Managing bipolar disorder in pregnancy and postpartum is a challenge. There is lack of literature to inform that and an urgent need for more data.
Objectives To develop and validate a risk prediction model for individual prognosis of the risk of recurrence of bipolar disorder for women in the perinatal period.
Aims To provide evidence-based information to help women and the clinicians that look after them make decisions about their care, taking into account the most recent scientific knowledge and their individual characteristics.
Methods The development of the model will be done in retrospective data from a large clinical cohort from the Bipolar Disorder Research Network (BDRN.org). The validation will be done in a prospectively recruited sample.
Participants will be 2181 parous women with a lifetime diagnosis of bipolar disorder from BDRN and 300 prospectively recruited pregnant women with a history of postpartum psychosis or bipolar disorder.
Predictors will be chosen based on clinical experience and literature, from data collected via semi-structured interview (in pregnancy and 3 months postpartum, medical and psychiatric notes) e.g. medication, smoking, parity, obstetric complications and sleep.
Results N/A.
Conclusions We will present the full prediction model (regression coefficients and model intercept) and report performance measures (with CIs).
We will discuss its potential clinical use and implications for future research.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0022

Review of risk prediction approaches for bipolar episodes in the perinatal period

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Introduction The perinatal period is a high-risk period for the development of illness episodes in women with bipolar disorder. Relapse rates vary between 9 and 75% depending on the study. The overall risk of a severe episode is approximately 20%. The impact on women, the relationships with their babies and their families can be devastating. In the UK costs to society are £8.1 billion per year-cohort of births. The advice currently given to women is based of general risk rates. Women's needs of information for decision-making in the perinatal period are not being met.
Objectives To review the risk prediction approaches used for women with bipolar disorder in the perinatal period.
Aims To understand the existing risk prediction models and approaches used for prognosis of the risk of recurrence of bipolar disorder for women in the perinatal period.
Methods Systematic literature search of public medical electronic databases and grey literature on risk prediction for bipolar episodes in the perinatal period.
Results We will present the existing models and approaches used for risk prediction of illness episodes in the perinatal period.
Conclusions Awareness of existing risk prediction models for recurrence of bipolar disorder in the perinatal period will allow better informed risk-benefit analysis of treatment and management options.
This person-centred approach will help women and clinicians in their decision-making at this crucial high-risk period.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0023

Physical health in early and late stages of bipolar disorder

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Introduction Bipolar disorder (BD) is related to high prevalence of somatic comorbidities, health care costs, and premature mortality [1]. Some evidence supports the view of BD as chronic, progressive and multisystem disorder in which not only mental system, but also somatic systems are involved [2].
Aim To investigate differences in physical health in patients with bipolar disorder at different stages (early vs. late) of the disease.
Methods Cross-sectional, naturalistic, multicenter study. Sample: 110 outpatients with BD [68 early stage (diagnosed at least 5 years earlier) and 42 late stage (at least 20 years earlier)]. Assessment: demographic and clinical variables; psychopathology: HDRS, YMRS and CGI; biological information: anthropometric, vital signs and lab results.
Results Early stage group: mean age 40.1 (11.9), 66.2% females and CGI = 3.6 (1.4). Late stage group: mean age 55.8 (8.2), 69.0% females and CGI = 4.0 (1.4). Patients in early stage have significantly higher levels of glucose ($t = -4.007$, $P < 0.001$), urea ($t = -2.724$, $P = 0.008$), creatinine ($F = 0.560$, $P = 0.022$), triglycerides ($t = -3.501$, $P = 0.001$), Fe ($t = 2.871$, $P = 0.005$) and insulin ($t = -3.223$, $P = 0.002$). Moreover, they have higher Body Max Index (BMI) ($t = -3.728$, $P < 0.000$), abdominal circumference ($t = -4.040$, $P < 0.000$) and greater number of somatic comorbidities ($t = -2.101$, $P = 0.041$).
Conclusions – patients with bipolar disorders in late stages have worse physical health than those in early stage.
– these results could be an indication that bipolar disorder might better viewed as a multisystem disorder.
Disclosure of interest The authors have not supplied their declaration of competing interest.
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EW0024

The late-onset bipolar disorder: A comparative study

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Introduction Bipolar disorders (BP) with late onset are underestimated by their frequency, their misleading presentations and therapeutic difficulties due to the high prevalence of somatic comorbidities.