

EW0305

Exploring the complex association between affective temperaments and suicidal behaviour

G. Serafini^{1,*}, G. Canepa¹, G. Adavastro¹, M. Pompili², P. Girardi³, M. Amore¹

¹ University of Genoa, Neuroscience DINOGMI, Genoa, Italy

² Sant'Andrea Hospital- Suicide Prevention Center, Sapienza University of Rome, Neurosciences, Rome, Italy

³ Sant'Andrea Hospital, Sapienza University of Rome, Neurosciences, Rome, Italy

* Corresponding author.

Introduction Suicidal behaviour is one of the most relevant public health problems and it is associated with a significant disability and psychosocial impairment. Affective temperaments, hopelessness, suicidal ideation, and suicide intent may be significantly involved in suicidal behaviour.

Objectives The present study explored the complex relation between these clinical variables and suicide.

Aims We aimed to evaluate the specific role of affective temperaments and other risk factors as potential predictors of suicide risk.

Methods The sample included 276 patients (19.9% men, 81.1% women; mean age: 48.1 years, SD:16.9), of which most with major affective disorders, who were admitted at the Psychiatric Unit of the University of Genoa (Italy). All participants have been evaluated using the Temperament Evaluation of Memphis, Pisa and San Diego Auto-questionnaire (TEMPS-a), Beck Hopelessness scale (BHS), Scale for Suicide Ideation (SSI), and Intent Score Scale (ISS).

Results Patients with anxious temperament significantly differ in terms of residual interepisodic symptoms, substances abuse, adherence to treatment, and current episode duration when compared with those having other affective temperaments. Only suicidal ideation and irritable temperament resulted significant predictors of suicide preparation. In addition, suicidal ideation and prior suicide attempts represent significant predictors of suicide intent.

Conclusions The present findings suggest the importance of systematic evaluation for suicidal behaviour that may allow clinicians to identify patients at higher suicide risk. As these data may be influenced by the severity of the psychopathological conditions and psychiatric medications, which were used during admission by our patients, further additional studies are needed to test these preliminary findings.

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EW0306

Childhood traumatic experiences and coping strategies: Correlations with quality of life

G. Serafini^{1,*}, C. Conigliaro¹, F. Pittaluga¹, M. Pompili², P. Girardi³, M. Amore¹

¹ University of Genoa, Neuroscience DINOGMI, Genoa, Italy

² Sant'Andrea Hospital, Suicide Prevention Center, Sapienza University of Rome, Neurosciences, Rome, Italy

³ Sant'Andrea Hospital, Sapienza University of Rome, Neurosciences, Rome, Italy

* Corresponding author.

Introduction Individuals with a history of childhood traumatic experiences may exert maladaptive coping strategies and impaired adult quality of life.

Objectives The present study explored the association between childhood traumatic experiences, coping strategies, and quality of life.

Aims We aimed to evaluate whether childhood traumatic experiences or specific coping strategies may significantly predict quality of life.

Methods This is a cross-sectional study including 276 patients (19.9% men, 81.1% women; mean age: 48.1 years, SD: 16.9), of which most with major affective disorders, who were recruited at the psychiatric unit of the university of Genoa (Italy). All participants were assessed using the Childhood Trauma Questionnaire (CTQ), Coping Orientation to Problems Experienced (COPE), and Short Form 12 Health Survey version 2 (SF-12).

Results Subjects with a history of emotional abuse were more likely to have an earlier age of onset of their psychiatric conditions, an earlier age of their first treatment/hospitalization, higher recurrent episodes and days of hospitalization, longer illness duration and non-psychiatric treatments at intake when compared with those who did not present any history of abuse. Based on regression analyses, only positive reinterpretation and growth, focus on and venting of emotions, and substance abuse, but not childhood traumatic experiences, resulted positive predictors of physical quality of life. Moreover, focus on and venting of emotions was able to predict mental quality of life.

Conclusions While traumatic experiences did not predict quality of life, specific coping strategies were significant predictors of quality of life. Further studies are requested to test these preliminary results.

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EW0307

Platelet and plasmatic lipidic profile as potential marker of bipolar disorders: Preliminary findings

L. Sideli^{1,*}, A. Mule¹, F. Damiani¹, M. Corso¹, S. Montana¹, M. Caprin¹, G. Colli¹, S. Di Giacomo¹, D. Catalano², M. Greco², F. Di Gaudio², D. La Barbera¹

¹ Section of Psychiatry, Experimental Biomedicine and Clinical Neuroscience, Palermo, Italy

² Medical Biotechnologies and Legal Medicine, University of Palermo, Palermo, Italy

* Corresponding author.

Introduction Although the diagnosis of bipolar disorder is currently based on clinical criteria, preliminary studies showed that palmitic and arachidonic acid levels are able to discriminate adult patients with major depressive disorder (MDD) from those with bipolar disorder (BD).

Objectives To replicate and to expand previous findings by investigating the relation between mood disorders and platelet and plasmatic fatty levels.

Aims To compare the lipidic profile of individuals with different mood disorder (MDD vs. BD) and to investigate the relation with specific clinical features (duration of illness, attempted suicide, psychotic symptoms).

Methods Potential participants were recruited from the outpatient and inpatient psychiatric units of the university hospital of Palermo (Italy). Diagnosis of DSM IV mood disorders was made using the MINI. Symptom severity was assessed using the HAM-D rating scale and the YMRS. Fatty acid profile was analyzed using mass spectrometry.

Results Preliminary analyses were performed on 8 patients with MDD and 6 with BD. Groups were similar in terms of demographic variables. Patients with MDD showed highest levels of platelet palmitic acid, stearic acid, and arachidonic acid. Furthermore, plasmatic docosahexaenoic acid was negatively related with manic symptoms severity ($Rho = -0.697$; $P = 0.025$) and platelet alpha linolenic acid was positively related with illness duration ($Rho = 0.845$; $P = 0.040$).

Conclusions These preliminary findings suggest that platelet fatty acids may be possible biological markers to improve the diagnosis of BD.

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EW0308

Bipolar disorder in epilepsy

N. Sivakova^{1,*}, G. Mazo², L. Lipatova¹

¹ St. Petersburg Psychoneurological Research Institute named after V.M. Bekhterev, the Department of epilepsy, Saint Petersburg, Russia

² St. Petersburg Psychoneurological Research Institute named after V.M. Bekhterev, the Department psychopharmacology and pharmacotherapy of patients with resistant conditions with a group of endocrinology Psychiatry, Saint Petersburg, Russia

* Corresponding author.

Introduction Bipolar disorder (BD) and epilepsy are the chronic recurrent diseases with several similarities in pathogenic mechanisms. There are high prevalence of comorbidity between affective disorders and epilepsy. However, most recent studies focused on association epilepsy with depression, while lack of scientific data about relationship between epilepsy and BD.

Objectives This study examined the frequency of bipolar disorder in epileptic patients.

Aims To improve the diagnostic tool for BD in epileptic patients.

Materials and methods We observed 50 patients with epilepsy (PE). In this study, the symptoms of BD were measured by the Hypomania Checklist-32 (HCL-32).

Results The mean age of the entire cohort was 40 (SD=19.2) years. The proportion of females were 62%. The mean score using HCL-32 were 11.1 (SD=4.5, range: 3–20) with 17 (34%) scoring above 14, the cut-off points for the basic version of the HCL-32. Among of high score subgroup there were 6 men and 11 women, maximum age was 74 and minimum 19, the mean age of the subgroup were 37 years. The patients 8 out of 17 (47%) received a score of 20 or more (maximum of 37) on the bipolar index that corresponds to $\geq 20\%$ probability BD.

Conclusion The results of the study observed a high prevalence of BD in PE. Future research addressing (1) using of psychiatric examination instruments to assess affective symptoms among PE and (2) treatment management of affective symptoms by antiepileptic drugs might result in better treatment outcomes among patient with comorbidities of BD and PE.

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EW0309

Early and late onset bipolar disorders in older adults

N. Smaoui¹, L. Zouari², N. Charfi^{2,*}, M. Maâlej-Bouali², N. Zouari², J. Ben Thabet², M. Maâlej²

¹ Hedi Chaker University Hospital, Department of Psychiatry, Hedi Chaker University Hospital, sfax, Tunisia

² Hedi Chaker University Hospital, Department of Psychiatry C, Hedi Chaker University Hospital, sfax, Tunisia

* Corresponding author.

Introduction Age of onset of illness may be useful in explaining the heterogeneity among older bipolar patients.

Objective To examine the relationship of age of onset with clinical, demographic and behavioral variables, in older patients with bipolar disorder.

Methods This was a cross-sectional, descriptive and analytical study, including 24 patients suffering from bipolar disorders, aged 65 years or more and followed-up in outpatient psychiatry unit

at Hedi Chaker university hospital in Sfax in Tunisia. We used a standardized questionnaire including socio-demographic, behavioral and clinical data. Age of onset was split at age 40 years into early-onset (<40 years; $n = 12$) and late-onset (≥ 40 years; $n = 12$) groups.

Results The mean age for the entire sample was 68.95 years. The mean age of onset was 39.95 years. The majority (60%) of patients were diagnosed with bipolar I. Few meaningful differences emerged between early-onset and late-onset groups, except that tobacco use was significantly higher in the late-onset group (66.6% vs. 16.6%; $P = 0.027$). No significant differences between the early-onset and late-onset groups were seen on demographic variables, family history and number of medical diagnoses or presence of psychotic features.

Conclusion Our study found few meaningful behavioral differences between early versus late age at onset in older adults with bipolar disorder.

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EW0310

Cultural variations in bipolar disorders in non-clinical samples

H. Aldos, H. Meray, A. Soliman*

Qatar University, Social Sciences Department, Doha, Qatar

* Corresponding author.

Introduction The prevalence of bipolar disorder (BD) is continuously increasing worldwide. Based on pathophysiological prospective, BD is related to the change in neural circuitry involved in the regulation of emotion. Since there is a cultural variation in emotion expression, it is expected that BD is subject to cultural differences. The literature suggests that the prevalence of BD is influenced by gender, region and ethnicity.

Objectives Exploring the pervasiveness of BD in the Arab cultures. **Aims** – exploring the pervasiveness of BD in six different but related Arab cultures;

– examining the gender differences in BD in the Arab cultural context.

Methods This study used 327 freshmen university students (42% males and 58% females) from six different Arab universities and administered the Mood Disorder Questionnaire (MDQ). The validity and reliability of the MDQ was measured on 220 Qatari university students.

Results The results showed that BD was positively related to age and that males exhibited greater BD symptoms than females. The MDQ scores varied between the Arab subcultures. Sudanese subjects scored the highest on the MDQ, and therefore showed the highest numbers of BD characteristics, followed by Palestinians, Egyptians, Yemenis, Qataris, Jordanians and Tunisians. The Tunisians exhibited the lowest BD symptoms among six Arab cultures.

Conclusions The findings suggested that it is arguable that BD is sensitive to cultural variations in the Arab world, with males showing a higher number of bipolar symptoms. It is arguable that BD is influenced by cultural openness and socioeconomic status.

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