

EPV0090

Features of the course of affective diseases in hyperthymic persons

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Introduction: Hyperthymia was studied by many eminent psychiatrists considering it mainly within the framework of the subsyndromic course of affective disorders (Akiskal H.S., Angst J., Benazzi F.). Statistical data on the prevalence of hyperthymic personalities are scarce, which is associated with rare requests for help and diagnosis of this condition within the framework of character traits. Given the above, the study of the psychopathological and dynamic features of hyperthymia seems to be very relevant, since previously hyperthymic characterological features were not always taken into account in the diagnosis of the disease, the selection of drugs and the prediction of remission.

Objectives: Determination of the clinical features of the course of an affective disease in patients with hyperthymic features.

Methods: The sample consisted of, 48 patients (39 women, 9 men) who were on inpatient or outpatient treatment at the clinic since 2019 to 2022. Patients were examined by clinical-psychopathological, clinical-anamnestic methods due to the presence of a phase affective state.

Results: The subjects were diagnosed with two diseases - bipolar affective disorder and cyclothymia. There were 2 variants of affective phases - affective-mixed and "double" mania. In bipolar disorder, there were anxiety-hypochondriacal depressions (10 patients, 38.5%), polymorphic depressions (4 patients, 15.4%), asthenic hypomania (5 patients, 19.2%), hypochondriacal manias (3 patients, 11.5%), alternating states (4 patients, 15.4%), "double" manias (8 patients, 23.5%). In cyclothymia, anxiety-hypochondriac depression (8 patients, 57.1%), somatoform decompensation (2 patients, 14.3%) and asthenic hypomania (4 patients, 28.6%) were observed.

Conclusions: Thus, bipolar disorder was the most common among hyperthymic individuals. Anxiety-hypochondriacal depression prevailed in both nosologies. Manic and hypomanic states were most often observed in patients with bipolar disorder ("double" manias - exclusively in bipolar disorder).

Disclosure of Interest: None Declared

EPV0091

Insight, symptom severity and medication adherence in bipolar disorder

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Introduction: Bipolar disorder is a mood disorder that requires adequate treatment, both acutely and for long-term prevention to avoid recurrence. A growing number of safe and effective

medications, particularly thymoregulatory drugs and antipsychotics, can be used for the preventive and long-term treatment of bipolar disorder.

Insight, or awareness of the illness, has been little studied in bipolar disorder. It would seem that the presence of psychotic symptoms and manic polarity are linked to an alteration in clinical insight. The lack of insight could be linked to poor or non-adherence to treatment in psychiatric pathology including bipolar disorder.

Objectives: Our aim is to study the correlation between the level of insight, symptom severity, and medication adherence in patients with bipolar disorder and compare them to those in the literature in order to allow a better therapeutic compliance for patients.

Methods: It is a prospective descriptive study of a series of cases, carried out at the psychiatric hospital Ar-razi in Salé over a period of 4 months.

Our inclusion criteria are patients diagnosed with bipolar disorder according to DSM 5 criteria, aged over 18 years.

The data are collected during the psychiatric interview with the patient. Insight is assessed by the Beck Cognitive Insight Scale and the severity of the symptoms is assessed by the Clinical Global Impression.

Results: Ongoing

Conclusions: Ongoing

Disclosure of Interest: None Declared

EPV0092

Bioenergetic changes and mitochondrial dysfunction in mania versus euthymia in bipolar disorder type I

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Introduction: Current evidence has hypothesized the involvement of mitochondrial dysfunction during the acute episodes of BD compared to symptomatic remission. So far, no studies have compared mitochondrial and bioenergetic functions both *in-vivo* (respiratory parameters) and *ex-vivo* (cellular respiration) in different phases of the disease in the same individuals.

Objectives: This multidisciplinary pilot study aims at assessing bioenergetic and mitochondrial intra-individual differences between manic and euthymic states.

Methods: Four patients with a manic episode admitted to our acute psychiatric ward were recruited. Bioenergetic parameters were measured at admission (T0) and after symptomatic remission (T1). At admission (T0) and before discharge (T1), HAMD and YMRS total scores were obtained. For the assessment of cellular respiration, polymorphonuclear cells were obtained by a Ficoll density gradient centrifugation procedure. To determine oxygen consumption (at T0 and T1), a million of living peripheral blood mononuclear cells (PBMC) were used. High-resolution respirometry was

performed at 37°C by polarographic oxygen sensors in a two-chamber Oxygraph-2k system.

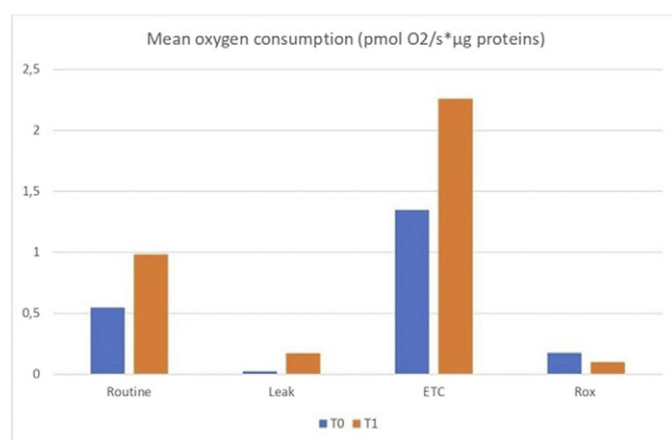
Specific oxygen uptakes (Routine: basal oxygen consumption; Proton Leak: oxygen consumption not coupled to ATP synthesis; and ETC: maximal capacity of the electron transport chain) rates were obtained using mitochondrial chain inhibitors and uncouplers. Oxygen consumption was normalized for protein concentration. Results are expressed as picomoles of oxygen per millilitre (pmol O₂/s*μg prot).

Also, a constant work rate exercise test was performed on a cycle ergometer and basal and effort respiratory variables were measured. Statistical analysis was performed with the SPSS v. 25.0 and Graph-Pad. Results were expressed as means and SD. Nonparametric tests (Mann–Whitney, Pearson) were used to determine differences (significant at p value <0.05).

Results: One patient was a man and three patients were women, with a mean age of 28 years old. HAMD initial and final mean scores were 11.0 and 7.0, and mean YMRS scores were 21.5 and 7.0 respectively.

Results from mitochondrial oxygen consumption revealed that mean basal oxygen consumption tended to be higher in T1 (0.98±0.45) than in T0, and maximal respiratory capacity was significantly increased in T1 (2.26±0.33; p=0.028) compared to T0. Mean lactate levels and pH levels were similar in T0 and T1. Scales scores were not correlated to different pH or lactate changes after the effort task. Higher initial oxygen consumption was significantly correlated to higher maximal capacity (p<0.05) in T0 and T1.

Image:



Conclusions: Our preliminary results suggest that mania could imply lower oxygen consumption capacity, which should be confirmed in future studies. A bigger study is planned to determine changes in bioenergetic patterns and capacity for aerobic response in manic and depressive episodes.

Disclosure of Interest: None Declared

EPV0093

Course of bipolar disorder in patients with Childhood maltreatment

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Introduction: Patients with mood disorders have the greater frequency of childhood trauma compared with the general population, and adverse childhood experiences can exert a negative impact on their clinical course. Therefore, many studies confirmed the relationship between childhood traumas and the disadvantageous features of the illness course.

Objectives: The aim of this study was to determine the impact of negative childhood experiences on the clinical course of bipolar disorder.

Methods: It was a cross-sectional descriptive and analytical study involving patients diagnosed with bipolar disorder and followed in the psychiatric department at the University Hospital of Sfax (Tunisia). Personal information form and Childhood trauma questionnaire (CTQ) were used for data acquisition. Euthymia was defined as a score on the Montgomery-Åsberg Depression Rating Scale (MADRS) not higher than 14 and by a score on the Young Mania Rating Scale (YMRS) not higher than seven.

Results: We included 35 patients. Their mean age was 46.69 ± 12.01 years with a sex ratio (M/F)=0.45.

The average onset of bipolar disorder was 28.37±10.26 years and the average disease duration was 18.26 ± 11.55 years.

Almost the third of our population had a suicidal attempt (31.42%) and a violence history (28.57%). A family history of bipolar disorder was found in 57.14% of the patients.

The patients have been hospitalized at least once in 42.85% of cases. Our patients have presented psychotic symptoms in 51.42% of cases and mixed characteristics in 57.14% of cases.

Emotional, physical and sexual abuse were reported by 42.85%, 37.14% , 31,42% of patients, respectively, while 74,28% and 42.85% of patients reported physical neglect and emotional neglect.

Early age at illness onset was significantly associated with total CTQ score (p=0.014) and the subtype sexual abuse (p=0.009). The presence of psychotic symptoms was significantly associated with total CTQ score (p=0.003) and emotional neglect (p=0.025). Physical neglect was associated with mixed characteristics (p=0.015). Emotional abuse was associated with a greater number of hospitalisations (p=0.023).

Conclusions: Our results suggest that childhood trauma is associated with a more severe course of bipolar illness. Clinical assessment of patients with bipolar disorder should include investigation of exposure to childhood trauma in order to determine appropriate therapeutic strategies.

Disclosure of Interest: None Declared