EPP0304

The effect of long-acting injectable antipsychotics on QRISK3 in patients with bipolar disorder and schizophrenia

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Introduction: Psychiatric diseases are often accompanied by medical comorbidities, and cardiovascular system disease is one of the most important causes of death in bipolar disorder (BD) and schizophrenia (SCH) [1]. The QRISK3 algorithm calculatesa person's risk of developing cardiovascular disease over the next ten years and it has been used in psychiatric research in recent years [2].

Objectives: In this study, we aimed to evaluate the relationship between cardiovascular risks (by using QRISK3 algorithm) and treatment options in patients of BD and SCH.

Methods: Thirty-six patients with bipolar disorder and thirty-two patients with schizophrenia recruited between the years 2016-2022. All of the patients were treated with long-acting injectable (LAI) antipsychotics. Sociodemographic information, clinical features and medical treatment agents of individuals were recorded. The risk of development of cardiac disease of the patients were evaluated by the QRISK3 algorithm. Descriptive and regression statistical analysis was performed with Statistical Package for the Social Sciences (SPSS).

Results: More than half of the patients were male (n= 39, 57.4%) and single (n= 40, 58.8%). The mean duration of education was 9.2 ±3.5 years and the mean age was 39.7 ±11.9 years of the patients. Nearly half of the patients had a diagnosis of BD (n= 36, 52.9%) while others had SCH (n:32, 47.1%). Most of the patients were treated with LAI of aripiprazole (n= 36, 59.2%) and the rest of them were treated with LAI of paliperidone (n= 32, 40.8%). When demographic and clinical data of BD and SCH patients were compared, there was no significant difference in terms of age. However, SCH patients had a longer disease duration (t= 2.56, p= 0.013) and more hospitalization (t= 3.35, p= 0,002) than BD patients. Our findings showed positive correlations between age (r= 0.74, p<0.01), duration of disease (r= 0.57, p< 0.01), and duration of LAI use (r= 0.55, p< 0.01) with QRISK. A regression analysis to examine related factors associated with QRISK found that having a diagnosis of schizophrenia (β= 0.27, t= 2.58; p= 0.01) and a long disease duration (β= 0.67, t= 6.50, p< 0.01) were associated with the development of cardiovascular disease. However, there was no relationship between LAIs (paliperidone vs aripiprazole) used in the treatment and QRISK.

Conclusions: The significant correlation found between duration of disease and QRISK -that indicate the risk of development of cardiac disease- confirming the progressive nature of the BD and SCH. Moreover, the significant correlation between SCH and QRISK suggests that SCH is a chronic and severe disease that causes more cardiac dysfunction than BD. However, we could not find a significant difference between LAIs in terms of QRISK, these results can be changed by evaluating other variables such as comorbidities, other medical treatments and physical activities in future research.

Disclosure of Interest: None Declared

EPP0305

Is emotion dysregulation correlated to depressive and manic symptoms of bipolar disorder? Results from a systematic review and network meta-analysis

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Introduction: Emotion dysregulation (ED) is a multidimensional construct involving the lack of awareness, understanding and acceptance of emotions, a reduced access to adaptive and appropriate strategies to modulate the intensity or duration of emotional responses, and the inability to control behaviors in accordance with desired goals when experiencing negative emotions. ED is outlined in the general population and several psychiatric disorders, including bipolar disorder (BD), and influences its clinical course and management, quality of life, and daily social functioning.

Objectives: The objective of this systematic review was to examine the correlations between maladaptive (i.e., positive and negative rumination, negative focus, risk taking behaviors, suppression, and dampening) and adaptive (i.e., cognitive reframing, adaptive coping, and acceptance) strategies of emotion regulation (ER) and depressive and manic symptoms of BD.

Methods: We searched the literature from inception to April 12, 2022, and included studies focusing on ER/ED assessed with a validated scale. We conducted multiple pairwise meta-analyses for correlations between ED dimension (or overall ED) and the measures of depressive and manic symptoms of BD, and separate Bayesian network meta-analyses to examine which aspects of emotion regulation were most closely associated with depressive and manic symptoms of BD. The Pearson's r coefficients were adjusted using sample-size weights and Fisher's r-to-z transformed was conducted.

Results: A total of 13,826 records was identified and, after duplicate removal and title/abstract evaluation, 442 were explored at the full text. Sixteen studies were finally included. Results from pairwise meta-analyses are shown in Figure 1, results from network meta-analyses in Figure 2 and 3. Both depressive and manic BD symptomatology were found to be related to maladaptive ER strategies, with the only difference of *positive rumination,* associated only to manic symptoms. *Negative rumination* and *risk-taking* behaviors were the strategies more correlated to both manic and depressive symptoms, as confirmed by both pairwise metanalyses and network metanalyses. On the other hand, depressive symptomatology appeared more correlated with decreased adaptive strategies than manic symptomatology.

Image:

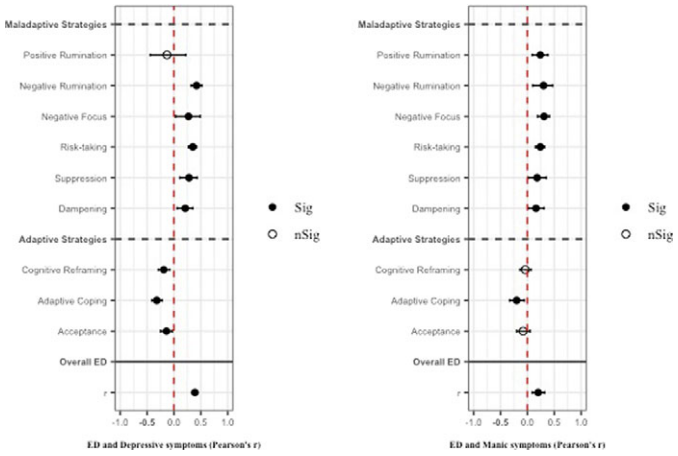
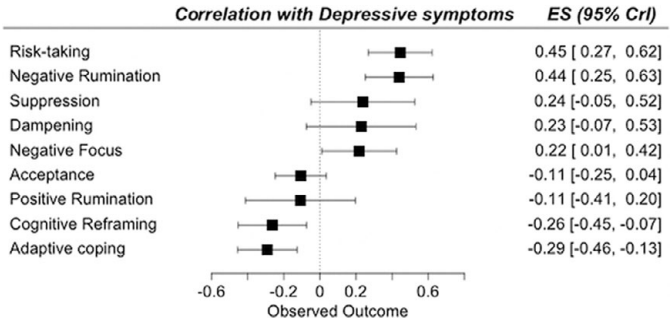


Image 2:



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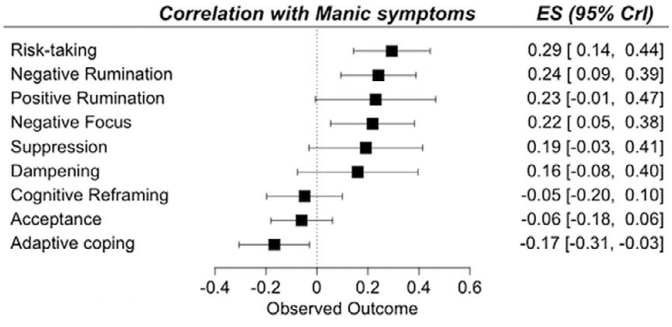

Conclusions: ED has a significant correlation with BD symptomatology, therefore it should be explicitly considered during clinical assessment, diagnosis, and intervention on BD, and specific treatments should be implemented. More studies, and with longitudinal design, are needed to better explore these associations and their causal direction. In addition, future studies should mainly focus on the complex interactions between cognitive, social, and cultural aspects, and biological correlates to improve knowledge on a topic that is still poorly investigated.

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EPP0306

Providing Incentives on a Smartphone-Based Mood Relapse Warning Application among Patients with Bipolar Disorder

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Introduction: Most of the research explored the attrition rate and predictive factors for the smartphone application of emotion monitoring in bipolar disorder patients. However, there is less focus on the efficacy of maintaining the retention rate if the incentive system is employed.

Objectives: The aim of our research is to evaluate the efficacy of two different kinds of incentive systems on improving frequency of using the Smartphone Mood Relapse Warning application (MRW-APP) (Su et al., 2021) in bipolar patients.