Conclusions: Antidepressant discontinuation mania should be considered on the bipolar spectrum.

Disclosure: No significant relationships.
Keywords: antidepressant; discontinuation; bipolar III 1/4; mania

O0123

Tryptophan metabolism in bipolar disorder

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Introduction: Immune mediated inflammatory processes are involved in the aetiopathogenesis of bipolar disorder (BD) and weight associated comorbidities. Tryptophan breakdown via indoleamine 2,3-dioxygenase-1 (IDO-1) along the kynurenine axis concomitant with a pro-inflammatory state was found more active in BD but also associated with overweight/obesity.
Objectives: Aims of our study were to investigate 1.) the tryptophan metabolism in BD compared to mentally healthy controls, 2.) differences in weight classes, 3.) in a longitudinal setting, dependent on the incidence of BD episodes and euthymia.
Methods: At the Medical University Graz anthropometric and clinical data as well as peripheral tryptophan and kynurenine were assessed in serum samples of 226 individuals with BD and 142 controls. For 75 individuals with BD a longitudinal assessment with three samples was performed. Serum concentrations of tryptophan and kynurenine were determined by reverse-phase high-performance liquid chromatography. The kynurenine/tryptophan was used as a proxy for IDO-1 activity.
Results: showed a higher kynurenine/tryptophan ratio in BD compared to controls and in overweight compared to normal weight persons. Levels remained stable over time. In the longitudinal course, no differences were found between individuals who were constantly euthymic or not as well who had an illness episode or none.
Conclusions: Findings indicate that IDO-1 activity might constitute more a trait and not a state marker of BD. Accelerated tryptophan breakdown along the kynurenine axis may be further facilitated by overweight. This may increase the risk of accumulation of neurotoxic metabolites which impacts BD symptomatology, cognition, and somatic comorbidities.

Disclosure: No significant relationships.

O0124

The Effect of Sleep Disorders on Sexual Function in Bipolar Disorder in the Remission Period

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Introduction: Bipolar Disorder(BD) is a common,severe and recurrent disease with significant effects on functionality. Residual symptoms such as sleep disturbance and sexual dysfunction are defined as predictors of poor functioning in remission.
Objectives: The aim of this study was to investigate the correlation between sleep disorder and severity of sexual dysfunction in patients with BD in remission.
Methods: The study was conducted with 100 female and 100 male BD patients in remission. The sociodemographic and clinical characteristics were recorded by interview with the patients and the patients were given the Young Mania Rating Scale(YMRS),-Hamilton Depression Rating Scale(HAM-D),Pittsburg Sleep Quality Index(PSQI),Epworth Sleepiness Scale(ESS),Female Sexual Function Scale(FSFI) and International Index of Erectile Function(IIFF-15)for the assesment of symptom severity.
Results: The frequency of "sleep disorder" was 45.5% and the frequency of "daytime sleepiness" was 5.5%.In women the mean FSFI score was 26.06±5.14 and sexual dysfunction frequency was 48%.In men,the mean IIEF score was 59.63±8.34 and erectile dysfunction frequency was 56%. There was a statistically significant negative correlation between total FSFI score with HAM-D($r=-0.592$, $p<0.001$),ESS ($r=-0.330$, $p=0.001$)and PSQI($r=-0.557$, $p<0.001$)and between total IIEF score with HAM-D($r=-0.509$, $p<0.001$),ESS($r=-0.361$, $p<0.001$)and PSQI($r=-0.511$,$p<0.001$). Sexual function scores in both women and men with sleep problems were significantly lower than those without sleep problems (23.56±4.71vs.28.56±4.31and53.88±7.10vs.63.80±6.56 respectively). Multiple linear regression analysis also showed that total sleep quality scores were an effective factor on sexual function in women(OR:2.74,%95CI[0,799-0,127];p=0,007) and men(OR:2.45, %95CI[1.577-0.164];p=0,016) with BD.
Conclusions: There was an increased incidence of sexual dysfunction in bipolar patients with sleep disorders.Treatment of sleep disorders is important for improving sexual function in bipolar patients for both genders.

Disclosure: No significant relationships.
Keywords: Bipolar Disorder; Sleep Disorder; Sexual Dysfunction

O0125

Bipolar Stigma in Jewish Communities in the United States

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Introduction: This study investigated differences in mood disorder public stigma endorsed by Jewish adults. Specifically, it examined

the association between public stigma and the symptomatology and gender of individuals with mood disorders and characteristics of respondents. The symptomatology investigated included major depressive disorder and bipolar disorder presenting with mania or depression. The public stigma factors measured for mood disorders were recovery, relationship disruption, hygiene, anxiety, and treatment/professional efficacy.
Objectives: Do symptomatology and gender predict stigma for mood disorders? For Jewish adults, do gender, age, religious characteristics, mental health history, and perceived stigma for mental illness predict their stigma toward individuals with mood disorders?
Methods: A convenience sample of 243 Jewish adults were randomly administered vignettes using a factorial design. MANCOVA was used for analysis. The Mental Illness Stigma Scale (Day et al., 2007) and the Devaluation of Consumer scale (Struening et al., 2001) were used to measure public and perceived stigma respectively.
Results: showed that recovery, relationship disruption, and hygiene stigmas were associated with vignette subject symptomatology, an interaction was found between respondent gender and age for treatability/professional efficacy stigma, and perceived stigma was correlated with public stigma factors. Consistent with previous research, the highest levels of stigma were found for individuals with bipolar disorder presenting with mania (Wolkenstein & Meyer, 2008).
Conclusions: These findings increase our knowledge of mood disorder stigma existing in the Jewish community and supports research showing that bipolar disorder presenting with mania is the most stigmatized type of mood disorder symptomatology (Wolkenstein & Meyer, 2008).

Disclosure: No significant relationships.
Keywords: BIPOLAR; Public Stigma; Mood disorders; Jewish

O0126

Association with severe and treatment-resistant depression among patients with inflammatory joint disease. Nationwide nested case-control study in Swedish registers.

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Introduction: Treatment resistant depression (TRD) and severe depression (SD) are common among patients with depression. Patients with inflammatory joint disease (IJD) are at higher risk for developing depression compared to the general population; however, the risk for SD or TRD is not known.
Objectives: To examine the odds of patients with IJD for developing SD and TRD compared to non-severe and non-TRD depression.
Methods: This case-control study was nested within a cohort of patients with incident depression (n=443,384) identified in nationwide Swedish registers 2006-2018. Patients with SD (n=42,975) were identified through the ICD-10 code specifier, through psychiatric hospitalization and/or through suicide attempts. Patients who started a third consecutive treatment for depression were identified with TRD (n=33,830). Each patient was matched with five non-SD - or non-TRD - patients by sociodemographics and year of cohort entry. Crude and adjusted odds ratios (aOR) were calculated by conditional logistic regression with regard to a history of any IJD and specific IJDs prior to depression onset.
Results: Among patients with depression, those with a history of IJD did not have higher odds for developing SD (aOR 1.09 (95%CI 1.00-1.20)) or TRD (aOR 1.03 (0.93 - 1.14)) compared to patients without IJD. A history of rheumatoid arthritis was associated with a significantly higher odds for SD among patients aged 18-29 (aOR 1.55 (1.01-2.36)) and for TRD among patients aged 30-49 (aOR 1.33 (1.05-1.67).
Conclusions: Overall, no association was observed between history of IJD and developing SD/TRD; with the exception of younger age strata in rheumatoid arthritis.

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Keywords: Rheumatology; Inflammatory joint disease; Epidemiology; Depression

O0127

The soluble ST2 levels in patients with depression and comorbid heart failure

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Introduction: Depression in HF has become a major issue as the burden of HF has continued to increase, and many studies have suggested poorer outcomes in HF patients reporting depression. The prevalence of major depression in HF is about 20–40 %, which is 4–5 % higher than in the normal population. Soluble ST2 is involved in multiple pathogenetic pathways including cardiac strain, inflammation, and myocardial necrosis with remodeling.
Objectives: The purpose of study was to assess the predictive effect of soluble ST2 (sST2) and depressive symptoms in patients with ischemic HF
Methods: It this observational cross-sectional trial 129 patients with ischemic HF FC II-IV by New York Heart Association and depression were investigated. The diagnosis was verified by laboratory and instrumental methods according to European Society of Cardiology recommendations (2016). Depressive symptoms were evaluated by the Hospital Anxiety and Depression Scale. The ST2 level in blood serum was detected by ELISA method. Statistical analyses were performed using the Statistica 12 (StatSoft, Tulsa, OK, USA).
Results: The prevalence of depression increases with NYHA functional class. With decreasing ejection fraction of left ventricle, levels of sST2 were gradually increased (P for trend < 0.001), as well as the prevalence of depressive symptoms (P for trend < 0.01).