García-Álvarez<sup>2</sup>, P. Sierra<sup>3</sup>, B. Arranz<sup>4</sup>, M. Sánchez<sup>5</sup>, G. Safont<sup>5</sup>

<sup>1</sup> University of Oviedo, Psychiatrist, Oviedo, Spain

<sup>2</sup> CIBERSAM, Psychiatrist, Oviedo, Spain

<sup>3</sup> Hospital La Fe, Psychiatrist, Valencia, Spain

<sup>4</sup> Fundación San Juan de Dios, Psychiatrist, Barcelona, Spain

<sup>5</sup> Hospital Mutua de Terrassa, Psychiatrist, Barcelona, Spain

\* Corresponding author.

**Introduction** Bipolar disorder (BD) is related to high prevalence of somatic comorbidities, health care costs, and premature mortality [1]. Some evidence supports the view of BD as chronic, progressive and multisystem disorder in which not only mental system, but also somatic systems are involved [2].

**Aim** To investigate differences in physical health in patients with bipolar disorder at different stages (early vs. late) of the disease.

**Methods** Cross-sectional, naturalistic, multicenter study. Sample: 110 outpatients with BD [68 early stage (diagnosed at least 5 years earlier) and 42 late stage (at least 20 years earlier)]. Assessment: demographic and clinical variables; psychopathology: HDRS, YMRS and CGI; biological information: anthropometric, vital signs and lab results.

**Results** Early stage group: mean age 40.1 (11.9), 66.2% females and CGI = 3.6 (1.4). Late stage group: mean age 55.8 (8.2), 69.0% females and CGI = 4.0 (1.4). Patients in early stage have significantly higher levels of glucose ( $t = -4.007$ ,  $P < 0.001$ ), urea ( $t = -2.724$ ,  $P = 0.008$ ), creatinine ( $F = 0.560$ ,  $P = 0.022$ ), triglycerides ( $t = -3.501$ ,  $P = 0.001$ ), Fe ( $t = 2.871$ ,  $P = 0.005$ ) and insulin ( $t = -3.223$ ,  $P = 0.002$ ). Moreover, they have higher Body Mass Index (BMI) ( $t = -3.728$ ,  $P < 0.000$ ), abdominal circumference ( $t = -4.040$ ,  $P < 0.000$ ) and greater number of somatic comorbidities ( $t = -2.101$ ,  $P = 0.041$ ).

**Conclusions** – patients with bipolar disorders in late stages have worse physical health than those in early stage.

– these results could be an indication that bipolar disorder might better viewed as a multisystem disorder.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

**References**

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#### EW0024

### The late-onset bipolar disorder: A comparative study

C. Derbel\*, R. Feki, S. Ben Nasr, S. Bouhlel, B. Ben Hadj Ali  
CHU Farhat Hached, Psychiatry, Sousse, Tunisia

\* Corresponding author.

**Introduction** Bipolar disorders (BP) with late onset are underestimated by their frequency, their misleading presentations and therapeutic difficulties due to the high prevalence of somatic comorbidities.