

( $p < 0.001$ ), lassitude ( $p < 0.001$ ), inability to feel ( $p < 0.001$ ), pessimistic thoughts ( $p < 0.01$ ) and suicidal thoughts ( $p < 0.05$ ).

**Conclusions:** The results herein indicate that cariprazine treatment is significantly effective at treating affective symptoms in persons with both schizophrenia and bipolar I depression.

**Disclosure:** I am an employee of Gedeon Richter Plc.

**Keywords:** cariprazine; bipolar depression; schizophrénia

## EPP0092

### Point-of-care test for rapid assessment of blood lithium levels in women with bipolar disorder during perinatal period

M.L. Imaz<sup>1\*</sup>, M. Torra<sup>2</sup>, M. Martin<sup>2</sup>, I. Aliart<sup>2</sup>, R. Martin-Santos<sup>3</sup>, E. Vieta<sup>3</sup> and L. Garcia-Esteve<sup>1</sup>

<sup>1</sup>Hospital Clinic, Unit Of Perinatal Mental Health Clínic-bcn. Department Of Psychiatry And Psychology, Barcelona, Spain;

<sup>2</sup>Hospital Clinic, Pharmacology And Toxicology Laboratory, Biochemistry And Molecular Genetics Service, Biomedical Diagnostic Center (cbd), Barcelona, Spain and <sup>3</sup>Hospital Clinic, Psychiatry And Psychology, Barcelona, Spain

\*Corresponding author.

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**Introduction:** Determination of lithium levels in serum has become a standard of care due to its narrow therapeutic range, thus an immediate test for determination of blood lithium may contribute to minimize toxicity, to avoid relapse and to ensure treatment adherence. This is particularly relevant during pregnancy and early postpartum because pharmacokinetic changes in renal physiology.

**Objectives:** The aim of this study is verify Medimate point-of-care method performance and systematically compare it with the routine laboratory measurement of lithium.

**Methods:** This cross-sectional method comparison study was conducted in the Unit of Perinatal Mental Health in the Hospital Clinic of Barcelona. Pearson and Bland-Altman analyses were performed to assess the accuracy, precision and correlation between the capillary electrophoresis technology (Medimate MiniLab) and the ion selective electrode (ISE) potentiometry method (AVL 9180).

**Results:** Twenty-five women with bipolar disorder in treatment with lithium during perinatal period were enrolled, corresponding to 75 blood specimens for analyses. Correlation ( $r$ ), mean difference (bias), and 95% limit of agreement (LOA) of the point-of-care method [ $r=0.917$ ; bias 0.0021 (95% LOA; 0.440, 0.619) mEq/L], showed that difference between ISE method and capillary electrophoresis technology was not statistically significant.

**Conclusions:** Considering the practicality, the microchip capillary electrophoresis technology provides a simple and highly affordable way of measuring lithium levels in a single drop of blood outside the clinical laboratory. The Medimate point-of-care system (POC) appears well adapted for the rapid and specific detection of lithium as an alternative to the current ISE procedure.

**Disclosure:** No significant relationships.

**Keywords:** Perinatal period; Lithium; Point of care test; bipolar disorder

## EPP0093

### Phenomenology and comorbidity in late onset bipolar disorder : A comparative study

D. Mohapatra

All India Institute of Medical Sciences, Psychiatry, Bhubaneswar, India  
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**Introduction:** Bipolar disorder in later life is a complex & confounding neuropsychiatric syndrome with diagnostic & therapeutic challenges.

**Objectives:** To assess the clinical characteristics of late onset bipolar disorder and to compare with adult onset bipolar disorder and to compare the medical co morbidity between age, sex matched healthy control group.

**Methods:** It was a hospital based, observational, analytical and cross-sectional study conducted over 2 and half years. The patients > 60 years presenting with manic features after satisfying the inclusion and exclusion criteria were the study group. Control group -1 was selected from adult onset bipolar disorder. YMRS, MMSE, SCID were applied for both. Control group -2 was selected from age, sex, education matched normal population and the three groups were compared for co morbidity. Secondary mania cases are excluded from the study.

**Results:** Mean age at onset was 67.4 years. 63.3% of our patients were female. H/O psychiatric illness in family is more in control group (53.3%) than in study group (26.7%) ( $p=0.035$ ). 86.6% patients present with irritability. 73.3% patients were presented with aggression. Control group -irritability=90%, aggression=75% The difference is not statistically significant. Scoring of each symptom showed significant difference. It means presence & severity of delusion is significantly more in young bipolar control group. ( $p=0.035$  for % score,  $p=0.015$  for mean SAPS score). 70% presented with co morbidities.

**Conclusions:** Geriatric mania shows mixed presentation compared to early onset disease. Psychotic features are more common. Late onset mania is less associated with family history. Common co morbidities are DM, HTN, Hypothyroidism, neurologic disorders.

**Disclosure:** No significant relationships.

**Keywords:** Late Onset Bipolar disorder; Phenomenology; Comorbidity

## EPP0094

### Psychopathological and temperamental features of Late Onset versus Early Onset Bipolar Disorder

L. Orsolini<sup>1,2\*</sup>, L. Ferretti<sup>1</sup>, M. Fiorani<sup>1</sup>, D. Rocchetti<sup>1</sup>, V. Salvi<sup>1</sup> and U. Volpe<sup>2</sup>

<sup>1</sup>Polytechnic University of Marche, Department Of Clinical Neurosciences/dimsc, School Of Medicine, Unit Of Psychiatry, Ancona, Italy and <sup>2</sup>Unit of Clinical Psychiatric, Polytechnic University of Marche, Ancona, Italy, Department Of Neurosciences/dimsc, Ancona, Italy

\*Corresponding author.

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**Introduction:** Age at onset of type-I bipolar disorder (BD-I) typically averages 12-24 years, is older among patients with type-II-BD

(BD-II), even though generally before 50-years-old (EOBD). Clinical observation of late-onset BD (LOBD) posed some questions regarding a differential phenotypic/psychopathological manifestations and affective temperaments between LOBD vs EOBD.

**Objectives:** A case-control pilot-study was carried out to investigate psychopathological, clinical and temperamental features of a psychogeriatric cohort of LOBD and EOBD subjects.

**Methods:** Out of 74 enrolled patients, 64 patients (31 EOBD, 33 LOBD) were included and administered an ad hoc socio-demographic datasheet, BPRS, CGI, GAF, HAM-D, GDS, MSRS, MRS, MOCA and TEMPS-M.

**Results:** LOBD is significantly associated with higher rates of BD-II diagnosis ( $X^2 = 26.1, p < .001$ ), depressive ( $p = 0.05$ ) and mixed states ( $p = 0.011$ ), higher comorbid anxiety levels and depressive affective temperament ( $p < .001$ ); while clinical manifestations of geriatric EOBD is significantly associated with higher endocrinological ( $X^2 = 7.815, p = .005$ ) and metabolic comorbidity ( $X^2 = 6.896, p = .009$ ), a diagnosis of BD-I, manic episodes and hyperthymic ( $p = .001$ ) affective temperaments. GDS and MSRS total scores were significantly higher in LOBD (respectively,  $p < .001$  and  $p = .008$ ).

**Conclusions:** Further studies with larger sample sizes and a control group should verify whether LOBD is a distinct psychopathological entity from EOBD and evaluate differences (if any) in terms of prognosis and treatment between EOBD and LOBD.

**Disclosure:** No significant relationships.

**Keywords:** LOBD; EOBD; bipolar disorder; temperament

## Bipolar Disorders 02

### EPP0096

#### The role of Executive Attention in the association between obsessive-compulsive symptoms and relapses in Major Depressive and Bipolar Disorder

L. Lucassen<sup>1\*</sup>, I. Tioli<sup>1</sup>, M. Ferrari<sup>2</sup>, P. Ossola<sup>1</sup> and C. Marchesi<sup>3</sup>

<sup>1</sup>University of Parma, Department Of Medicine And Surgery, Parma, Italy; <sup>2</sup>AUSL of Parma, Department Of Mental Health, Parma, Italy and <sup>3</sup>University of Parma, Department Of Medicine & Surgery, Unit Of Neuroscience, Psychiatric Unit, University Of Parma, Parma, Italy,

\*Corresponding author.

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**Introduction:** Major Depressive (MDD) and Bipolar Disorder (BD) are chronic relapsing condition in which mood episodes are interspersed with periods of euthymia. Impairments in Executive Attention (EA) are a trait characteristic of mood disorder that persists also during remission. Similarly prefrontal dysfunctions are crucial in the genesis and maintenance of Obsessive-Compulsive Symptoms (OCS), which are highly comorbid in both MDD and BD.

**Objectives:** The aim of this study is to test a model in which deficits in EA mediate the relationship between the OCS and the relapse in a cohort of patients with MDD and BD.

**Methods:** Sixty-four euthymic subjects with BD and MDD performed the Attentional Network Task Revised (ANT-R), that gauges EA in a standard conflict task. Here we adopted a drift

diffusion model to measure the task efficiency as the drift rate in incongruent trials. Patients also completed at baseline the YBOCS, a questionnaire that evaluate the severity of OCS. All the participants have been followed-up for up to 5 years and relapses have been recorded.

**Results:** The association between OCS and time in euthymia was fully mediated by the EA so that greater OCS were associated with poorer executive functions ( $\beta = -0.341; p = 0.006$ ) that in turn predicted a sooner relapse ( $\beta = 0.349; p = 0.005$ ). This held true even when controlling for classic predictors of recurrence such as previous episode distance, the duration of illness and medications.

**Conclusions:** Treatment targeting executive functions could hence be crucial in preventing relapses in subjects with mood disorders experiencing obsessive compulsive-symptoms.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; Obsessive-compulsive symptoms; Executive Attention; major depressive disorder

### EPP0097

#### Applying existing clinical staging models in a sample of Italian bipolar patients over a 10-years follow-up

M. Macellaro<sup>1\*</sup>, N. Girone<sup>1</sup>, L. Cremaschi<sup>1</sup>, M. Bosi<sup>1</sup>, B. Cesana<sup>2</sup>, F. Ambrogi<sup>2</sup> and B. Dell'Osso<sup>1,3,4</sup>

<sup>1</sup>University of Milan, Department Of Mental Health, Department Of Biomedical And Clinical Sciences Luigi Sacco, Milan, Italy; <sup>2</sup>University of Milan, Department Of Clinical Sciences And Community Health, Unit Of Medical Statistics, Biometrics And Bioinformatics "giulio A. Maccacaro", Faculty Of Medicine And Surgery, Milan, Italy;

<sup>3</sup>University of Milan, "aldo Ravelli" Center For Nanotechnology And Neurostimulation, Milan, Italy and <sup>4</sup>Department of Psychiatry and Behavioral Sciences, Stanford University, Milan, Italy

\*Corresponding author.

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**Introduction:** Bipolar Disorder (BD) is a life-course illness with evidence of a progressive nature. Although different staging models have been proposed from a theoretical perspective, longitudinal studies are scarce.

**Objectives:** The aim of the present study was to apply four staging models in a sample of BD patients and to observe their progression in 10 years of retrospective evaluation.

**Methods:** In a naturalistic sample of 100 BD patients, a retrospective assessment of clinical stages across 10 years of observation at six time points (T0: 2010; T1: 2013; T2: 2015; T3: 2018; T4: 2019; T5:2020) was performed according to the BD staging models (Berk et al., 2007; Kapczinski et al., 2009; Kupka et al., 2012 and Duffy et al., 2014). Socio-demographic and clinical variables were collected and the staging progression across time was analyzed.

**Results:** A significant progressive staging worsening emerged over 10 years of BD observation for each examined model ( $p < 0.001$ ). Moreover, for all considered staging approaches, stage values were lower over the time points for BD II, lower number of lifetime episodes and hospitalizations ( $p < 0.05$ ). Finally, the stage increase was associated with a lower age at first elevated episode ( $p < 0.05$ ).

**Conclusions:** Present preliminary results confirm the relevance of illness onset and early intervention in BD, given their role in