

( $p \leq 0.006$ ) adjusted for age and academic status except for the variable years of study which was adjusted for age.

**Results:** Significant direct correlations were observed between:  
- The study-years and the thickness of the retina in the NO and RFNL. -Selective attention and GCL and RFNL layers. -Executive function and the GCL and IPL.

**Conclusions:** We can observe some preliminar results showing a significant correlation between some layers of the retina, upper segments more frequently, and the outcomes of the neurocognitive assessment. We can see a relationship as well between years of study and the thickness of the Retinal Nerve Fibre Layer in the retina and optic nerve head, the axons of the neurons in the eye.

**Disclosure:** No significant relationships.

**Keywords:** cognition; biomarker; resilience; bipolar disorder

## EPV0105

### Impact of sunlight exposure on the age of onset of bipolar disorder

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**Introduction:** Bipolar disorder is a multifactorial disorder influenced by multiple genetic and environmental factors. There is limited understanding of how non-genetic factors may impact the age of onset of bipolar disorder

**Objectives:** To study the age of onset of bipolar disease in Tunisia (where the average duration of sunshine is 8 hours/day) and compare it to the age of onset in countries with a lower duration of sunshine (Germany 0.17h/day; Norway 1.40h/day).

**Methods:** We conducted a retrospective study of 100 patients with bipolar disorder type I followed at the psychiatric department Aziza Othmana at Razi hospital. The data collection was done using a pre-established paper form exploring sociodemographic and clinical data. The duration of sunshine was estimated according to the average number of hours of sunshine per day in each country collected through meteorological sites.

**Results:** Our population was predominantly male (60%) with a mean age of 48.7 years. The first episode was manic in 76% of cases. The mean age of onset in our sample was 25.86 years, with extremes ranging from 13 to 49 years. An early onset (threshold age=21 years) was found in 36% of the Tunisian population. The age of onset was earlier in patients with a family history of bipolar disorder: 22.76 years vs 28.23 years. A late onset (threshold age=37 years) was found in 13% of the Tunisian population.

**Conclusions:** The study confirmed that there is an inverse relationship between the degree of sunlight and the age of onset of the disease, especially in the presence of a family history of mood disorders

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; age; sunlight exposure; onset

## EPV0106

### Evaluation of empathy among euthymic bipolar patients

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**Introduction:** Bipolar disorder (BD) is a mental illness marked by extreme swings in the mood, energy, and thinking. Although it's not an official symptom of the disease, some research suggests that it also may affect the empathy.

**Objectives:** To investigate empathic responding in patients with BD in euthymic state of illness and to determine associated factors.

**Methods:** A cross-sectional and descriptive study of 78 patients followed for bipolar disorder, during euthymia, at the psychiatric outpatient clinic at CHU Hédi Chaker in Sfax. We used a socio-demographic and clinical data sheet and the Questionnaire of Cognitive And Affective Empathy (QCAE) to assess empathy with its two dimensions: "Affective empathy" and "Cognitive empathy".

**Results:** The average age was 36.27 years, the sex ratio was 5.5. Bipolar I disorder was diagnosed in 88.5% of patients. The mean age of onset was 27.73 years, and the mean duration of illness was 8.4 years. 78.2% of patients had a good adherence to treatment. 60.3% of them had residual depressive symptoms during eutymia. QCAE total score was 72.49. (Maximum possible score 124) Cognitive empathy score was 43.21. (Maximum possible score 76) Affective empathy score was 29.36. (Maximum possible score 48) Affective empathy was associated with female gender ( $p=0$ ), good adherence to treatment ( $p=0.01$ ) and residual depressive symptoms ( $p=0.001$ ).

**Conclusions:** Our study shows that bipolar patients have fairly good levels of empathy. However, in order to better substantiate empathy in BD, comparative studies seem necessary.

**Disclosure:** No significant relationships.

**Keywords:** Empathy; cognitive; affective; bipolar; euthymia

## EPV0107

### Evaluation of functioning among euthymic bipolar patients

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**Introduction:** Numerous studies have documented high rates of functional impairment among bipolar disorder patients, even during phases of euthymia.

**Objectives:** To study different domains of functioning impairment in bipolar patients during euthymic phase.

**Methods:** A cross-sectional and descriptive study of 78 patients followed for bipolar disorder, during euthymia, at the psychiatric outpatient clinic at CHU Hédi Chaker in Sfax. We used a socio-demographic and clinical data sheet and the Functioning Assessment Short Test (FAST) to assess functioning: A functional impairment was retained for a total FAST score  $> 11$ .