S198 E-Poster Presentation

can often be misdiagnosed as MDD, especially because of the higher number of depressive episodes that characterize BD in women.

Objectives: We aimed to analyse the gender composition of large samples, recently published studies on BD, in order to evaluate a possible modification of representation of BD in the two genders. **Methods:** An electronic review of literature was conducted, and results were filtered by year of publication (2011-2020) and number of patients (> 1,000).

Results: Our results show a higher number of female patients in every study evaluated (N=10). Of note, we found a higher number of females also in BD-I subsamples, in contradiction with previously published literature.

Conclusions: Even if with limitations connected to the design of the study, our study supports the hypothesis of a gender specific increment in BD diagnosis, and could lead the way for large epidemiological studies assessing gender specific prevalence of BD in the general population. Given the risks connected with untreated BD, and with antidepressants monotherapy, a better understanding of BD epidemiology could help physicians adequately diagnose and treat affected subjects.

Keywords: Bipolar Disorders; Gender; prevalence

EPP0053

Behaviour problems of patients with bipolar disorder

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doi: 10.1192/j.eurpsy.2021.525

Introduction: Bipolar disorder is associated, in popular belief, with violence as any psychiatric pathology. Studies in recent years have found an increased risk of violence in patients with bipolar disorder. **Objectives:** To describe the socio-demographic characteristics of bipolar patients and identify the various risk factors for violence. **Methods:** We conducted a retrospective descriptive, analytical study, including patients with bipolar disorder type I and II in the CHU HEDI CHAKER Sfax psychiatry department whose reason for hospitalization was hetero-aggressiveness during a period of 6 months ranging from 1 January to 30 June 2019.

Results: We've collected 32 patients. The average age of our sample is 36 years. Half of the patients (50%) were single. Most of these patients were unemployed. The type of bipolar disorder was dominated by type I (90.3%) in a manic episode. These patients had antisocial pathological personality in 18.8% and borderline personality in 20%. Siblings and ascendants accounted for 68.7% of victims of violence. Our study showed that comorbidity to the use of psychoactive substances was present in 65.6%. The exaltation of mood was intense in 78.1% with a bad insight in 75%. Patients with violent behaviour were discontinued in 96.9% of cases with poor therapeutic adherence in 90.6% and irregular follow-up in 68.8%. Violence was significantly associated with psychoactive substance use with p=0.037.

Conclusions: The risk of violence in patients with bipolar disorder is higher than in the general population. This risk is particularly high if there was an association with substance abuse and personality disorders.

Keywords: bipolar disorder; behaviour problems; Risk factors; psychoactive substance use

EPP0054

Impulsivity and socio-demographic variables among bipolar disorder patients

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Introduction: Impulsivity is a psychiatric symptom that seems to be more prevalent in some mental disorders such as bipolar disorders (BD). It is a trait that seems to be influenced by many sociodemographic variables across BD.

Objectives: The aim of our study is to examine the relationship between impulsivity and these variables.

Methods: We performed a cross sectional study on 30 patients diagnosed with BD and consulting at the Psychiatric department of Hedi Chaker 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 was 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. More than half of the subjects (76.7%) were unemployed and 26.7% were not educated. Of the studied patients 83.3% were drug free, 43.3% were smoker and 16.7% were alcoholic. 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 age, gender, marital status, being a current smoker, using drug or alcohol or job status (p=0.082; p=0.760; p=0.087: p=0.977; p=0.847; p=0.708).

Conclusions: Further studies should be realized to fully characterize impulsivity in BD and, therefore, make it a target for future therapeutic models.

Keywords: Impulsivity; sociodemographic; biopolar disorder

EPP0055

Clinical profile and outcome of bipolar disorder patients receiving electroconvulsive therapy

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Introduction: Bipolar disorder (BD) is a serious and extremely recurrent illness frequently associated with cognitive and functional deterioration that poses many treatment challenges. However, over the years, with the evolution of more and more mood stabilizers and neuroleptics, there were controversies surrounding the use of electroconvulsive therapy (ECT).

Objectives: The present study was an attempt at studying the clinical profile of BD patients who receive ECT and to study its effectiveness.

European Psychiatry S199

Methods: Retrospective data were collected from all bipolar patients submitted to acute ECT treatment, between June 2015 and June 2016, at the Department of Psychiatry of the University Hospital of Mahdia, Tunisia.

Results: During the study period, among all the patients who received ECT, 47% were diagnosed to have bipolar disorder. ECT was administered most commonly for mania with psychotic symptoms, followed by severe depression with psychotic symptoms. Most of patients showed more than 65% response (based on reduction in the standardized rating scales) with ECT. Few patients (18.7%) reported some kind of side effects.

Conclusions: ECT resulted very effective for all BD acute depressive and manic episodes not responding to conventional pharmacologic management.

Keywords: Bipolar disorder; electroconvulsive therapy; mania; depression

EPP0056

Terbinafine and antidepressants: Potential risk of medication induced mania

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Introduction: Mood destabilization and induced manic episodes are well-known phenomenon under antidepressant medications. However, even with a cautious introduction of antidepressants, it's important to be aware of possible pharmacological interactions. Terbinafine is a known inhibitor of CYP2D6, a major hepatic metabolizer of a full list of antidepressant medications, and so capable of raising their serum levels and potentiating their side effects.

Objectives: With this case report we aim to emphasize the importance of cautious usage of Terbinafine when combined with anti-depressant medications.

Methods: We present a clinical case of an induced first manic episode after the introduction of Terbinafine in a patient under antidepressant medication and a qualitative review on the topic, using PubMed database.

Results: A 66-year-old woman, with an history of Major Depressive Disorder, previously medicated with Venlafaxine 75mg/day and Mirtazapine 30mg/day, was brought to the emergency department because of psychomotor agitation. She also had an history of seasonal fluctuating mood, although never fulfilling the criteria for Bipolar Disorder. At admission, her clinical status was compatible with a manic episode. This episode followed two months after the initiation of Terbinafine for onychomycosis.

Conclusions: There are few studies that have shown antidepressant toxicity mediated by an interaction with Terbinafine. As far as we know this is the first case of induced mania after the introduction of Terbinafine. Therefore, it is important to remind that Terbinafine is a potential interacting agent when combined with psychotropic medications.

Keywords: Terbinafine; Antidepressants; Pharmacological Interactions; Induced Mania

EPP0057

Comparative study of affective temperaments between medical students and humanities students(evaluation by validated temps-a)

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doi: 10.1192/j.eurpsy.2021.529

Introduction: While the links between cyclothymia and creativity are well documented, the experts have tried to determine whether temperament would influence the major choices of life such as career.

Objectives: The study aims mainly to evaluate the temperaments of a sample of Tunisian students, and to look for the possible correlations between the temperament and the choice of studies.

Methods: The Tunisian version of the TEMPS-A which is a self-evaluation measure to assess affective temperaments was administered to 100 medical students and 100 humanities students.

Results: Student populations differed in their socio-demographic and scholar variables such as age, sex ratio or socio-economic level, choice of studies and their religiosity. The temperamental prevalences were close between our two populations by considering the threshold score Mean +1standard deviation; they ranged between 13 and 18%. Hyperthymic and cyclothymic scores were significantly higher among humanities students (11.38 \pm 4.385 versus 9.00 \pm 4.192 and 11.96 \pm 4.497 versus 9.63 \pm 4.499 respectively) and irritable scores were higher in the latter, though not significant (6.45 \pm 3.823 versus 5.39 \pm 2.998). Depressive and anxious temperament scores were close in both groups. The study showed significant temperament differences within gender, socioeconomic status, high school marks, religiosity and political affiliation.

Conclusions: It is relevant and even necessary to include such studies in the selection of candidates who could adapt to a specific professional field on the basis of objective criteria such as conscientiousness, and privileging profile diversity.

Keywords: student; medicine; TEMPS-A; humanities

EPP0059

Spirituality and quality of life among bipolar disorder patients

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Introduction: Quality of life is a broad and complex concept, but essentially refers to an individual's well-being in a spectrum of life domains

Objectives: The aim of the present study was to investigate the relationship between spirituality, religiosity (S/R) and quality of life (QOL) among bipolar disorder (BD) patients.