

their follow-up. We assessed history of childhood traumatic experiences with the Childhood Trauma Questionnaire (CTQ) and current diagnosis of anxiety disorders with the M.I.N.I. International Neuropsychiatric Interview.

Results: The mean age of patients was 43.4. The sex ratio was 2.4. Almost two-thirds of patients (64%) had experienced at least one type of childhood trauma. Twenty-one percent of participants had one anxiety disorder and 12% participants had two or more current anxiety disorders. Of the anxiety disorders, social anxiety disorder was significantly associated with emotional abuse subscale ($p=0.002$). Generalized anxiety disorder was significantly associated with the physical abuse subscale ($p=0.025$) and the number of severe childhood trauma per patient ($p=$). A statistically significant association was found between the number of current anxiety disorders and the emotional abuse sub score ($p=0.021$).

Conclusions: Exposure to childhood traumatic experiences is associated with more common comorbid anxiety disorders among bipolar patients. These prognostic features should systematically be a part of clinical assessment and taken into account in the management of these patients.

Disclosure: No significant relationships.

Keywords: Childhood Trauma; bipolar disorder; Anxiety disorders

EPV0060

Natsukashii

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Introduction: NATSUKASHII: Japanese word that means happy nostalgia, it is the moment in which memory transports you to a beautiful memory that fills you with sweetness. NOSTALGY: (from the classical Greek [nóstos], “return”, and [algos], “pain”) feeling of sadness, suffering of thinking about something that has been had or lived in a stage and now not. In bipolar disorder, patients are more likely to complain of dysphoria than euphoria. Hypomanic periods often provide pleasant relief from depression. Patients experience this situation as pleasant, positive and longing once it has remitted, since they feel more creative, active and sociable.

Objectives: We intend to draw attention to the blurred limits of the state of euthymia, even when stable there is a sustained emotional hypersensitivity, which must be learned to identify and coexist. Behind the desire to be euthymic, in certain patients there is a desire to remain hypomanic and / or manic due to the fact that they have tasted absolute happiness.

Methods: After several interviews with stable patients, we have realized that a great majority want to re-experience the sensations of a hypomanic episode.

Results: After a bibliographic search we have realized that in the West there is no term in psychopathology that describes that longing that they verbalize as “manic lives happier”

Conclusions: Special attention must be paid to these patients since they have less adherence to treatment and risk of abandoning it.

Disclosure: No significant relationships.

Keywords: Psychopathology; bipolar disorder; NOSTALGY; euthymia

EPV0061

The impact of self-stigma on functioning among remitted patients with bipolar disorder

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Introduction: Self-stigma is widespread in patients with bipolar disorder, with many consequences for family, social and occupational functioning, as well as treatment adherence.

Objectives: The aim of this study was to evaluate self-stigma in remitted patients with bipolar disorder and to investigate its impact upon functioning.

Methods: We conducted a cross-sectional, descriptive, and analytical study of 61 patients with bipolar disorder. Euthymia was verified using the Hamilton scale for depression and the Young scale for mania. We used the Internalized Stigma of Mental Illness (ISMI) to evaluate self-stigma, the Functioning Assessment Short Test (FAST) to assess functioning.

Results: The mean age of patients was 43.4 years. The sex ratio was 2.4. The mean score on the ISMI was 2.36. More than half of our patients (59%) were self-stigmatized. Regarding functioning, a global impairment was noted in more than two thirds of the patients (71%). Occupational functioning was the most affected area (82%). Patients with higher self-stigma scores had significantly more impaired functioning ($p<10^{-3}$). To decompose the relationship between stigma and functioning into more specific spheres, we found that all scores on the different domains of functioning were associated with a significantly higher mean self-stigma score.

Conclusions: The relationship between self-stigma and functioning seems to be bidirectional. Therefore, improved social functioning could reduce self-stigma and improve self-esteem.

Disclosure: No significant relationships.

Keywords: functioning; bipolar disorder; self-stigma

EPV0063

Physical health profile and associated behaviour during the COVID-19 pandemic in patients with bipolar disorder

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Introduction: The COVID-19 pandemic has led to an increased psychological strain on public mental health and may impact behavioural, mental, and physical health, presumably with effects on patients with severe mental disorders.

Objectives: This study examines pandemic-related physical and mental health and (compensatory) behavioural changes, in patients with BD as compared to healthy control individuals.

Methods: Physical and mental health and self-reported changes in daily structure and behaviour due to pandemic were assessed using a self-constructed questionnaire and the brief symptom inventory (BSI) from outpatient clinics in Germany, Austria, and Denmark in individuals with BD and a healthy control group.

Results: The present study included 118 individuals with BD and 215 healthy controls. Individuals with BD reported statistically significant higher physical risk burden, increased weight gain, more physical comorbidities, and a decrease in physical activity and they further reported higher rate of COVID-19 testing, had more worries concerning health and experienced more anxiety but less social distancing.

Conclusions: The COVID-19 pandemic seems to have a greater impact on physical health in individuals with BD than in healthy controls. Individuals with BD appear to be having more difficulties compensating their behaviour due to the pandemic which could amplify the effect of risk factors associated with poorer physical health. This highlights the necessity for optimising and targeting the overall treatment of both mental and physical health in patients with BD during periods with far-reaching changes such as COVID-19 pandemic.

Disclosure: No significant relationships.

Keywords: physical health; bipolar disorder; Behavioural changes; Covid-19 pandemic

EPV0064

Lurasidone-induced mania: A case report

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Introduction: Lurasidone is an atypical antipsychotic agent with potential antidepressant effects through its antagonist activity at the 5-HT₇ receptor. Although treatment-emergent affective switch (TEAS) induced by second-generation antipsychotics are not frequent, several cases have been reported. To our knowledge, there is no evidence of lurasidone-induced TEAS.

Objectives: To describe a case of lurasidone-induced mania.

Methods: We describe a clinical case of a patient admitted to our psychiatric outpatient unit who developed a manic episode, presumably induced by the introduction of lurasidone. We also conduct a review of the literature on this subject.

Results: A 37-year-old man diagnosed with obsessive-compulsive disorder (OCD) and an alcohol use disorder was hospitalized due to OCD decompensation with depressive symptomatology and suicidal thoughts, and for alcohol detoxification process. Since he had a previous history of clomipramine-induced TEAS, he was started on lurasidone up to 111mg to avoid the use of antidepressants, showing a progressive improvement of depressive symptoms. Thus, the patient was discharged when alcohol detoxification process was completed. Eight days after discharge, the patient began to show manic symptoms, so he had to be readmitted. Lurasidone was discontinued and valproic acid up to 1000mg/day as mood stabilizer was added, presenting a positive remission of manic symptoms.

Conclusions: According to our experience, lurasidone may have induced an affective switch in this patient. Based on our findings, patients and psychiatrists should monitor possible lurasidone-induced mood switching. However, further research is needed in order to back-up this one case report findings.

Disclosure: No significant relationships.

Keywords: mania; switch; lurasidone

EPV0065

Direct and indirect predictors of medication adherence by adults with bipolar disorder

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Introduction: Medication adherence by persons with bipolar disorder (BD) is inconsistent. This is disconcerting, as BD is treatment responsive, side-effects are few, and the impact of both hypo/manic and depressive mood episodes can be considerable (e.g., self-harm).

Objectives: For this study, we computed a path model to identify both direct and indirect predictors of medication adherence. This included both clinical and psychosocial independent variables (e.g., BD symptoms, psychological well-being, alcohol misuse).

Methods: From the BADAS (Bipolar Affective Disorder and older Adults) Study, we identified a global sample of adults with the BD. Participants were recruited using microtargeted, Facebook advertising. This sample included persons living in Canada, U.S., U.K., Ireland, Australia and New Zealand (M = 55.35 years, SD = 9.65).

Results: Direct predictors included perceived cognitive failures and alcohol misuse. Of note, medication adherence is inversely associated with number of prescribed antipsychotic medications. Neither symptoms of depression nor hypo/mania emerged as direct predictors of medication adherence. Similarly, psychological well-being appears indirectly associated with adherence (via BD symptoms).

Conclusions: Despite the wide age range of participants (22 – 73 years), age did not emerge as a predictor of adherence. Nor do cognitive failures appear significantly associated with age suggesting that both young and older adults with BD perceived cognitive loss.

Disclosure: No significant relationships.

Keywords: bipolar disorder; medication adherence; alcohol misuse; cognitive failures

EPV0070

Long-acting new generation antipsychotics in the maintenance treatment of bipolar disorders

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