

performed at 37°C by polarographic oxygen sensors in a two-chamber Oxygraph-2k system.

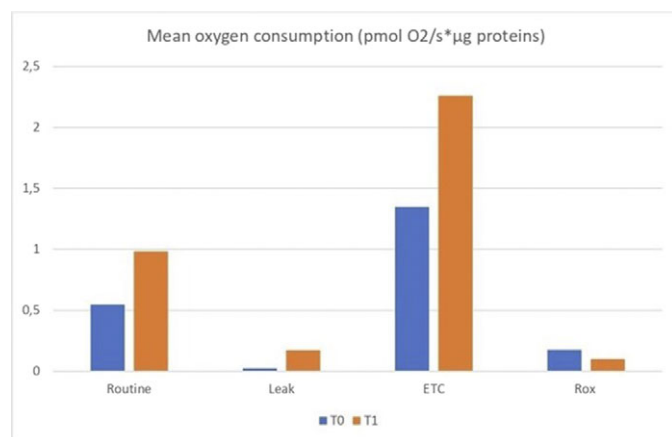
Specific oxygen uptakes (Routine: basal oxygen consumption; Proton Leak: oxygen consumption not coupled to ATP synthesis; and ETC: maximal capacity of the electron transport chain) rates were obtained using mitochondrial chain inhibitors and uncouplers. Oxygen consumption was normalized for protein concentration. Results are expressed as picomoles of oxygen per millilitre (pmol O₂/s*μg prot).

Also, a constant work rate exercise test was performed on a cycle ergometer and basal and effort respiratory variables were measured. Statistical analysis was performed with the SPSS v. 25.0 and Graph-Pad. Results were expressed as means and SD. Nonparametric tests (Mann–Whitney, Pearson) were used to determine differences (significant at p value <0.05).

Results: One patient was a man and three patients were women, with a mean age of 28 years old. HAMD initial and final mean scores were 11.0 and 7.0, and mean YMRS scores were 21.5 and 7.0 respectively.

Results from mitochondrial oxygen consumption revealed that mean basal oxygen consumption tended to be higher in T1 (0.98±0.45) than in T0, and maximal respiratory capacity was significantly increased in T1 (2.26±0.33; p=0.028) compared to T0. Mean lactate levels and pH levels were similar in T0 and T1. Scales scores were not correlated to different pH or lactate changes after the effort task. Higher initial oxygen consumption was significantly correlated to higher maximal capacity (p<0.05) in T0 and T1.

Image:



Conclusions: Our preliminary results suggest that mania could imply lower oxygen consumption capacity, which should be confirmed in future studies. A bigger study is planned to determine changes in bioenergetic patterns and capacity for aerobic response in manic and depressive episodes.

Disclosure of Interest: None Declared

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Course of bipolar disorder in patients with Childhood maltreatment

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Introduction: Patients with mood disorders have the greater frequency of childhood trauma compared with the general population, and adverse childhood experiences can exert a negative impact on their clinical course. Therefore, many studies confirmed the relationship between childhood traumas and the disadvantageous features of the illness course.

Objectives: The aim of this study was to determine the impact of negative childhood experiences on the clinical course of bipolar disorder.

Methods: It was a cross-sectional descriptive and analytical study involving patients diagnosed with bipolar disorder and followed in the psychiatric department at the University Hospital of Sfax (Tunisia). Personal information form and Childhood trauma questionnaire (CTQ) were used for data acquisition. Euthymia was defined as a score on the Montgomery-Åsberg Depression Rating Scale (MADRS) not higher than 14 and by a score on the Young Mania Rating Scale (YMRS) not higher than seven.

Results: We included 35 patients. Their mean age was 46.69 ± 12.01 years with a sex ratio (M/F)=0.45.

The average onset of bipolar disorder was 28.37±10.26 years and the average disease duration was 18.26 ± 11.55 years.

Almost the third of our population had a suicidal attempt (31.42%) and a violence history (28.57%). A family history of bipolar disorder was found in 57.14% of the patients.

The patients have been hospitalized at least once in 42.85% of cases. Our patients have presented psychotic symptoms in 51.42% of cases and mixed characteristics in 57.14% of cases.

Emotional, physical and sexual abuse were reported by 42.85%, 37.14% , 31,42% of patients, respectively, while 74,28% and 42.85% of patients reported physical neglect and emotional neglect.

Early age at illness onset was significantly associated with total CTQ score (p=0.014) and the subtype sexual abuse (p=0.009). The presence of psychotic symptoms was significantly associated with total CTQ score (p=0.003) and emotional neglect (p=0.025). Physical neglect was associated with mixed characteristics (p=0.015). Emotional abuse was associated with a greater number of hospitalisations (p=0.023).

Conclusions: Our results suggest that childhood trauma is associated with a more severe course of bipolar illness. Clinical assessment of patients with bipolar disorder should include investigation of exposure to childhood trauma in order to determine appropriate therapeutic strategies.

Disclosure of Interest: None Declared