

Objectives: The aims of the present study are to describe the clinical characteristics of patients with BD more frequently associated with the different affective temperaments and to verify which affective temperaments are associated with a more severe clinical picture in a sample of patients with BD.

Methods: All patients with BD referring to the outpatient units of two Italian university sites have been recruited. Patients' psychiatric symptoms, affective temperaments, and quality of life were investigated through validated assessment instruments.

Results: 199 patients were recruited. 54.8% of patients had a diagnosis of bipolar I disorder. 56.8% of the sample reported at least one episode of aggressive behaviours and 30.2% of suicidal attempt. Predominant cyclothymic and irritable temperaments predicted more frequent relapses, a poorer quality of life ($p < 0.05$), more aggressive behaviours and suicide attempts ($p < 0.01$). The predominant hyperthymic disposition was a protective factor for several outcome measures, including relapses and suicidality ($p < 0.01$), and was correlated with a less severity of psychiatric symptoms and later age at onset ($p < 0.05$).

Conclusions: Early identification of affective temperaments in BD patients can help clinicians to identify those who could show a worse prognosis. A screening of affective temperaments can be useful to develop early targeted integrated pharmacological and psychosocial interventions.

Disclosure: No significant relationships.

Keywords: bipolar disorder; temperament; symptom; Screening

O019

The role of Vit D and parathyroid hormone in clinical severity of patients with bipolar disorder

C. Palumbo^{1*}, L. Marone¹, V. Caivano¹, A. Vece¹, L. Steardo², M. Luciano¹, A. Di Cerbo¹, V. Del Vecchio¹ and A. Fiorillo¹

¹Department Of Psychiatry, University of Campania "Luigi Vanvitelli", Naples, Italy and ²Health Sciences, University Magna Graecia,, Catanzaro, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.243

Introduction: Vitamin D modulates the biosynthesis of neurotransmitters and neurotrophic factors, thus influencing mood and its alterations. Decreased blood levels of Vitamin D are involved in many psychiatric disorders, in particular, affective disorders. As regards bipolar disorder (BD), an association between vitamin D deficiency and severity of illness has been found.

Objectives: In this observational study, we assessed calcium homeostasis imbalance in a sample of patients with BD; in particular, we explored whether serum levels of PTH, Vitamin D and calcium influence the clinical presentation of BD and its symptom severity.

Methods: All patients were administered with validated assessment instruments to assess psychopathology, affective temperaments and global functioning. Vitamin D and PTH levels were assessed in all patients. An ad hoc schedule was administered for socio-demographic and clinical characteristics.

Results: The total sample consisted of 199 patients (females: 51%; mean age: 47.1 ± 13.2 years). Levels of serum PTH were directly correlated with the total number of hospitalizations ($p < 0.01$), and of depressive ($p < 0.0001$), manic ($p < 0.001$) and hypomanic episodes ($p < 0.01$). Serum levels of Vitamin D were positively

associated with age at first psychiatric contact and were inversely correlated with the total number of depressive episodes ($p < 0.05$) and cyclothymic temperament ($p < 0.05$).

Conclusions: Increased levels of PTH and Vit D correlate with a worse clinical outcome of patients with BD. Our results highlight the importance to routinely assess PTH, Vit D and calcium levels in BD patients. Moreover, vitamin D may represent a valid add-on treatment for these patients.

Disclosure: No significant relationships.

Keywords: bipolar disorder; vitamin D; symptoms; calcium levels

O020

Predicting functional outcome in bipolar patients: Effects of cognitive psychoeducational group therapy after 12 months

G. Sachs^{1*} and A. Erfurth²

¹Department Of Psychiatry And Psychotherapy, Medical University of Vienna, Vienna, Austria and ²1st Department Of Psychiatry And Psychotherapeutic Medicine, Klinik Hietzing, Vienna, Austria

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.244

Introduction: Cognitive impairment is known as a core feature in bipolar patients. Persisting neurocognitive impairment has been associated with low psychosocial functioning.

Objectives: The goal of this work was to identify clinical and cognitive predictors for functional impairment, symptom severity and early recurrence in bipolar disorder, as well as to compare the neurocognitive performance of bipolar patients with that of healthy probands.

Methods: 43 remitted bipolar patients and 40 healthy controls were compared using a neurocognitive battery testing specifically attention, memory, verbal fluency and executive functions. In a randomized controlled trial, the 43 remitted patients were assigned to two treatment conditions as add-on to state-of-the-art pharmacotherapy: cognitive psychoeducational group therapy over 14 weeks or treatment-as-usual. At 12 months after therapy, functional impairment and severity of symptoms were assessed.

Results: As compared to healthy probands, bipolar patients showed lower performance in executive function (perseverative errors $p < 0.01$, categories correct $p < 0.001$), sustained attention (total hits $p < 0.001$), verbal learning (delayed recall $p < 0.001$) and verbal fluency (pwords $p < 0.002$). Cognitive psychoeducational group therapy and attention predicted occupational functioning with a hit ratio of 87.5%. Verbal memory recall was found to be a predictor for symptom severity (hit ratio 86.8%). Recurrence in the follow-up period was predicted by premorbid IQ and by years of education (hit ratio 77.8%).

Conclusions: Our data show that bipolar patients benefit from cognitive psychoeducational group therapy in the domain of occupational life. Reductions in sustained attention have an impact on occupational impairment.

Disclosure: No significant relationships.

Keywords: cognition; psychosocial functioning; cognitive psychoeducational group therapy; bipolar disorder