Methods: A 56-year-old patient, who has been suffering from episodes of hypomania since the age of 40, with episodes of depression. After poor tolerance to the use of the usual stabilisers, and the impossibility of using antidepressants due to hypomanic swings, it was decided to start treatment with aripiprazole orally, up to a maximum of 60mg daily. Despite the fact that the patient, with this treatment, had no side effects and remained more stable psychopathologically, the patient did not comply adequately with the correct dosage, due to his rotating work shifts. This fact explained that although he acknowledged an improvement, he continued with episodes of depressive symptoms lasting several days followed by episodes of hypomanic characteristics.
Results: For this reason, it was decided to change treatment to aripiprazole long-acting injectable, in order to ensure linear blood levels of the drug. Initially, it was decided to prescribe 400mg every 28 days. However, after the first administration, 20 days later, the patient began to show dysphoric mood, with marked emotional lability, living in an egodystonic manner. For this reason, the dose was increased to 600mg on a monthly basis. Since then, after a year and a half with the same treatment, the patient has been stable and in line. There has been no further decompensation of the underlying psychopathology and no side effects.
Conclusions: Aripiprazole in TAB is superior to placebo in type I patients, mainly affecting manic and mixed episodes, but not so much in depressive episodes. It has also been observed that it not only acts in the acute phases, but also has a stabilising function, preventing manic episodes.
One study showed that up to 65% of patients on oral aripiprazole in whom it was replaced by AOM remained clinically stable. In the same study, approximately 50% of those who completed 52 weeks of follow-up were able to maintain clinical stability.

Disclosure of Interest: None Declared

EPV0118

Sleep disorders in patients with bipolar disorder: age and tobacco consumption correlates

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Introduction: Sleep disruptions are frequently observed in individuals with bipolar disorder and have been linked to various unfavorable consequences, such as an elevated risk of relapse and lower quality of life. Nonetheless, the impact of sociodemographic factors on the development and progression of these disruptions remains largely unexplored. Gaining insight into the relationship between sleep disruptions and sociodemographic factors is essential for designing effective interventions and enhancing clinical outcomes for individuals affected by bipolar disorder
Objectives: The objective of this study is to examine the association between sleep disorders in patients with bipolar disorder II (BDII) and sociodemographic characteristics.
Methods: This is a cross-sectional, descriptive, and analytical study that was conducted over a one-month period from October 1 to October 31, 2022, with patients attending the follow-up unit of the mental health department at Nabeul Hospital ,Tunisia.The study employed a questionnaire as a tool for data collection, and participants provided voluntary and informed consent before responding. The protection of participant confidentiality and anonymity was carefully observed during all stages of the study.
Results: In this study, we enrolled patients who satisfied the following eligibility criteria: age range of 18 to 60 years, a confirmed diagnosis of type II bipolar disorder based on DSM V criteria, and psychiatric stability as demonstrated by no hospitalization within the preceding 6-month period.
Our study included a sample of 40 male patients diagnosed with type II bipolar disorder. The participants had a mean age of 36 ± 13.2 years, and the majority were unmarried and living with their families or alone. Over two-thirds of the participants had attained a university level of education, while a large proportion of the patients, specifically 80%, reported being regular smokers.
The results of the study revealed that the mean global score on the Pittsburgh Sleep Quality Index (PSQI) was 7.28 ± 3.35, indicating an overall low quality of sleep. The majority of the participants, that is 65% (26), had poor sleep quality scores (> 5), while 45% (18) reported experiencing poor sleep (PSQI ≥ 8).
Our analyses further demonstrated that there was a significant association between tobacco consumption and PSQI scores (p=0.003). Additionally, we found that participants who were above 40 years old had a higher likelihood of experiencing sleep disturbances (p=0.0017).
Conclusions: According to the findings of our study, it appears that patients diagnosed with type II bipolar disorder may experience impaired sleep quality, which can be influenced by age and tobacco consumption. These results underscore the need for a holistic approach to patient care that addresses both the biological and sociodemographic factors that can impact sleep in this population.

Disclosure of Interest: None Declared

EPV0120

Sleep and cognition in Bipolar Disorder in full or partial remission

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Introduction: Cognitive impairment in Bipolar Disorder (BD) is frequent and is associated with reduced function in several areas. Close to half of the patients with BD have persistent cognitive dysfunction. The causes of cognitive impairments and factors associated with normal cognitive function are not clearly described. Some preliminary evidence links sleep disturbances and cognition impairment in BD. A limited number of studies have investigated the link between sleep and cognitive function in BD using objective measures.
Objectives: We aim to investigate associations between sleep and objective and subjective cognitive function in patients with BD in full or partial remission.

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