

Methods: Data were collected between July and December 2017. Participants were enrolled from the Mood Consultation of the Psychiatry (A) Department of the University Hospital HediChaker. We assessed symptoms of mania [Young Mania Rating Scale (YMRS)], depression [Beck scale], quality of life [World Health Organization Quality of Life-Brief Version (WHOQOL-BREF)] and quality of life aspects related to spirituality, religiosity and personal beliefs [World Health Organization Quality Of Life –Spirituality, Religiosity and Personal Beliefs (WHOQOL-SRPB)]

Results: Our sample included 60 patients. It consisted of 55% of female and the mean age was 44.94 (SD=12.76). The sample included 68% of participant diagnosed with BDI and 32% with BDII. The median score of quality of life was 3 (minimum=1; maximum=5). The median of physic, psychic, social and environmental quality of life was respectively (25, 31, 81 and 19) (Minimum=0; Maximum=100). The mean score of WHOQOL-SRPB was 14.82 (Minimum=4, Maximum=20). S/R were correlated to psychic, social and environmental quality of life ($p=0.006$, $p=0.011$, $p=0.016$). We did not find a significant association between physic quality of life and S/R ($p=0.234$).

Conclusions: Our study suggests that spirituality, religiosity have an important influence on most aspects of the quality of life among bipolar patients.

Keywords: Spirituality; quality of life; bipolar disorder

EPP0060

Study of risk factors for suicide attempts in patients with bipolar disorder

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doi: 10.1192/j.eurpsy.2021.531

Introduction: Bipolar disorder (BD) has the highest suicide attempt rate among psychiatric disorders. Many factors are associated with the risk of suicide attempt in BD, but the relation between them has still not been explicitly stated.

Objectives: This study aimed to examine the clinical variables characterizing patients with BD with prior suicide attempt (PSA).

Methods: This was a descriptive and analytical study, conducted over 3 months, involving 31 euthymic patients with BD, followed up in the outpatient psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia). General, clinical and therapeutic data were collected using a pre-established questionnaire. Quality of life (QOL) was assessed with the «36 item Short-Form Health Survey» (SF-36). Impulsivity was assessed with the Barratt Impulsiveness Scale (BIS-11).

Results: The mean age was 47.25 years and the sex ratio was 1.6. Family history of suicide attempts was found in 25% of cases. Mean score of SF36 was 34 and high degree of impulsivity was noted in 62.5% of cases. The frequency of BD patients with PSA was 12.3% (N=8), with two of these (25%) having more than one PSA. Comorbid alcohol abuse ($p=0.000$), somatic illness ($p=0.013$), high degree of impulsivity ($p=0.032$), and impaired quality of life ($p=0.003$) were significantly more frequent in BD patients with PSA.

Conclusions: We found several clinical variables associated with PSA in BD patients. Even though these retrospective findings did not address causality, they could be clinically relevant to better understanding suicidal behavior in BD and adopting proper strategies to prevent suicide in higher risk patients.

Keywords: Suicide attempts; bipolar disorder; Risk factors

EPP0061

Bipolar disorder's treatment and impulsivity

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doi: 10.1192/j.eurpsy.2021.532

Introduction: Impulsivity is not a classical psychiatric diagnosis like schizophrenia, depression, bipolar or borderline personality disorder. It is a symptom that could occur in almost all psychiatric disorders and in some neurological or systemic diseases.

Objectives: In this study we examine the influence of bipolar disorder's (BD) treatment on the impulsivity.

Methods: We performed a cross sectional study on 30 patients diagnosed with BD and consulting at the Psychiatric department of HediChaker Hospital. Patients were euthymic during the time of the study confirmed by administration Young Mania Rating Scale (YMRS) and Montgomery Depression Rating Scale (MDRS). The socio-demographic data and treatment models were obtained. Impulsivity was evaluated using the Barratt Impulsiveness Scale (BIS-11).

Results: The study sample consisted of 30 patients (10 men and 20 women). The mean age of the sample was 45.83 years (SD= 11. 63). Seventeen patients (56.7%) were married. Half of the participants were using an association of mood stabilizer (MS) and an antipsychotic (AP), 36.7% and 13.3% were receiving respectively only mood stabilizer or an antipsychotic. The mean BIS11 score was 75. 60 (SD=5.51) and 76.7% had a high level of impulsivity. No correlation was found between the level of impulsivity (BIS-11 scores) and using MS, AP or MS+AP ($p=0.199$; $p=0.933$; $p=0.195$).

Conclusions: Further studies should be realized to identify pharmacological treatment of impulsivity among people with BD.

Keywords: Impulsivity; Mood stabilizer; antipsychotic; bipolar disorder

EPP0062

Screening for a false unipolarity in patients treated for a major depressive disorder

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doi: 10.1192/j.eurpsy.2021.533

Introduction: The early diagnosis of bipolar II disorder remains difficult in clinical practice, hence the importance of psychometric tests.

Objectives: To detect hypomania in patients followed for a major depressive disorder (MDD) and to determine factors which are correlated with it.

Methods: This was a cross-sectional, descriptive and analytical study. It involved 40 psychiatric outpatients, who were followed for MDD (isolated or recurrent episode) at the Hedi Chaker University Hospital in Sfax (Tunisia), from January 26 to February 10, 2020. The study was conducted using a questionnaire and the Angst Hypomania Checklist-20 (HCL-20).

Results: The sex ratio (M/F) was 0.66 with an average age of 54.8 years. MDD started at an average age of 41.45 years. According to HCL-20, half of our sample had hypomania. The presence of hypomania was correlated with young age ($p = 0.022$), academic failure ($p = 0.038$) and smoking ($p = 0.003$). In addition, there was a statistically significant relationship between the presence of hypomania and the characteristics of the disease: number of depressive episodes ≥ 2 ($p = 0.013$), psychotic features ($p = 0.038$), melancholic features ($p = 0.025$) and premature discontinuation of treatment ($p = 0.003$).

Conclusions: Our study confirmed that bipolar depression is still underdiagnosed and poorly treated. Questioning a patient about a history of hypomania would be a delicate task and would require the help of a scale, in particular the HCL -20.

Keywords: HCL-20; bipolar depression; bipolar II disorder; hypomania

EPP0063

How does coping influence impulsivity in patients with remitted bipolar disorder?

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doi: 10.1192/j.eurpsy.2021.534

Introduction: Impulsivity is an important component of the phenomenology of bipolar disorder. Recent studies show that bipolar patients use various strategies to deal with life stressors and with the discomfort related to their disease.

Objectives: To study impulsivity and coping strategies in bipolar patients in remission phase and the factors associated with them.

Methods: A cross-sectional, descriptive and analytical study of 30 patients followed for bipolar disorder, in remission, at the psychiatric outpatient clinic at CHU Hédi Chaker in Sfax. We used a socio-demographic and clinical data sheet, the Ways Of Coping Checklist to assess coping and the Barratt Impulsivity Scale to assess impulsivity.

Results: The average age was 43.77 years, the sex ratio was 0.5. Smoking was found in 30%. Bipolar I disorder was diagnosed in 93% of patients. The mean age of onset was 27.8 years, and the mean duration of illness was 15 years. *Impulsivity was found in 20% of cases and was correlated with the duration of the disease ($p = 0.016$) and smoking ($p = 0.009$). *Coping focused on the problem present in 70% of patients, correlated with the duration of the disease ($p = 0.032$) and coping ($p = 0.02$). *Emotion-centered coping revealed in 20% of patients, correlated with gender ($p = 0.037$) and cognitive impulsivity ($p = 0.032$). *Coping focused on seeking social support was present in 10% of patients.

Conclusions: Impulsivity is quite frequent in remitted bipolar patients, who mainly used problem-focused coping and a cognitive management of the stressful event. Thus the hypothesis was that impulsivity is core trait of bipolar disorder.

Keywords: Bipolar; Remitted; Impulsivity; Coping

EPP0064

Specificities of bipolar depression in psychiatric inpatients

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doi: 10.1192/j.eurpsy.2021.535

Introduction: Bipolar depression is not strictly clinically identical to unipolar depression.

Objectives: To describe the clinical characteristics of patients with bipolar depression and to identify factors linked to bipolar depression.

Methods: This is a cross-sectional, descriptive and comparative study carried out at the psychiatric department of the University Hospital of Mahdia. We have included 26 patients with bipolar depression and have compared them to 26 patients with unipolar depression. The data were collected from patients' medical files. The analytical study has been made using Chi2 tests. The threshold of $p < 0.05$ was considered as significant.

Results: The mean age was 45 years. The majority of patients were male (61.5%) and unemployed (69.2%). Half of the patients were married. Alcohol consumption was found in 30.8% of cases. Family history of bipolar disorder and attempted suicide were present in 27% and 11.5% of cases respectively. A hospitalization number greater than or equal to 4 was found in 54% of cases. Personal history of suicide attempts was found in 46.2% of cases. At the psychiatric examination, psychomotor retardation, anxiety and psychotic and atypical characteristics were present in 73%, 31%, 42.3% and 7.7% of cases respectively. 46.2% of patients were treated with antidepressants in combination with a mood stabilizer. Antipsychotic treatment was combined in 80.8% of cases. A significant difference was noted for the number of hospitalizations, anxiety and antipsychotic treatment.

Conclusions: An early distinction between bipolar and unipolar disorders is crucial for the treatment of both diseases.

Keywords: Depression; bipolar; inpatients; specificities

EPP0066

Clinical and evolutionary features of bipolar disorder in women

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doi: 10.1192/j.eurpsy.2021.536