while recent longer-term findings in schizophrenia do not support neuroprogression, bipolar disorder is increasingly depicted as having neuroprogressive elements. There are, however, remarkably few prospective longitudinal studies of representative bipolar I cohorts followed from the first treatment.
Objectives: To study the clinical development of a representative cohort of bipolar disorder patients recruited at their first treatment.
Methods: Patients with DSM-IV Bipolar I or Bipolar NOS were consecutively recruited from in-and outpatient units in the larger Oslo area during their first treatment year and extensively clinically characterized at baseline. They then participated in personal one- and ten-year follow-ups.
Results: Sixty-nine patients participated in the 10-year follow-up. Age at follow-up was 39.0 (+ 9.6) years, 59% were females. A total of 12% had unipolar mania, 58% had psychotic bipolar disorder, and 20% had experienced rapid cycling. At follow-up, 75% were in full affective remission, 60% had regained full functioning, and 54% were in stable full recovery.
Mood episode relapses clustered around the first episode. Despite occasional relapses, 2/3 were mainly euthymic during the follow-up period. A small sub-group was highly affected from the first 2-3 years of treatment, but there were no apparent signs of kindling effects or indications of neuroprogression
Conclusions: The follow-up of this cohort of first-treatment Bipolar I patients does not support the hypothesis of neuroprogression.

Disclosure of Interest: None Declared

EPP0133

Elevated versus irritable mood: is illness severity any different?

J. T. Coelho*, A. S. Machado, F. Andrade, A. Vieira, S. Timóteo and A. Silva

Department of Psychiatry and Mental Health, University Hospital Center of São João, Porto, Portugal
*Corresponding author.
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Introduction: Recent studies reported substantive clinical differences in those with a bipolar disorder who evidence elevated or irritable mood during a manic episode, which may have treatment and prognosis implications.
Objectives: We aim to compare sociodemographic and clinical characteristics of inpatients admitted for bipolar mania with elevated vs. irritable mood.
Methods: Retrospective observational study of inpatients admitted between January 1st 2018 and July 31st 2022 in a psychiatry inpatient unit of a tertiary hospital. Descriptive analysis of the results was performed using the SPSS software, version 26.0.
Results: Our sample included 143 inpatients, 39,9% (n=57) with elevated mood. When compared with those with irritable mood, euphoric patients had 2.765 more odds of having previous psychiatric hospitalizations ($x2(1, N = 143) = 4.93$; $p = 0.026$). Interestingly, 78.4% of inaugural manic episodes (n=19) presented with irritable mood ($x2(1, N = 143) = 3.447$; $p = 0.063$). We also found that a patient with euphoric mood has 2.575 greater odds of being under a mood stabilizer ($x2(1, N = 143) = 5.026$; $p = 0.025$) before admission. More specifically, there is a significantly higher proportion of euphoric patients that were prescribed with valproic acid as mood stabilizer (57.9% vs 37.2%; $x2(1, N = 143) = 5.016$; $p = 0.015$). This association was not found with lithium. We found no statistically significant differences regarding the sociodemographic characteristics, previous long acting injectable antipsychotic or antidepressant treatment and psychotic symptoms during manic episode between the two groups.
Conclusions: Patients with elevated mood are more likely to have a previous bipolar disorder diagnosis, which may reflect an observer bias due to the fact that diagnosis is already known.
The use of valproic acid as mood stabilizer may be a protective factor to irritable mood, since it's currently prescribed in those with bipolar disorder who have more depressive or mixed instead of manic episodes. However, future studies are essential to understand the impact of mood stabilizer on these two contrasting phenotypic expressions.
Differences related to disease severity or sociodemographic characteristics were not found.

Disclosure of Interest: None Declared

EPP0134

Substance use disorders in bipolar patients with a painful expression

J. Chabert[1]*, R. Icick[2], J. Cabé[3], M.-C. Patoz[1], X. Moisset[4], O. Godin[5], S. Gard[6], J. Loftus[7], V. Aubin[8], R. Belzeaux[9], C. Dubertret[10], Y. Lestrat[10], N. Mazer[10], A. De Premorel[10], P. Roux[11], M. Polosan[12], T. Schwitzer[13], B. Aouizerate[14], B. Isabelle[15], B. Etain[2], R. Moirand[16], E. Olié[17], E. Haffen[18], M. Leboyer[19], P. Courtet[20], P.-M. Llorca[4], G. Brousse[4] and L. Samalin[4]

[1]CHU Clermont-Ferrand, Université Clermont Auvergne, Institut Pascal, Clermont Ferrand; [2]CHU Lariboisière-Fernand Widal, INSERM UMRS 1144, Université de Paris Cité, Paris; [3]CHU Clermont-Ferrand, University of Clermont Auvergne, Institut Pascal; [4]CHU Clermont-Ferrand, Université Clermont Auvergne, Institut Pascal, Clermont-Ferrand; [5]Fondamental Fondation, Créteil; [6]Hospitalier Charles Perrens, INRAE UMR 1286, University of Bordeaux, Bordeaux, France; [7]Center Hospitalier Princesse Grace, Monaco; [8]Centre Hospitalier Princesse Grace, Monaco; [9]AP-HM, INT-UMR7289, Aix-Marseille Université, Marseille, France; [10]Université de Paris, INSERM UMR1266, Hôpital Louis Mourier, Colombes; [11]Equipe DisAP-PsyDev, Université Versailles Saint-Quentin-en-Yvelines - Paris-Saclay, Villejuif; [12]Université Grenoble Alpes, CHU Grenoble, Grenoble Institut des Neurosciences (GIN) Inserm U 1216, Grenoble; [13]Université de Lorraine, Inserm U 1254, CHU Nancy, Laxou; [14]Hospitalier Charles Perrens, INRAE UMR 1286, Université de Bordeaux, Bordeaux; [15]CHU Lariboisière-Fernand Widal, Paris; [16]INSERM U1028; CNRS UMR5292; University Lyon 1, Villeurbanne,. ΨR2 Team, CH Le Vinatier, Bron; [17]Lapeyronie CHU Montpellier, Institut de Génomique Fonctionnelle, Université de Montpellier, Montpellier; [18]CIC-1431 INSERM, CHU de Besançon, Besançon; [19]CHU Henri Mondor, Université Paris Est Créteil, INSERM U955, Créteil and [20]Lapeyronie CHU Montpellier, Montpellier, France
*Corresponding author.
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Introduction: Bipolar Disorder (BD) is a common psychiatric disease. It has been demonstrated a long time ago that bipolar patients are more painful than the healthy subjects. Substance use

disorder is a frequent comorbidity in BD, but also in painful patients. The aim of our study was to analyze if bipolar patients with a painful expression have more substance use disorder than bipolar patients without pain.
Objectives: The aim of our study was to analyze if bipolar patients with a painful expression have more substance use disorder than bipolar patients without pain
Methods: We included all bipolar patients from the FACE-BD cohort which is a prospective cohort of French outpatients with BD enrolled at the 12 advanced Centers of Expertise in Bipolar Disorder (CEBD). Pain has been evaluated by the "pain item" of the EQ-5D scale and we divided subjects in four categories: "no pain", "slight pain", "moderate pain", "severe or extreme pain". A multivariate analysis was performed to identify differences between each pain's groups according to the kind of substance use disorder, psychiatric comorbidities and clinicals data.
Results: The cohort enrolled 1897 bipolar patients, 970 had no pain (51.1%), 507 had slight pain (26.7%), 298 had moderate pain (15.7%) and 122 had severe or extreme pain (6.4%). We found significant differences according to age, comorbidities and clinicals data with older, more anxious, and more severe patients more represented in the more painful groups. Painful bipolar patients had also more frequently lifetime substance use disorders (alcohol, opioid, sedative, marijuana) and we were able to characterize different profiles in bipolar patients.
Conclusions: Bipolar patients with a painful expression had more risks to have a lifetime substance use disorder, an anxiety disorder, and a higher score on MADRS. Interestingly, subjects seemed to prefer substances with anxiolytic or antalgic effects during the acute intoxication as alcohol, marijuana, opioid and sedatives.

Disclosure of Interest: None Declared

EPP0135

Lamina-specific association between reduced mRNA levels of tyrosine kinase b and glutamate decarboxylase 67 in the orbitofrontal cortex in bipolar disorder: A possible reflective of defective connectivity in bipolar disorder

J. E. Park[1]*, J. Choi[2], S.-B. Jung[1], J.-C. Lee[1] and I. B. Kim[2]
[1]Department of Psychiatry, Keyo Hospital, Uiwang and [2]Department of Psychiatry, Hanyang University Medical College, Guri, Korea, Republic Of
*Corresponding author.
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Introduction: Lamina-specific alterations of inhibitory circuitries have been considered the crucial pathogenesis of perceptual, cognitive and behavioral symptoms presented in schizophrenia and mood disorders. Especially, with emerging evidences indicating the close lamina-specific relationship between synaptic defects and γ-Aminobutyric acid (GABA)-related gene dysfunctions, it has been suggested the mRNA dysregulations of Tyrosine kinase B (TrkB) and Glutamate decarboxylase 67 (GAD67) could particularly be implicated in middle and deep layers of neocortex of patients with major psychiatric disorders.
Objectives: Giving inquiries of whether defects of these mRNA levels in Orbitofrontal cortex (OFC) would be involved as lamina-specific patterns in individuals with schizophrenia and mood disorders.
Methods: We examined mRNA levels of BDNF, TrkB and GAD67 in each OFC layer I through VI. We analyzed data from postmortem brain tissue of the Stanley Neuropathology Consortium Integrative Database (SNCID). SNCID consists of 15 subjects in each of four groups (schizophrenia, bipolar disorder, major depression without psychotic features, and unaffected controls). All groups were matched for age, sex, race, brain pH and post-mortem interval.
Results: We found TrkB mRNA levels to be significantly reduced in layer VI in both groups with schizophrenia (25.8%) and bipolar disorder (35.7%) compared with controls. GAD67 mRNA levels were also significantly reduced in layer III and IV in patients with schizophrenia (23.4% and 22.7%, respectively) and bipolar disorder (31.2% and 24.9%, respectively) compared with controls. Individuals with major depression showed only trends toward decreased mRNA levels of GAD67 in layer III and IV and of TrkB in layer VI compared with controls. TrkB mRNA levels in layer VI were significantly correlated with GAD67 mRNA levels in layer III (ρ=0.581, p=0.037) and IV (ρ=0.857, p<0.001) in subjects with bipolar disorder, but not in those with schizophrenia. When analyzed with partial correlation controlling the effects of pH and PMI, significance of correlation remained only between GAD67 mRNA in layer IV and TrkB mRNA in layer VI in individuals with bipolar disorder (ρ=0.768, p=0.006).
Conclusions: The resulting lamina-specific decreases in inhibitory tone across layers of OFC may contribute to the unrestrained irritability and violent behaviors in common shared by both patients with schizophrenia and bipolar disorder. Nonetheless, our findings indicate the obvious correlations between lamina-specifically altered TrkB and GAD67 mRNA levels in OFC might be a candidate for endophenotype of bipolar disorder.

Disclosure of Interest: None Declared

EPP0136

Relationship of smartphone use severity with sleep quality in bipolar patients

J. Kim* and S.-H. Kim
Department of Psychiatry, Korea University Guro Hospital, Seoul, Korea, Republic Of
*Corresponding author.
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Introduction: Maintaining a good sleep-wake cycle is an important factor for the prognosis and management of bipolar disorder. However, studies on the to various technological advances including smartphoe usage affecting inter-episodic sleep quality are yet relatively less thoroughly investigated.
Objectives: This study aims to identify the association between smartphone usage and inter-episodic sleep quality of bipolar patients.
Methods: A total 52 Bipolar I or II subjects who were euthymic for at lest 6 months were included in this analysis. Pearson correlation analysis was used to examine the association among psychological assessments, including the Pittsburgh Sleep Quality Index (PSQI-K), Smartphone Addiction Scale (SAS), Hamilton Depression Rating Scale (K-HDRS), Young Mania Rating Scale (K-YMRS), and Multidimensional Scale of Perceived Social Support (MDPSS).

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