

Methods: A cross-sectional and comparative study of 78 patients followed for bipolar disorder, during euthymia, at the psychiatric outpatient clinic at CHU Hédi Chaker in Sfax, and 78 age-gender matched HC. We used a socio-demographic and clinical data sheet and the Questionnaire of Cognitive And Affective Empathy (QCAE) to assess empathy with its two dimensions : “Affective empathy” and “Cognitive empathy”.

Results: The average age was 36.27 years, the sex ratio was 5.5. Bipolar I disorder was diagnosed in 88.5% of patients. The mean age of onset was 27.73 years, and the mean duration of illness was 8.4 years. Total scores of empathy as well as scores of cognitive and affective empathy were higher in HC than in BP. *Total QCAE BP vs HC : 72.49 vs 80.53 *Cognitive empathy BP vs HC : 43.21 vs 94.24 *Affective empathy BP vs HC : 29.36 vs 30.44 A significant difference in QCAE score and cognitive empathy score between BP and HC was found ($p < 10^{-3}$).

Conclusions: In our study, euthymic BP have been less empathetic than HC. Research on the subject are small and few. Thus, more studies are needed to confirm our results on the effect of mood disorders on empathy.

Disclosure: No significant relationships.

Keywords: empathy; bipolar; euthymic; matched; controls

EPV0111

Are there clinical and sociodemographic differences between bipolar i and ii disorders?

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Introduction: Bipolar disorder is a serious mental disorder. Although bipolar disorder I (BDI) might seem to have a more complex evolution and severe prognosis than bipolar disorder II (BDII) because of cross-sectional symptom severity, BDII has a high episode frequency, high rates of psychiatric comorbidities and recurrent suicidal behaviours that impair functioning and quality of life.

Objectives: To explore whether there are differences between patients with BDI and BDII concerning sociodemographic and clinical variables of interest.

Methods: A sample of 407 euthymic patients with bipolar disorder (307 BDI and 100 BDII) being age 18 or older was recruited from the Bipolar and Depressive Disorders Unit of the Hospital Clinic of Barcelona. Sociodemographic and clinical variables were collected through the administration of semi-structured interview and clinical scales. Differences between groups in these variables were analysed using the Mann-Whitney U and Chi-square tests, as appropriate. The level of significance was set at $p < 0.05$.

Results: We found statistically significant differences between both groups. Patients with BD II were older ($p < 0.001$), presented a longer illness duration ($p = 0.001$) and a greater subsyndromal

depressive symptomatology ($p = 0.010$). Patients with BDI had a higher number of previous hospitalizations ($p < 0.001$) and higher rates of psychotic symptoms ($p < 0.001$) even during the first episode ($p < 0.001$).

Conclusions: Our data suggests that clinical differences exist between both bipolar subtypes. The episodes may be more serious, with a greater presence of a history of psychosis, and require more hospitalizations in BDI patients. In the BDII group, persistent subsyndromal symptoms may predominate, especially of the depressive pole.

Disclosure: No significant relationships.

Keywords: bipolar disorder add clinical add SOCIODEMOGRAPHIC add DIFFERENCES

Child and Adolescent Psychiatry

EPV0113

Post Traumatic Stress Disorder : Clinical description of 101 children

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Introduction: Post traumatic stress disorder (PTSD) is a mental health condition that's triggered by a psychotraumatic event .

Objectives: The aim of our study was to investigate the clinical manifestations of PTSD in the pediatric population.

Methods: This is a descriptive cross-sectional study carried out on children over the age of 7 and victims of a traumatic event that had occurred at least one month before. They were recruited from August 2020 to April 2021, in child psychiatry department. The clinical manifestations were evaluated using the Clinician Administered PTSD Scale Child and Adolescent version for DSM 5 (CAPS CA5) in Tunisian dialect. The statistical processing of these data was carried out using SPSS 26 software.

Results: We recruited 101 children who had experienced a traumatic event which was in 35.6% physical assault, 47.5% sexual assault and in 16.8 % exposure to death. The mean age was 10.7 years at the onset of traumatic event and 11.74 years at the interview. We noted in our patients a female predominance at 64.4%. Diagnosis of PTSD according to the diagnostic criteria of the DSM5 was retained in 54.5% of cases. Intrusive symptoms were present in 81.2%, with 66.3% of involuntary, intrusive memories. Persistent avoidance of stimuli was noted in 80.2%. 71.3% of cases suffered from negative cognition and mood. We found in 66.3% marked alterations in trauma-related arousal and reactivity. Resulting in clinically significant distress in 71.3%.

Conclusions: Recognizing PTSD symptoms is essential for diagnosis to initiate specialized care and reduce impairment at this critical age.

Disclosure: No significant relationships.

Keywords: clinical manifestation; description; post traumatic stress disorder; Children