

P-198 - THE RELATIONSHIP BETWEEN AFFECTIVE TEMPERAMENT AND RECOGNITION OF FACIAL EMOTIONS EXPRESSION WITH DEPERSONALIZATION AND DEREALIZATION SYMPTOMS IN A SAMPLE OF BIPOLAR EUTIMIC PATIENTS

M.Preve¹, M.Mula², S.Calugi¹, S.Pini¹, M.Mauri¹

¹Department of Psychiatry, Neurobiology, Pharmacology and Biotechnology, University of Pisa, Pisa, ²Department of Clinical & Experimental Medicine, Amedeo Avogadro University, Novara, Italy

Introduction: The aim of our study is to evaluate, in a sample of bipolar (BD) eutimic patients, the association between depersonalization symptoms, facial emotions expression recognition and affective temperament.

Method: 95 bipolar eutimic patients (YMRS < 6 and HDRS < 8), are assessed with: SCID-P, TEMPS, SCI-DER¹ e POFA (test of recognition of facial emotions expression by Ekman e Friesen).

Results: Through a regression analysis we underline that, independently to panic disorder, the ipertimic temperament is associated with: major recognition of happiness ($p < 0.001$; $\beta = -4,483$) and minor recognition of anger ($p = 0.005$; $\beta = 3,202$) in BD patients with high scores in autopsychic depersonalization domain; major recognition of sadness ($p = 0.001$; $\beta = -3,944$) and minor recognition of anger ($p = 0.005$; $\beta = 3,181$) in BD patients with high scores in affective depersonalization domain. Moreover, the cycloimic temperament is associated with: major recognition of surprise ($p = 0.004$; $\beta = -3,233$) and happiness ($p = 0.044$; $\beta = -2,124$) in BD patients with high scores in Derealization (DER-TOT); major recognition of surprise ($p = 0.001$; $\beta = -3,792$) and happiness ($p = 0.018$; $\beta = -2,532$) in BD patients with high scores in somatopsychic depersonalization domain.

Conclusion: The presence of depersonalization and derealization symptoms is associated with a selective deficit in the recognition of several emotions. In bipolar patients this selective deficit is dependent of type of affective temperament. Further research is warranted to replicate our clinical observation.

References: ¹ Mula M et al., *Neuropsych Dis Treat*, 2008.