assessed by measuring salivary cortisol levels upon awakening (cortisol awakening response – CAR). The psychopathological assessment will include the use of MADRS, YMRS and HAM-A for the assessment of psychiatric symptoms; PSP and C-SSRS for the assessment of global functioning and suicidal risk; IPSS and SRRS for the assessment of stress levels; CIRS for the evaluation of physical comorbidities.

Results: We expect that 1) changes in inflammatory markers can predict the onset of acute phases of BD; 2) to observe significant differences in the levels of pro-inflammatory cytokines, CORT and BDNF between BD patients (during euthymia) and control subjects.

Conclusions: Using a longitudinal approach, we will be able to evaluate whether the presence of affective symptoms in the BD patient is correlated with fluctuations in the levels of pro-inflammatory cytokines and chemokines, salivary cortisol and BDNF. Furthermore, the enrolment of control subjects will allow to evaluate if the inflammatory state and the activation of the HPA axis are steadily elevated in BD patients.

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EPP0539

Does Bipolar Disorder Get Worse at Geriatric Ages?

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Introduction: Bipolar disorder is characterized with recurrent manic and depressive episodes with interepisodic remission periods. The course of illness including frequency and severity of mood episodes are the most evident changes at geriatric ages in bipolar disorders.

Objectives: With this background, we aim to evaluate the clinical variables of bipolar patients older than 60 years and compare clinical variables before and after this age.

Methods: Bipolar patients who applied to psychiatry outpatient unit in Çanakkale 18 Mart University Medical Faculty between the years of 2017-2022 were evaluated retrospectively. Patients over the age of 60 were included in the study. 47 out of 133 people over the age of 60 with bipolar disorder were not included in the study due to lack of information. Socio-demographic data of 85 patients recruited for the study, and clinical variables of the patients before and after the age of 60 were compared with Wilcoxon test. SPSS 26 version was used for statistical analysis and $p<0.05$ was considered as significance level.

Results: When we evaluate the sociodemographic variables of the patients, we found that 61.2% (n=52) of the patients were female, mean age was 67.6± 6.3 years and mean duration of education was 7.2±4.6 years. Most of the patients (76.5%, n=65) was diagnosed with bipolar disorder type 1 (BP1) while nearly one four of them (24.7%) had a mood disorder history among their relatives. Median of the illness duration was 19.5 years (min:2, max:60), mean age of the first episode was 43.6±14.3 years and more than half had their first episode as depression (56.5%, n=48). When we compare the number of episodes, number and duration hospitalizations before and after the age of 60 years, we found that number of depressive (p=0.001,z:-3.3), (hypo)manic (p=0.001,z:-3.3), episodes and number of hospitalizations (p<0.001,z:-3.8), were lower at geriatric ages. However, there was no difference before and after the age of 60 years in terms of duration of hospitalization.

Conclusions: Course of illness in bipolar disorder is highly variable and recurrence of mood episodes may increase with age (van der Markt A et al . Int J Geriatr Psychiatry. 2022;3;37(11), Dols A et al, The clinical course of late-life bipolar disorder, looking back and forward. 2017 Dec 11). However, in our study we found that number of depressive, (hypo)manic episodes and number of hospitalizations were lower at geriatric ages. This discrepancy may be related with sample selection and study design. Nevertheless, it should be taken into account for further studies. Besides, this is not a mirror image study and duration of follow-up periods were not considered for the statistical analysis. These are the additional limitation of our study. It is difficult to make further interpretations considering these limitations. Prospective follow-up studies with large sample size are required to better understand the course of bipolar disorder at geriatric ages.

Disclosure of Interest: None Declared

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EPP0540

Heredity, education, developmental characteristics of children with somatoform disorders

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Introduction: Psychosomatic disorders, their polymorphism and wide distribution in the population are the subject of study by many specialists in borderline mental disorders.

Objectives: We examined 48 (19 boys, 29 girls) children aged 6-13 years who were referred for treatment to a pediatric hospital with suspected cardiac or respiratory pathology.

Methods: Standard clinical methods (pediatric, psychopathologic, neurological, vegetative, psychological) were used. The mental state of children was assessed qualitatively, taking into account the data of psychopathologic, psychological examinations, as well as quantitatively, according to original questionnaires.

Results: The clinical picture of the mental state was determined by neurotic disorders of the anxiety-suspecting hysterical type, and in 14% with transient psychotic episodes, qualified as an outpost, the symptoms of an endogenous disease.

Neurophysiologic tests revealed disturbances in the process of lateralization, visual perception and information processing with weakness of the right hemispheric, less often left hemisphere functions.

Neurological examination revealed some scattered symptoms of minimal cerebral dysfunction, as well as non-localized neurological signs in the area of cerebral innervation, there were signs of mixed vascular dystonia.

An analysis of environmental factors showed that children were brought up in conditions of insufficient attention, hypopedia. One third of the cases came from incomplete families. About a quarter of the children grew up in large families, were the youngest children of elderly parents.
In heredity, cases of manifest psychosis were not identified. However, an analysis of the personal qualities of parents speaks of schizotypical stigmatization; in almost every family, fathers or mothers had coronary heart disease and joint damage. Insufficient level of education of some parents.
Conclusions: In general, the mental state of children, we can conclude that it corresponds to dysontogenetic with a predominance of schizotypical stigmas in half of them, partial underdevelopment of the sensory and emotional-volitional spheres, similar to disorders in children from conditions of maternal deprivation.

Disclosure of Interest: None Declared

EPP0541

Poor motor skills in childhood predict bully victimization across the lifespan: A study of adults with Autism Spectrum Disorder

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Introduction: Children with autism spectrum disorder (ASD) are frequently clumsy and are more likely to be bullied compared to typically developing peers. The link between motor skills and bully victimization is poorly understood.
Objectives: The aim of the current study was to evaluate the effect of poor motor skills in childhood on bully victimization from early life to adulthood in those with ASD.
Methods: In this cross-sectional study, 182 adults diagnosed with ASD completed a questionnaire on their recollection of bully victimization at different stages of life and their performance in physical education (PE), as a proxy for motor skills, and academic skills at age 12. Prevalence rates of bully victimization (defined as bullied ≥twice monthly) were compared at different time periods between those with- and without a memory of poor motor skills by chi-square tests. Moreover, logistic regression evaluated the associations while adjusting for candidate covariates sex and academic skills.
Results: Out of the total sample of 182 adults (mean age=33 years, 48% female), 50% reported below average performance in PE. Prevalence rates of bully victimization were more common in those categorized as having poor motor skills as compared to those without poor motor skills in all measured time periods; 72% vs 28% p=.001 in nursery school, 69% vs 31%, p>.001 at 7-9 years, 61% vs 39%, p=.001 at 10-12 years, 64% vs 36%, p>.001 at 13-15 years, 73% vs 27%, p=.005 at 16-18 years and 73% vs 27%, p=.009 in working life. The statistically significant associations seen in the prevalence comparisons remained in the logistic regression models.
Conclusions: The present study adds to the small, but growing, body of literature supporting an association between poor motor skills and bully victimization amongst children and adolescents with ASD. Moreover, we showed that the effect of childhood clumsiness on bully victimization continues into adulthood. Possibly, poor motor skills and social deficits share the same biological pathways and contribute to the risk of being perceived as "different", and consequently bullied, by peers.

Disclosure of Interest: None Declared

EPP0542

Familial Autism Spectrum Disorder : A clinical study from South Tunisia

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Introduction: Autism Spectrum Disorder (ASD) is a multifactorial neurodevelopmental disorder, with both contribution of genetic and non-genetic factors. A collaboration of *de novo* mutations and prenatal with postnatal environmental factors are likely to play a role. ASD can be syndromic or non-syndromic. The etiology of non-syndromic ASD is still relatively undefined due to its genetic heterogeneity. Contrary to non-syndromic ASD, syndromic ASD is often associated with chromosomal abnormalities or monogenic alterations. Familial cases of ASD support the strong genetic component of ASD.
Objectives: To collect clinical arguments supporting a genetic cause of autism spectrum disorder.
Methods: We present a clinical study of familial cases of ASD. The families were recruited as part of a collaborative project between the department of Medical Genetic and the department of Child Psychiatry in Hedi Chaker Hospital, Sfax, Tunisia. The clinical and paraclinical data were collected retrospectively.
Results: Our study included 11 unrelated families from southern Tunisia, each with two ASD children, among them four couples of twins. Most families (80%) are consanguineous belonging to a middle socioeconomic class. None of the parents suffered from psychiatric disorder and a familial history of autism was reported in one family. Perinatal history, including advanced maternal or paternal age, fetal suffering and/or gestational problems, was found in 35% of cases.
The average age was 9.89 ± 3.787 (3 to 17 years) with a balanced sex-ratio.
ASD was syndromic in seven out of 11 families: facial dysmorphism in half of cases (6/11 families) and/or another comorbidity in 25% of cases (celiac disease, congenital heart disease or idiopathic hydrocephaly). ASD was associated with other(s) neurodevelopmental disorder(s) in all children. Most of cases (14/22) had delayed psychomotor development and all of them had intellectual disability with various degrees. Epilepsy was identified in three cases belonging to unrelated families. Other behavioral problem was identified in 65% of cases.
When the autism spectrum disorder is syndromic and/or associated with other(s) neurodevelopmental(s) disorder(s), this points more towards a genetic origin.
Conclusions: Our study highlights the interest of clinical investigations to determine genetic risk factors of ASD. The identification of a genetic cause in familial cases would contribute not only to