

Bipolar Disorders

O0083

The relationship between sleep problems and suicidality in Bipolar Disorder: a Systematic Review and a Meta-analysis

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Introduction: Bipolar disorder (BD) is a multifaceted illness encompassing mood, energy, cognitive and biorhythms alterations. Sleep disturbances are common in prodromic, acute and inter-episodic phases of BD. Suicidality presents a known association with sleep disturbances. However, their interplay in BD remains intricate and not fully elucidated.

Objectives: The aim of the present systematic review (SR) and meta-analysis (MA) is to summarise the available evidence and to provide an estimate of the association between sleep disturbances and suicidality, defined as presence of suicide ideation, behaviour and suicide attempts, in patients with BD.

Methods: We conducted a comprehensive literature search following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines across PubMed, PsycINFO, and SCOPUS databases. We included all studies reporting an association between sleep problems and suicidal behaviour in BD patients. No language restriction was imposed. Effect sizes were calculated as odds ratio (OR) for dichotomic variables, standard mean difference (SMD) for continuous outcomes, and Spearman's coefficient (r) for correlations. Heterogeneity was assessed using the I² statistic. Global inconsistency was evaluated using the Q statistics with the corresponding p-value.

Results: The initial search yielded 911 unique abstracts, of which 62 underwent full-text screening. Fourteen publications were included, comprising twelve cross-sectional and two longitudinal studies. The total sample consisted of 19,601 subjects diagnosed with BD, of which 51.76% were females and 69.52% had a diagnosis of BD type 1. We found that people with BD and sleep disturbances tend to have higher suicidality, both current (SMD=0.79, 95% CI=0.53, 1.05) and lifetime (OR=1.8; 95%CI=1.41, 2.55), when compared with people with BD and no sleep disturbances. Additionally, patients with BD and a history of suicide attempts tend to have more sleep problems (OR=1.37, 95%CI=1.21, 1.55).

Moreover, a positive correlation exists between suicidality and poor sleep quality measured by the Pittsburgh Sleep Quality Index (PSQI) (r= 0.24, 95%CI=0.10, 0.36). No heterogeneity was found, except in the subanalysis of correlation (I²=66.67%, Q p-value=0.01).

Conclusions: Our SRMA outlines a positive relation between sleep disturbances and suicidality in patients with BD. The small number of included studies and the scarcity of longitudinal studies, preventing the inference of a causal relationship, represent the major limitations of this study. Also, studies with objective measures of sleep alterations are currently lacking. The prompt recognition, objective measurement, and treatment of sleep alterations could be crucial in averting or reducing suicidal attempts in BD.

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O0083

Evaluation of Neurocognitive Functions of Children and Adolescents Diagnosed with Pediatric Bipolar Disorder and Disruptive Mood Dysregulation and at High Risk for Bipolar Disorder

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Introduction: Pediatric Bipolar Disorder (BPD) is a chronic psychiatric disorder that alters normal and psychological development processes among patients. Although cognitive deficits in BPD have identified in recent studies, little is known about the developmental trajectory of these deficits. DMDD is a newly defined diagnosis included in the DSM-V. Since it added a new dimension to the clinical spectrum but few studies conducted on DMDD, there are

some conflicting discussions in the literature about how to distinguish this disorder from other childhood psychiatric disorders and how to treat it.

Objectives: The aim of this study was to determine the phenomenological and neuropsychological differences between children and adolescents with a diagnosis of BPD (Pediatric Bipolar Disorder), DMDD (Disruptive Mood Dysregulation Disorder), and children and adolescents who are genetically at high risk for Bipolar Disorder (BD), and healthy controls (HCs) who do not have any psychiatric diagnosis, to investigate endophenotypes that may be predictive for BD.

Methods: Our study sample consists of four groups, the BPD group (n=30), the Risk group (n=25), the DMDD group (n=36), and the Healthy Control group (n=29). All participants were evaluated by the “Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children—Now and Lifetime Pattern (K-SADS-PL)”, “Young Mania Rating Scale/Parent Form (YMRS-ABF), Conner’s Parent Rating Scale (CPRS-48), Child and Adolescent Behavior Rating Scale (CBCL)” scales were filled by parents, and “Child Depression Inventory (CDI), Youth Self-Report Form for 11-18 Years Olds (YSR)” scales were filled by children and adolescents. Neurocognitive test battery was applied to each participant: Continuous Performance Test (CPT), Wisconsin Card Sorting Test (WCST), Stroop Color and Word Test (SCWT), Trait Making Test A and B sections (TMT-A/B), California Verbal Learning Test-Child version (CVLT-C).

Results: While it was determined that the cases in the BPD and DMDD groups performed significantly worse in CPT, SCWT, CVLT-C, TMT A/B tests compared to healthy controls, it was found that the subjects in the Risk group performed worse at the CPT test than healthy controls. In addition, the cases in the BPD, Risk and DMDD groups reported more clinical and behavioral problems than the healthy controls.

Conclusions: There is a significant deterioration in the areas of continuous attention, processing speed, cognitive flexibility, response prevention, verbal memory and working memory in the BPD and DMDD groups, and in the continuous attention area in the Risk group compared to healthy controls. Prospective follow-up and imaging studies using larger samples and a larger neurocognitive test battery in the future will better reveal the neuropsychological characteristics of the BPD, Risk and DMDD groups.

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O0084

Internalized Stigma in Patients with Bipolar Disorder: A Cross-sectional Study on Its Associations with Sociodemographic, Marital and Clinical Characteristics

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Introduction: Bipolar disorder (BD) is a chronic and complex affective disorder among top diseases that cause disability worldwide. Internalized stigmatization is a process including the

awareness of negative stereotypes adopted by the society, participation in and internalization of these judgements, associated with impaired social functionality. Studies examining internalized stigma and related factors in BD is limited.

Objectives: In this study, it is aimed to investigate the associations between internalized stigmatization and clinical characteristics, as well as sociodemographic and marital features of patients with BD.

Methods: This observational and cross-sectional study was conducted at a specialized affective disorders clinic in a university hospital between November 2020 and March 2021. During routine follow-up, each consecutive patient with BD was invited and a total of 118 were included in the study. Information about sociodemographic, marital and clinical characteristics of patients was collected through a prepared data form and follow-up documents. Internalized Stigma of Mental Illness Scale (ISMIS) was administered to assess internalized stigma. Statistical analysis of data was conducted by SPSS version 25 and a statistical significance level of $p < 0.05$ was determined.

Results: Mean ISMIS total score of the sample was 56.50 ± 13.65 . Multiple linear regression was used to test the predictors of higher ISMIS scores. Being currently unemployed ($p = 0.012$, $B = 0.208$), shorter BD duration ($p < 0.001$, $B = 0.302$) and presence of inter-episode residual symptoms ($p = 0.004$, $B = 0.248$) predicted higher ISMIS total. Younger age ($p = 0.002$, $B = 0.264$), being female ($p = 0.007$, $B = 0.226$) and absence of mania dominance ($p = 0.019$, $B = 0.190$) predicted higher alienation scores. Presence of inter-episode residual symptoms predicted both stereotype endorsement ($p < 0.001$, $B = 0.320$) and perceived discrimination ($p < 0.001$, $B = 0.358$). Younger age ($p = 0.001$, $B = 0.281$) and total number of depressive episodes ($p = 0.015$, $B = 0.212$) also predicted perceived discrimination. Shorter BD duration and absence of seasonality predicted higher ISMIS social withdrawal, while history of hospitalization predicted higher ISMIS stigma resistance.

Conclusions: Our study demonstrated similar mean ISMIS total scores to the findings previously reported in Türkiye, while roughly lower than results in the international literature. Considering that internalized stigmatization was increased in earlier stages of BD and in younger patients, as well as in patients with inter-episode residual symptoms, it might be important to implement psychosocial interventions for internalized stigmatization and appropriate psychoeducation programs in the earlier periods of BD. Therefore a multidimensional and holistic approach towards internalized stigmatization may positively contribute to the functionality of patients with BD.

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O0085

Cariprazine add-on in resistant bipolar depression. Long-term effectiveness and safety data from a multicentric real-world experience

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