

## EV217

### Educating, implementing and auditing nice standards for bipolar disorder

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**Introduction** The National Institute for Health and Care Excellence (NICE) sets standards of clinical practice in the UK. An extensive update on guidance regarding bipolar disorder was released in September 2014. Practitioners face the challenge of translating this guidance into practice. NICE suggests that interventions might be better delivered by bipolar specialist clinics. Updated NICE standards were integrated into a Bipolar Clinical Effective Practice Screen (BICEPS), allowing existing community psychiatric teams to deliver these revised clinical standards in bipolar care.

**Purpose** To assess the effectiveness of the BICEPS in delivering interventions aligned with NICE clinical standards.

**Method** Three psychiatric community teams were audited; two teams (1 and 2) used the BICEPS to support their interventions whilst a third team provided management as usual. Team 1 was previously familiarized with the concept.

**Results** Table 1.

**Conclusion** The teams using BICEPS show better concordance to NICE standards. Superior outcomes by the team previously acquainted with the concept suggest longer-term benefits and adaptability. Using BICEPS may offer a cheaper alternative to developing specialist clinics.

Table 1

	Team 1 (familiar with concept), n = 47	Team 2 (newly adopted), n = 16	Team 3 (control), n = 13
Information sharing with carer	44/47	6/16	4/13
In mania/hypomania			
Offering recommended medication	4/4	9/10	4/5
Consideration of removing antidepressant	1/1	2/4	0/1
Checking lithium levels in			
Mania/hypomania	2/2	4/4	N/A
Depression	2/2	1/1	1/2
Offering recommended medication in depression	3/4	0/10	1/6
Psychological intervention	42/47	6/16	4/13
Long term use of lithium	40/47	6/16	3/13
Physical care monitored	47/47	7/16	8/13
Concordance average (%)	92	44	32

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

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## EV218

### Psychological experiences reported by offsprings of mothers with bipolar disorder: A clinical-qualitative study in a Brazilian university outpatient service

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**Introduction** Children of patients with bipolar disorder are at increased risk of developing psychopathology and psychosocial difficulties.

**Objectives** To understand the emotional experiences of adult children of mothers with bipolar disorder.

**Method** Qualitative study, using in-depth semi-directed interviews with open-ended questions, sample closed by saturation information criteria, content analysis, discussion under psychodynamic concepts.

**Results** From interviewees' reports, it can be seen that offspring's experiences emotional vulnerability, such as directions given by early exposure to self injurious behaviour, psychiatric hospitalizations, routine absences from home and consequent perception of helplessness, especially in periods of the mother's crisis. The findings suggest that for the children the insecurity to assume the precociously inverted responsibility regarding the need of care to mother seems to experience by them as an entrapment to the care of the mother, for the effort they make to keep them alive, with an emotional burden due to both impaired childhood and adolescent.

**Conclusion** It was analyzed the assumption that the evolution of reactive psychological stages regarding the mother affected by a mental illness marked by bipolarity manifestations, alternating with phases of the normality of psychic manifestations, would follow the evolution of the oscillating psychological stages of his/her own mother, which minimizes often both the disease and the treatment during the phases of remission of manifestations.

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## EV219

### Fecundity and bipolar spectrum disorder

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**Introduction** Fertility and fecundity are usually considered signs of social and emotional well-being. Bipolar disorder (BD) is a prevalent psychiatric disease that influences the individual's life style and behaviours. Some studies have addressed the issue of fecundity among women with bipolar disorder but few have focused on determining the differences between disease subtypes, which is expected, taking into account the studied differences in demographic measures.

**Objectives** To examine the fecundity of a population of women with bipolar disorder.

**Aim** The aim of this study is to compare the fecundity among women diagnosed with subtypes I to IV of BD, according to Akiskal's bipolar spectrum disorder classification.

**Methods** A total of 108 female outpatients were divided into four groups. We analyzed number of offspring and demographic