some conflicting discussions in the literature about how to distinguish this disorder from other childhood psychiatric disorders and how to treat it.
Objectives: The aim of this study was to determine the phenomenological and neuropsychological differences between children and adolescents with a diagnosis of BPD (Pediatric Bipolar Disorder), DMDD (Disruptive Mood Dysregulation Disorder), and children and adolescents who are genetically at high risk for Bipolar Disorder (BD), and healthy controls (HCs) who do not have any psychiatric diagnosis, to investigate endophenotypes that may be predictive for BD.
Methods: Our study sample consists of four groups, the BPD group (n=30), the Risk group (n=25), the DMDD group (n=36), and the Healthy Control group (n=29). All participants were evaluated by the "Kiddie Schedule for Affective Disorders and Schizophrenia for School-Age Children—Now and Lifetime Pattern (K-SADS-PL)". "Young Mania Rating Scale/Parent Form (YMRS-ABF), Conner's Parent Rating Scale (CPRS-48), Child and Adolescent Behavior Rating Scale (CBCL)" scales were filled by parents, and "Child Depression Inventory (CDI), Youth Self-Report Form for 11-18 Years Olds (YSR)" scales were filled by children and adolescents. Neurocognitive test battery was applied to each participant: Continuous Performance Test (CPT), Wisconsin Card Sorting Test (WCST), Stroop Color and Word Test (SCWT), Trait Making Test A and B sections (TMT-A/B), California Verbal Learning Test-Child version (CVLT-C).
Results: While it was determined that the cases in the BPD and DMDD groups performed significantly worse in CPT, SCWT, CVLT-C, TMT A/B tests compared to healthy controls, it was found that the subjects in the Risk group performed worse at the CPT test than healthy controls. In addition, the cases in the BPD, Risk and DMDD groups reported more clinical and behavioral problems than the healthy controls.
Conclusions: There is a significant deterioration in the areas of continuous attention, processing speed, cognitive flexibility, response prevention, verbal memory and working memory in the BPD and DMDD groups, and in the continuous attention area in the Risk group compared to healthy controls. Prospective follow-up and imaging studies using larger samples and a larger neurocognitive test battery in the future will better reveal the neuropsychological characteristics of the BPD, Risk and DMDD groups.

Disclosure of Interest: None Declared

O0084

Internalized Stigma in Patients with Bipolar Disorder: A Cross-sectional Study on Its Associations with Sociodemographic, Marital and Clinical Characteristics

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Introduction: Bipolar disorder (BD) is a chronic and complex affective disorder among top diseases that cause disability worldwide. Internalized stigmatization is a process including the awareness of negative stereotypes adopted by the society, participation in and internalization of these judgements, associated with impaired social functionality. Studies examining internalized stigma and related factors in BD is limited.
Objectives: In this study, it is aimed to investigate the associations between internalized stigmatization and clinical characteristics, as well as sociodemographic and marital features of patients with BD.
Methods: This observational and cross-sectional study was conducted at a specialized affective disorders clinic in a university hospital between November 2020 and March 2021. During routine follow-up, each consecutive patient with BD was invited and a total of 118 were included in the study. Information about sociodemographic, marital and clinical characteristics of patients was collected through a prepared data form and follow-up documents. Internalized Stigma of Mental Illness Scale (ISMIS) was administered to assess internalized stigma. Statistical analysis of data was conducted by SPSS version 25 and a statistical significance level of $p<0.05$ was determined.
Results: Mean ISMIS total score of the sample was 56.50 ±13.65. Multiple linear regression was used to test the predictors of higher ISMIS scores. Being currently unemployed (p=0.012, B=0.208), shorter BD duration (p<0.001, B=0.302) and presence of inter-episode residual symptoms (p=0.004, B=0.248) predicted higher ISMIS total. Younger age (p=0.002, B=0.264), being female (p=0.007, B=0.226) and absence of mania dominance (p=0.019, B=0.190) predicted higher alienation scores. Presence of inter-episode residual symptoms predicted both stereotype endorsement (p<0.001, B=0.320) and perceived discrimination (p<0.001, B=0.358). Younger age (p=0.001, B=0.281) and total number of depressive episodes (p=0.015, B=0.212) also predicted perceived discrimination. Shorter BD duration and absence of seasonality predicted higher ISMIS social withdrawal, while history of hospitalization predicted higher ISMIS stigma resistance.
Conclusions: Our study demonstrated similar mean ISMIS total scores to the findings previously reported in Türkiye, while roughly lower than results in the international literature. Considering that internalized stigmatization was increased in earlier stages of BD and in younger patients, as well as in patients with inter-episode residual symptoms, it might be important to implement psychosocial interventions for internalized stigmatization and appropriate psychoeducation programs in the earlier periods of BD. Therefore a multidimensional and holistic approach towards internalized stigmatization may positively contribute to the functionality of patients with BD.

Disclosure of Interest: None Declared

O0085

Cariprazine add-on in resistant bipolar depression. Long-term effectiveness and safety data from a multicentric real-world experience

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