Methods: This is a cross-sectional study. The participants will be 90 adults meeting criteria for DSM 5 BD type 1 or type 2 in full or partial remission. Participants are recruited from psychoeducational groups for BD and from a specialist outpatient clinic.
Diagnoses are set with SCID-5 and are confirmed in a consensus meeting with at least two psychiatrists and/or specialists in psychology. Symptoms of depression and mania are measured with Montgomery Asberg depression rating scale (MADRS) and Young Mania Rating Scale (YMRS). Sleep is measured subjectively with Insomnia Severity Index (ISI) and objectively with actigraphs which participants wear on their non-dominant hand for ten days. Subjective cognition is measured with Cognitive Complaints in Bipolar Disorder Rating Assessment (COBRA). Participants undergo neurocognitive testing with a self-administered validated web-based neuropsychological test platform. The testing is carried out in the participant's home on their smart phones. The tests include measures of learning, storing, recalling, and recognizing visual and verbal information, working memory and reaction time. Normal cognitive function is defined as scores within or above mean on all cognitive subtests. The test-platform has been validated.
We will use descriptive statistics to examine distribution of demographic characteristics. We will test for correlations between sleep factors and subjective and objective measures of cognitive function.
Ethics: The Regional Committees for Medical and Health research ethics approved the study.
Results: Results will be presented at the conference. So far, 74 out of 90 participants have been included.
Conclusions: We anticipate that normal sleep may be associated with good cognitive functioning. The findings of this study could offer supplementary insights into BD heterogeneity and potential treatment targets.
Abbreviations: SCID-5, Structured Clinical Interview for DSM-5

Disclosure of Interest: None Declared

EPV0121

The role of cannabis in bipolar disorder relapse: a prospective study of hospital acute readmissions

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Introduction: With the rapid changes of attitude, investigation and legislation around cannabis and its subproducts in the Western world, there is a need to profoundly examine the consequences of its use in the general population and, specifically, in people affected by mental disorders. There is a clear relationship between cannabis use and psychosis, but there is also growing evidence of its relationship with manic episodes (Sideli et al, 2019).
A systematic review published by the CANMAT Task Force in 2022 examined again the relationship between cannabis use and bipolar disorder (BD), establishing association with worsened course and functioning of BD in frequent users (Tourjman et al., 2023). On the other hand, some recent papers have highlighted the role of the endocannabinoid system (ECS) in BD, suggesting even possible beneficial effects, mainly through the CB2 receptor (Arjmand et al, 2019).
Objectives: To describe the impact of cannabis in the psychiatric readmission in BD and to approach the differences in course in cannabis users with regards to non-users.
Methods: We conducted a prospective cohort study including the patients admitted to our acute psychiatric unit with the diagnosis of manic or mixed episode during the period between 2015 and 2019 (including patients with one of both final diagnosis: BD or schizoaffective disorder). We established a follow-up of 3 years from the date of admission in which hospital readmissions are examined.
Results: The study, which included 309 patients, concluded that cannabis users were admitted and had the first episode at a younger age (p=0.005), a higher percentage of them did not have a previous diagnosis (p=0.026) nor a previous history of mental health issues (p=0.019) and it was more likely to be their first admission (p=0.011) and to suffer psychotic symptoms (p=0.002).
As of treatment, the results were statistically significant regarding the fact that a lower proportion of patients had received previous psychiatric treatment (p=0.004) and previous electroconvulsive therapy (p=0.003). There was a higher chance of them being non-adherent with medication (p<0.001) and to be administered extended-release antipsychotic treatment during admission (p<0.001).
The study did not find a statistically significant relationship with cannabis use and a higher rate of readmission in the 3 years of follow-up.
Conclusions: Although a higher relapse rate could not be proven in our study, other previously identified factors related to a worse illness course (Sajatovic et al., 2009) did show a significant association with cannabis use, which could lead to one suggesting that our results are compatible with the actual evidence and that cannabis products are detrimental to people who suffer from BD and schizoaffective disorder.

Disclosure of Interest: None Declared

EPV0122

Bipolar disorder and Quality of life assessment using the SF-12 health survey

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Introduction: Bipolar disorder (BD) is a severe and chronic mental illness characterized by recurrent major depressive episodes and mania (BD-I) or hypomania (BD-II). In addition to the burden of the disease and its consequences, people living with BD, like many

other people suffering from mental illness, must deal with their difficulty of integration which can influence their personal and professional life and consequently their quality of life (QOL).
Objectives: The aim of our study is to assess the QOL among working patients with BD.
Methods: A cross-sectional study was carried out in the occupational medicine department of the Charles-Nicolle hospital in Tunisia. Sociodemographic and occupational data were collected from the medical records of patients with bipolar disorder who consulted our department during the period 2022 to 2023. and a telephonic survey was carried out to complete the SF 12 international scale, which is a general health questionnaire that consists of 12 questions which investigates the patient's state of health via 8 different dimensions: General health perception, Physical health, Limited physical role function, Physical pain, Vitality, Mental health, Limited emotional role function and social functioning.
Results: We enrolled a total of 46 cases where 76% with BD type 1 with an average age of 43±9 years. Most participants were female (76%) and the most frequent sectors of activity were healthcare and administration (80% and 12% respectively). BD was well balanced in 39% of cases with an average bipolar history of 7 years. The median annual absence due to psychiatric problems was 92±61 days per year. The average score was 44±18 for the General Health, 57±35 for physical health and 67±18 for mental health.
Conclusions: This study revealed that people living with BD's QOL seems to be altered. Clinicians need to be attentive to the QOL of their patients, its assessment, and its empowerment in their daily clinical practice. Future work is required to establish valid strategies to fight low QOL among patients suffering from BD.

Disclosure of Interest: None Declared

EPV0123

Diagnostic Challenges in Affective Disorders: Delirious Mania - A Case Report and Literature Review.

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Introduction: Affective disorders exhibit diverse clinical manifestations, and one distinctive subtype is delirious mania. Despite its exclusion from formal diagnostic manuals, delirious mania frequently emerges in everyday clinical practice. Recognizing it within the realm of differential diagnosis is crucial. Delirious mania is characterized by acute onset of excitement, grandiosity, emotional lability, delusions, and insomnia typical of mania, combined with disorientation and altered consciousness characteristic of delirium. Some authors consider delirious mania as a variant of classic bipolar disorder, while others associate it with catatonia. Additionally, some link it to underlying medical or neuropsychiatric causes.
Objectives: To describe the clinical case of a patient with delirious mania and emphasize the importance of recognizing this as a potencial diagnosis in patients with abrupt alterations in mental state.
Methods: Clinical case report and literature review.
Results: A 61-year-old female patient with a history of a unique depressive episode over 20 years ago, treated with Carbamazepine up to 750 mg, is admitted to the Emergency Room with acute symptoms consistent in global disorientation, agressive behavior, mutism, bradyphrenic and repetitive incoherent speech, along with visual hallucinations, all of which had developed over a few days. The gradual withdrawal of Tegretol over an 8-month period preceded her admission to the ER.
Relevant medical tests, including cranial CT, EEG, blood tests, and urine analysis, were conducted during her ER stay, all of which yielded normal results. Neurological evaluation ruled out acute neurological pathology, leading to her subsequent admission to the Psychiatry department. Throughout her admission, the patient exhibited irritability and expressed derogatory comments filled with offensive language. She gradually became more expansive, with her thought content becoming megalomaniac in a delirious range. Her speech was incoherent, verbose and had loose associations.
Treatment was reintroduced with Carbamazepine up to 600 mg/day and Olanzapine up to 20 mg/day, resulting in a rapid and comprehensive improvement of her symptoms, ultimately leading to the complete resolution of her condition.
Conclusions: This case highlights the concept of delirious mania, characterized by alterations in attention, orientation, memory, confusion, behavioral and thought fluctuations, and psychomotor disturbances which can manifest abruptly, as observed in this patient. This clinical case underscores the significance of considering delirious mania in the differential diagnosis of patients with abrupt alterations in mental state, particularly those of advanced age with a history of affective episodes. A global understanding of this condition is essential for its timely recognition and appropriate management.

Disclosure of Interest: None Declared

EPV0124

Unipolar and Bipolar Depression : Which Differences?

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Introduction: Depression is a common mental disorder whose management remains delicate, given the trans-nosographic nature of this syndrome. Two common types of depression are bipolar and unipolar depression. Although they share many similar symptoms, several differences between the two pathologies are suggested in prior studies.
Objectives: We aimed to compare the disease characteristics and evolution of unipolar and bipolar depressed patients.
Methods: We conducted a retrospective descriptive and analytical study among medical records of 167 patients hospitalized for a depressive episode (DE) at the Psychiatry "B" Department, Hedi Chaker University Hospital (Sfax, Tunisia), during the period

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