

( $p \leq 0.006$ ) 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 euthymia. 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.

**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. \*The mean total score at the FAST was 22.23. \*Functioning was altered on 69.2% of patients. \*The occupational and the cognitive functioning were the two most altered domains in our population (respective mean scores : 8.69 and 5.74). \*Autonomy was altered on 17.9% of patients. \*Occupational functioning was altered on 76.9% of patients. \*Cognitive functioning was altered on 70.5% of patients. \*Financial issues were observed on 34.6% of patients. \*Interpersonal relationships were altered on 41% of patients. \*Leisure time difficulties were present with 24.4% of patients.

**Conclusions:** This work has focused on the very high frequency of functional handicap in euthymic bipolar patients. Thus, several measures must be put in place to prevent or mitigate the negative effects of the impaired functioning on these patients.

**Disclosure:** No significant relationships.

**Keywords:** functioning; impairment; bipolar; euthymic

## EPV0108

### Use of Electro-Convulsive Therapy as a Bipolar Disorder Treatment: A Systematic Review

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**Introduction:** Electro-convulsive Therapy (ECT) has been considered a useful for the treatment of depression and other affective disorders, however it is considered as a last resort given the risks and possible adverse effects.

**Objectives:** The objective of this review is to assess the use of ECT (in terms of efficacy and tolerability) for patients diagnosed with bipolar disorder and how it can be compared with other treatments more commonly used to treat this disorder.

**Methods:** A search was carried out in Medline and in the Virtual Health Library as well as in the Tripdatabase with the search terms “Bipolar disorder”, “Bipolar Depression”, “ECT”, “ECT treatment” and “Mania” in English and narrowing the search to the last 5 years. 8 articles were included for the review after applying inclusion and exclusion criteria.

**Results:** A favorable and well tolerated response was observed when applied ECT on patients with Bipolar disorder, especially the elderly populations. It was observed that the administration of unilateral and bilateral ECT are both equally effective. A better response was detected to ECT compared to newer treatments like ketamine, as well as lower suicide rate when ECT was used compared to other treatments.

**Conclusions:** ECT is considered an effective and safe treatment for Bipolar Disorder and should be taken into account not only as a last resort. Even so, given the limitations observed, it is necessary to carry out further investigation on the matter.

**Disclosure:** No significant relationships.

**Keywords:** bipolar depression; bipolar disorder; Electro-convulsive therapy; mania

## EPV0109

### Bipolar Disorder Comorbid with Arnold-Chiari Malformation: Case Report

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**Introduction:** Arnold Chiari malformation (ACM), a condition in which a portion of the brain pushes through the opening at the base of the skull, can cause headaches, dizziness, difficulty swallowing, muscle weakness and balance problems. The prevalence in the general population has been estimated at slightly less than 1/1000. The majority of these cases are asymptomatic. Chiari malformations are often detected coincidentally among patients who have undergone diagnostic imaging for unrelated reasons. Several cases of psychiatric illness comorbid with ACM type 1 (ACM1) are reported in the literature.

**Objectives:** Here we reported a patient with bipolar affective disorder, manic episode with a history of depressive episodes for 2 years comorbid with ACM1.

**Methods:** A 39 year-old-woman, with the history of panic disorder and obsessive compulsive disorder comorbid with depression have been using sertraline 50 mg/day for a year, admitted for decreased need of sleep, grandiosity, increased libido, risky behaviours, rapid speech and agitation. The patient met DSM 5 criteria for a manic episode and was hospitalized. She had a positive history of depression in her family. Her lab work up was unremarkable; including negative urine toxicology. MRI scans, for exclusion of organicity, demonstrated ACM1. Her treatment was started with a regimen of haloperidol 20 mg/day, biperiden 10 mg/day. The treatment was switched to olanzapine 20mg/day upon detection of rigidity. Lithium was added as 900mg/day. Neurosurgery, outpatient control was recommended by neurosurgery.

**Results:** The patient's symptoms gradually improved within one week with attainment of euthymic mood.

**Conclusions:** This case might show that ACM1 could cause abnormal functioning of brain circuits promoting psychiatric symptoms.

**Disclosure:** No significant relationships.

**Keywords:** mood disorder; bipolar disorder; Arnold-Chiari Malformation

## EPV0110

### Do people with bipolar disorder have a lack of empathy?

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**Introduction:** Impairments of empathy have been observed in patients with various psychiatric Disorders. Yet, little research on empathy concerning mood disorders exists.

**Objectives:** To compare empathy levels in euthymic bipolar patients (BP) and healthy controls (HC).