EPP0537

Clinical and biological features associated to bipolar disorder with comorbid migraine: results from the FACE-BD cohort

M.-C. Patoz[1]*, O. Godin[2], X. Moisset[3], J. Chabert[1], K. M'Bailara[2,4,5], B. Etain[2,6,7], R. Belzeaux[2,8,9], C. Dubertret[2,10], E. Haffen[2,11], R. Schwan[2,12], P. Roux[2,13], M. Polosan[2,14], V. Aubin[2,15], M. Leboyer[2,16], P. Courtet[2,17,18], E. Olie[2,17,19], P.-M. Llorca[2,20] and L. Samalin[2,20]

[1]CHU Clermont-Ferrand, Université Clermont Auvergne, Institut Pascal, clermont ferrand; [2]fondation fondamental, créteil; [3]Université Clermont Auvergne, CHU de Clermont-Ferrand, Inserm, Neuro-Dol, clermont ferrand; [4]LabPsy, University of Bordeaux, EA 4139; [5]Department of Clinical and Academic Psychiatry, Charles-Perrens Hospital, Bordeaux; [6]AP-HP, GHU Paris Nord, DMU Neurosciences, Hôpital Fernand Widal; [7]INSERM UMRS 1144-Université de Paris, Paris; [8]Pôle de Psychiatrie, Assistance Publique Hôpitaux de Marseille; [9]INT-UMR 7289, CNRS Aix-Marseille Université, Marseille; [10]Department of Psychiatry, University of Paris, AP-HP, Louis Mourier Hospital, INSERM UMR 1266 PARIS, Colombes; [11]Service de Psychiatrie de l'Adulte, CIC-1431 INSERM, CHU de Besançon, Laboratoire de Neurosciences, Université de Franche-Comté, UBFC, Besançon; [12]Université de Lorraine, Centre Psychothérapique de Nancy, Pôle Hospitalo-Universitaire de Psychiatrie d'Adultes du Grand Nancy, INSERM U1254, Nancy; [13]Centre Hospitalier de Versailles, Le Chesnay, EA 4047 HANDIReSP, UFR des Sciences de la Santé Simone Veil, Université Versailles Saint-Quentin-en-Yvelines, Versailles, France and Université Paris-Saclay, UVSQ, Inserm, CESP, Equipe "PsyDev", Villejuif; [14]Université Grenoble Alpes, Inserm U1216, Grenoble Institut de Neurosciences, CHU de Grenoble, Grenoble; [15]Pôle de Psychiatrie, Centre Hospitalier Princesse Grace, Monaco; [16]Université Paris Est Creteil (UPEC), AP-HP, Hôpitaux Universitaires «H. Mondor», DMU IMPACT, INSERM, IMRB, Translational Neuropsychiatry, Créteil; [17]Institute of Functional Genomics, University of Montpellier, CNRS, INSERM; [18]Department of Emergency Psychiatry and Post-Acute Care, CHU Montpellier, Montpellier; [19]Department of Emergency Psychiatry and Post-Acute Care, CHU Montpellier, Montpellier and [20]CHU Clermont-Ferrand, Université Clermont Auvergne, Institut Pascal, Clermont-Ferrand, France
*Corresponding author.
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Introduction: Migraine and bipolar disorder (BD) are two chronic and recurrent disorders with a major impact on patient's quality of life. It is now well known that affective disorders and migraine are often comorbid (Leo *et al.* Scand J Pain. 2016; 11:136-145). Starting from these observations, we can hypothesis that BD patients with comorbid migraine might have specifical clinical and biological features.
Objectives: The aim of this study was to estimate the prevalence of migraine in a cohort of French BD patients; determine sociodemographic, clinical, and biological features associated BD-migraine comorbidity.
Methods: 4348 BD patients from the FACE-BD cohort were included from 2009 to 2022. Sociodemographic and clinical characteristics, lifestyle information, and data on antipsychotic treatment and comorbidities were collected, and a blood sample was drawn. The Structured Clinical Interview for DSM-IV Axis I Disorders was used to confirm the diagnosis of BD. Migraine diagnosis was established according to a clinician-assessed questionnaire.
Results: 20.1% of individuals with BD had comorbid migraine. Half of these patients received treatment for migraine. Multivariate logistic regression model showed that risk of migraine in women was nearly twice that in men (OR = 1.758; 95% CI, 1.345-2.298). Anxiety disorder, sleep disturbances and childhood trauma were also associated with an increased risk of migraine comorbidity. Patients receiving antipsychotic treatment had less risk of developing migraine than those not receiving those treatment (OR 0.716, 95% CI, 0.554-0.925), independent of other potential confounders.
Conclusions: The prevalence of migraine in our cohort was lower than those previously reported in other studies. This result might suggest an overestimation of migraine diagnosis in BD patients population studies. However, BD-migraine comorbidity could constitute a subphenotype of bipolar disorder requiring specific treatments.

Disclosure of Interest: None Declared

EPP0538

Characterization of the inflammatory/immune-neuroendocrine-BDNF interplay during affective episodes and euthymia in bipolar disorder patients: in the search of a peripheral reliable and highly predictive biosignature

M. Di Vincenzo[1]*, M. Ferrandino[1], R. Toricco[1], B. Collacchi[2], C. Musillo[2], L. Giona[2], M. Samà[2], F. Cirulli[2], A. Fiorillo[1], G. Sampogna[1], M. Luciano[1] and A. Berry[2]

[1]Department of Psychiatry, University of Campania "Luigi Vanvitelli", Naples and [2]Center for Behavioural Sciences and Mental Health, Istituto Superiore di Sanità, Rome, Italy
*Corresponding author.
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Introduction: Bipolar disorder (BD) is a psychiatric disease whose heterogeneity in phenotypic manifestations and disease severity hampers the diagnosis and the achievement of adequate therapeutic management. Increased pro-inflammatory cytokines and cortisol levels (CORT) have been observed in BD patients that might affect brain plasticity by decreasing Brain-Derived-Neurotrophic Factor (BDNF) levels. However, BD etiopathological mechanisms are still largely unclear and little is known about the interaction among these biomarkers and affective episodes.
Objectives: To assess changes in peripheral endocrine and inflammatory markers, CORT awakening response, BDNF and cytokines levels during an acute phase of the disease and during euthymia and to evaluate whether these changes might be exploited as a biosignature of the disease.
Methods: The study will be carried out on BD patients aged 18-65 who will be recruited during affective episodes (depressive, manic/hypomanic phase). In addition, a control group of 40 healthy subjects, age- and sex-matched will be also enrolled. All assessments will be carried out at the time of recruitment and after 3 and 6 months. Blood samples will be collected to evaluate cytokines (IL-1, IL-2, IL-6, IL-10, TNF-alpha, IFN-gamma) and BDNF. Hypothalamic-pituitary-adrenal (HPA) axis response will be

assessed by measuring salivary cortisol levels upon awakening (cortisol awakening response – CAR). The psychopathological assessment will include the use of MADRS, YMRS and HAM-A for the assessment of psychiatric symptoms; PSP and C-SSRS for the assessment of global functioning and suicidal risk; IPSS and SRRS for the assessment of stress levels; CIRS for the evaluation of physical comorbidities.

Results: We expect that 1) changes in inflammatory markers can predict the onset of acute phases of BD; 2) to observe significant differences in the levels of pro-inflammatory cytokines, CORT and BDNF between BD patients (during euthymia) and control subjects.

Conclusions: Using a longitudinal approach, we will be able to evaluate whether the presence of affective symptoms in the BD patient is correlated with fluctuations in the levels of pro-inflammatory cytokines and chemokines, salivary cortisol and BDNF. Furthermore, the enrolment of control subjects will allow to evaluate if the inflammatory state and the activation of the HPA axis are steadily elevated in BD patients.

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EPP0539

Does Bipolar Disorder Get Worse at Geriatric Ages?

M. Dagtekin* and H. Ertekin

psychiatry, Canakkale 18 Mart University, Çanakkale, Türkiye
*Corresponding author.
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Introduction: Bipolar disorder is characterized with recurrent manic and depressive episodes with interepisodic remission periods. The course of illness including frequency and severity of mood episodes are the most evident changes at geriatric ages in bipolar disorders.

Objectives: With this background, we aim to evaluate the clinical variables of bipolar patients older than 60 years and compare clinical variables before and after this age.

Methods: Bipolar patients who applied to psychiatry outpatient unit in Çanakkale 18 Mart University Medical Faculty between the years of 2017-2022 were evaluated retrospectively. Patients over the age of 60 were included in the study. 47 out of 133 people over the age of 60 with bipolar disorder were not included in the study due to lack of information. Socio-demographic data of 85 patients recruited for the study, and clinical variables of the patients before and after the age of 60 were compared with Wilcoxon test. SPSS 26 version was used for statistical analysis and $p<0.05$ was considered as significance level.

Results: When we evaluate the sociodemographic variables of the patients, we found that 61.2% (n=52) of the patients were female, mean age was 67.6± 6.3 years and mean duration of education was 7.2±4.6 years. Most of the patients (76.5%, n=65) was diagnosed with bipolar disorder type 1 (BP1) while nearly one four of them (24.7%) had a mood disorder history among their relatives. Median of the illness duration was 19.5 years (min:2, max:60), mean age of the first episode was 43.6±14.3 years and more than half had their first episode as depression (56.5%, n=48). When we compare the number of episodes, number and duration hospitalizations before and after the age of 60 years, we found that number of depressive ($p=0.001$,z:-3.3), (hypo)manic ($p=0.001$,z:-3.3), episodes and number of hospitalizations ($p<0.001$,z:-3.8), were lower at geriatric ages. However, there was no difference before and after the age of 60 years in terms of duration of hospitalization.

Conclusions: Course of illness in bipolar disorder is highly variable and recurrence of mood episodes may increase with age (van der Markt A et al . Int J Geriatr Psychiatry. 2022;3;37(11), Dols A et al, The clinical course of late-life bipolar disorder, looking back and forward. 2017 Dec 11). However, in our study we found that number of depressive, (hypo)manic episodes and number of hospitalizations were lower at geriatric ages. This discrepancy may be related with sample selection and study design. Nevertheless, it should be taken into account for further studies. Besides, this is not a mirror image study and duration of follow-up periods were not considered for the statistical analysis. These are the additional limitation of our study. It is difficult to make further interpretations considering these limitations. Prospective follow-up studies with large sample size are required to better understand the course of bipolar disorder at geriatric ages.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry 05

EPP0540

Heredity, education, developmental characteristics of children with somatoform disorders

M. Kalinina[1]*, G. Kozlovskaya[2], L. Baz[3] and M. Ivanov[4]

[1]child psychiatry; [2]child department, FSBSI MHRC; [3]Moscow Institute of Psychoanalysis, Moscow and [4]child psychiatry, FSBSI MHRC, Moscow, Russian Federation
*Corresponding author.
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Introduction: Psychosomatic disorders, their polymorphism and wide distribution in the population are the subject of study by many specialists in borderline mental disorders.

Objectives: We examined 48 (19 boys, 29 girls) children aged 6-13 years who were referred for treatment to a pediatric hospital with suspected cardiac or respiratory pathology.

Methods: Standard clinical methods (pediatric, psychopathologic, neurological, vegetative, psychological) were used. The mental state of children was assessed qualitatively, taking into account the data of psychopathologic, psychological examinations, as well as quantitatively, according to original questionnaires.

Results: The clinical picture of the mental state was determined by neurotic disorders of the anxiety-suspecting hysterical type, and in 14% with transient psychotic episodes, qualified as an outpost, the symptoms of an endogenous disease.

Neurophysiologic tests revealed disturbances in the process of lateralization, visual perception and information processing with weakness of the right hemispheric, less often left hemisphere functions.

Neurological examination revealed some scattered symptoms of minimal cerebral dysfunction, as well as non-localized neurological signs in the area of cerebral innervation, there were signs of mixed vascular dystonia.