Symptomatology) and manic (Altman Self-Rating Mania Scale) symptoms. Weekly data was used to determine transitions (i.e., abrupt increase in symptoms). Prior to these transitions, EWS (autocorrelation at lag-1 and standard deviation) were calculated in moving windows over 17 affective EMA states. Kendall's tau was calculated to detect significant rises in the EWS indicator prior to the transition.
**Results:** Eleven patients reported one or two transitions to a mood episode. All transitions were preceded by at least one EWS. Average sensitivity for detecting EWS was slightly higher for manic episodes (36%) than for depressive episodes (25%). For manic episodes, EWS in thoughts racing, being full of ideas, and feeling agitated showed the highest sensitivity and specificity, whereas for depression, only feeling tired showed high sensitivity and specify.
**Conclusions:** EWS show promise in anticipating transitions to mood episodes in bipolar disorder. Further investigation is warranted.

**Disclosure:** No significant relationships.
**Keywords:** prediction; bipolar disorder; early warning signals; experience sampling methodology

## O011

## Psychiatric hospital utilisation following lithium discontinuation in patients with bipolar I or II disorder: A mirror-image study based on the lisie retrospective cohort

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**Introduction:** Evidence for lithium as a maintenance treatment for bipolar disorder type II remains limited since most treatment-prevention studies focus on bipolar disorder type I or do not distinguish between types of bipolar disorder.
**Objectives:** To compare the impact of lithium discontinuation on hospital utilisation in patients with bipolar disorder type I or schizoaffective disorder and patients with bipolar disorder type II or other bipolar disorder.
**Methods:** Mirror-image study, examining hospital utilisation within two years before and after lithium discontinuation as part of LiSIE, a retrospective cohort study into effects and side-effects of lithium for the maintenance treatment of bipolar disorder as compared to other mood stabilisers.
**Results:** For the whole sample, the number of admissions increased from 86 to 185 admissions after lithium discontinuation, with the mean number of admissions/patient/review period doubling from 0.44 to 0.95 ($p < 0.001$). The number of bed days increased from 2218 to 4240, with the mean number of bed days/patient/review period doubling from 11 to 22 ($p = 0.025$). This increase in admissions and bed days was exclusively attributable to patients with bipolar disorder type I or schizoaffective disorder.
**Conclusions:** Our findings suggest that due to a higher relapse risk in patients with bipolar disorder type I or schizoaffective disorder there is a need to apply a higher threshold for discontinuing lithium than for patients with bipolar disorder type II or other bipolar disorder.

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**Keywords:** bipolar disorder; lithium; Admission; mood stabiliser

## O012

## Self-injurious behaviour in patients with bipolar disorder and attention deficit hyperactivity disorder after central stimulant start– a retrospective study based on the lisie cohort

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**Introduction:** Currently, our understanding remains limited of how co-occurring bipolar disorder and attention deficit hyperactivity disorder (ADHD) should be treated.
**Objectives:** To evaluate the impact of central stimulant treatment on self-injurious behaviour in patients with a dual diagnosis of bipolar disorder or schizoaffective disorder and ADHD.
**Methods:** Retrospective cohort study (LiSIE) into effects and side-effects of lithium as compared to other mood stabilisers. Here, using a mirror-image design, we compared suicide attempts and non-suicidal self-injury events within 6 months and 2 years before and after central stimulant treatment start.
**Results:** Of 1564 eligible patients, 206 patients met inclusion criteria; having a dual diagnosis of bipolar disorder or schizoaffective disorder and ADHD at first central stimulant initiation. In these, suicide attempts and non-suicidal self-injury events decreased significantly within both 6 months ($p = 0.004$) and 2 years ($p = 0.028$) after central stimulant start. After multiple adjustments, this effect was preserved 2 years after central stimulant start (OR 0.63, 95% CI; 0.40 – 0.98, $p = 0.041$).
**Conclusions:** Central stimulant treatment may reduce the risk of self-injurious behavior in patients with a dual diagnosis of bipolar disorder or schizoaffective disorder and ADHD. However, to reduce the risk of manic switches, concomitant mood stabilising treatment remains warranted.

**Disclosure:** Michael Ott has been a scientific advisory board member of Astra Zeneca Sweden, Ursula Werneke has received funding for educational activities on behalf of Norrbotten Region (Masterclass Psychiatry Programme 2014–2018 and EAPM 2016, Luleå, Sweden): Astra
**Keywords:** attention deficit disorder with hyperactivity; central nervous system stimulants; self-injurious behaviour; bipolar disorder

## O016

## Multicentre evaluation of perinatal pharmacological management in women with bipolar disorder

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**Introduction:** The pharmacological management of women with bipolar disorder in the perinatal period is challenging. This population has a high recurrence rate, but some medications can be a concern in pregnancy and breastfeeding. Little is known about prescribing practices in perinatal services, and the impact of medication on recurrence rates.
**Objectives:** To describe 1. the use of medication in women with bipolar disorder in the perinatal period and 2. the impact of medication on the rate of recurrence.
**Methods:** Clinical data was collected from pregnant women with diagnosis of bipolar disorder in the nine participating centres and who were not experiencing an episode of illness entering the postpartum period. Data were analysed for association using $\chi^2$ tests and logistic regression.
**Results:** In this sample of 167 women, 55% were taking medication at delivery: 37% antipsychotics, 15% mood stabilisers, 25% antidepressants. In 12 cases medication was reduced before delivery. 42% experienced a recurrence, with 30% being a manic/psychotic episode. There was no significant association between taking medication and recurrence $c^2(1)=0.72$, p=0.79. There continued to be no association when adjusted for severity (previous admissions, age at first treatment, bipolar subtype) and type of medication OR 0.57 95%CI [0.08; 4.29], p=0.59.
**Conclusions:** A high number of bipolar women are taking medication before delivery and in the majority antipsychotics are prescribed. The postnatal recurrence rate in both medicated and unmedicated women is high. Further work is needed in larger samples to provide clinical guidance for women and their clinicians.

**Disclosure:** No significant relationships.
**Keywords:** bipolar disorder; pregnancy; Postpartum; perinatal

## O017

## Polygenic risk and predominant polarity in individuals with bipolar disorder

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**Introduction:** Individuals with bipolar disorder often have a 'predominant polarity' (e.g. depressive or manic) that characterizes the majority of episodes over the course of the illness. Genome-wide association studies have suggested a relationship between genetic risk and phenotypic heterogeneity in bipolar disorder. However, to date, no study has directly examined the association between polygenic liabilities and predominant polarity in bipolar disorder.
**Objectives:** To estimate the associations between the polygenic risk score for major depressive disorder (PRS-MD), bipolar disorder (PRS-BD) and schizophrenia (PRS-SZ), and predominant polarity among individuals with bipolar disorder in hospital-based settings in Denmark.
**Methods:** The study sample will include all individuals from the Initiative for Integrated Psychiatric Research (iPSYCH2015) sample who received a diagnosis of bipolar disorder and were successfully genotyped (approximately 3,400). Information on polarity will be computed based on data from the Danish Central Psychiatric Research Register. PRS variables will be generated using the most recent results from the Psychiatric Genomics Consortium. Odds ratios for the associations between PRS variables and polarity will be estimated using logistic regression.
**Results:** We hypothesize that PRS-MD will be highest among the predominantly depressed patients, that PRS-BD will be highest among those with predominantly manic/mixed episodes, and that PRS-SZ will be highest among those who experience psychotic mania or psychotic bipolar depression. The results will be shown at the conference.
**Conclusions:** A finding of association between genetic liability and predominant polarity in bipolar disorder could pave the way for stratification on genetic liability in future treatment studies and in clinical practice.

**Disclosure:** No significant relationships.
**Keywords:** bipolar disorder; predominant polarity; Polygenic risk

## O018

## The role of affective temperaments in predicting symptom severity in bipolar disorder

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**Introduction:** Bipolar disorder (BD) is one of the most burdensome psychiatric illnesses, being associated with a negative long-term outcome and high suicide rate. Although affective temperaments are considered possible mediators of outcome, their role on the course and outcome of BD remains poorly studied.