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.
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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.

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Aim To identify sociodemographic, clinical and therapeutic characteristics in subjects with a late-onset BP.
Patients and methods Retrospective and comparative study of 101 patients followed for a BP (12 patients with BP started after 50 years and 89 patients with BP started earlier) from 2009 to 2015, in the department of psychiatry of the University Hospital Farhat Hached, Sousse, Tunisia.
Results The mean age of subjects with late-onset TBP was 46.11 ± 12.85 years. Women were in the majority (65.3%). Ten patients had a novo mania, four patients had a late-onset mania and one patient had a secondary mania. Regarding the sociodemographic data, only the regular professional activity was more reported in the elderly ($P = 0.017$). Regarding clinical data, BP type 1 and secondary mania were more reported in elderly with ($P = 0.050$ and $P = 0.000$ respectively). Elderly had significantly fewer depressive episodes ($P = 0.026$), fewer hypomanic episodes ($P = 0.000$). The durations of the latest episodes and the last intervals were shorter in elderly ($P = 0.045$ and $P = 0.000$). Concerning therapeutic data, elderly had fewer hospitalizations ($P = 0.045$), required lower mean doses of lithium ($P = 0.04$) and greater mean doses of tricyclic antidepressants ($P = 0.047$).
Conclusion It is always necessary to look for an organic cause in manic syndrome in late-onset BP. Doses of lithium should be lower. However, doses of TAD should be higher.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0025

Serum of bipolar patients induces pro-inflammatory activation of macrophages

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Introduction Evidence has suggested that immune imbalance is involved with bipolar disorder (BD); however, its precise mechanism is poorly understood.
Objective This study investigated whether biochemical changes in the serum from BD patients could modulate the phenotype of macrophages.
Methods Eighteen subjects with BD and healthy individuals ($n = 5$) were included in this study. The human monocyte cell line U-937 was activated with PMA (phorbol 12-myristate 13-acetate) and polarization was induced with RPMI-1640 media supplemented with 10% serum from each patient for 24 h. Gene expression of selected M1 and M2 markers was assessed by qPCR.
Results Macrophages exposed to serum of manic and depressive BD patients displayed an increase of IL-1β (6.40 ± 3.47 and 9.04 ± 5.84 versus 0.23 ± 0.11; $P < 0.05$) and TNF-α (2.23 ± 0.91 and 2.03 ± 0.45 versus 0.62 ± 0.24; $P = 0.002$ and $P = 0.004$, respectively) compared to remitted group. In parallel, U-937 macrophages treated with serum of patients in acute episode displayed a down-regulation of CXCL9 (0.29 ± 0.20 versus 1.86 ± 1.61; $P = 0.006$) and CXCL10 expression (0.36 ± 0.15 and 0.86 ± 0.24 versus 1.83 ± 0.88; $P < 0.000$ and $P = 0.04$) compared to remitters.
Conclusions Our results are consistent with previous studies showing that changes in peripheral blood markers could modulate M1/M2 polarization in BD. The evidence of macrophages as source of inflammatory cytokines might be helpful to unravel how the mononuclear phagocyte system can be involved in the etiology of BD.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0026

Cognitive functions and cognitive styles in young euthymic patients with bipolar I disorder

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Background Cognitive deficits impair patients working and functioning status and may have negative impact on other aspects of thinking.
Objectives Assess the prevalence of cognitive dysfunction in patients with bipolar disorder in euthymic state and to explore cognitive style problems.
Method Case-control naturalistic study, 60 patients with bipolar I disorder in euthymic state according to DSM-IV were recruited and subdivided into two groups each contains of 30 patients; (Group BPM) euthymic patients with recent manic episode, Group BPD euthymic patients with recent depressive episode. Both groups were further compared with control group (Group C) consisted of 30 frequency matched healthy volunteers. Groups were subjected to the following: (1) clinical psychiatric examination, (2) (HAMD-17) and Bech–Rafaelsen Melancholia Scale (MES) for (BPD), (3) (YMRS) and Bech–Rafaelsen Mania Scale (MAS) for (BPM), (4) assessment of euthymic state of mood included both MAS and MES, (5) MMSE, MTS and CDT were performed to assess cognitive functions, (6) cognitive styles evaluation the Social Dysfunction and Aggression Scale SDAS-9 and Arabic Anger Scale.
Results Definite cognitive function impairment and different patterns of cognitive style were detected in case groups. MMSE, MTS and CDT scores were statistically significant. Fear of Failure Scale Scores were higher in BPM; 16 (53.33%) reported severe intensity compared to 16 (53.33%) of BPD Group reporting moderate intensity and 30 (100%) of the control group reporting only mild intensity of fear of failure with statistically significant differences.
Conclusions Patients in euthymic state suffer from cognitive dysfunction and some aspects of cognitive styles that negatively interfere with their performance.
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EW0027

Improving and assessing public beliefs, knowledge and attitudes towards bipolar disorder in Pakistan

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