

EV0191

Bipolar disorder and substance use disorders in a Tunisian sample

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Aims Describe the sociodemographic and clinical profile of patients suffering from bipolar disorder and substance use disorders comorbidity and assess the consequences of this comorbidity on prognosis and evolution of bipolar disorder.

Methods A case-control study, 100 euthymic patients treated for bipolar disorder, recruited in the department of psychiatry C of Razi hospital. Two groups of 50 patients were individualized by the presence or not of substance use disorders comorbidity. The two groups were compared for sociodemographic, clinical, therapeutic and historical characteristics.

Results Compared to bipolar patients without addictive comorbidity, those with this comorbidity had the following characteristics: we found more male, less family cohesion, more domestic violence, more criminal records, more time spent abroad, more personality disorders especially antisocial and borderline, fewer triggers of bipolar illness, more mood episodes, more psychotic features, higher impulsivity BIS-10 score, an increased need to put in a neuroleptic long term treatment, poor adherence to treatment, lower response to treatment, lower score of global assessment of functioning (GAF), more rapid cycles, shorter period of remission, longer duration of the last mood episode, poor socio-professional integration and poor quality of intervals between mood episodes.

Conclusions It seems important to insist on the identification and the treatment of bipolar disorder or substance use disorders when one of them is diagnosed. This needs to set up urgently facilities and care structures for patients with substance use disorders and to create more addiction consultations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.521>

EV0192

Bipolar disorder and co-occurring cannabis use disorders

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Aims Assess the prevalence of cannabis use disorders (CUD) in patients with bipolar disorder, describe the demographic and clinical profile socio bipolar patients with comorbid addictive and assess the implications of this comorbidity on prognosis and evolution of bipolar disorder.

Methods A case-control study, 100 euthymic patients treated for bipolar disorder, recruited in the department of psychiatry C of Razi hospital. Two groups were individualized by the presence or not of cannabis use disorders comorbidity. The two groups were compared for sociodemographic, clinical, therapeutic and historical characteristics.

Results The prevalence of CUD was 27.53% ($n = 19$) in our sample. Comparing bipolar patients according to the presence or absence of CUD, we found the following results with patients with CUD comorbidity: younger, mostly male, a disturbed family dynamic, low educational level, poor socio-economic conditions, more time abroad history, more suicide attempts in history, more criminal record, more psychiatric family history, an earlier onset of the disease, a longer duration of undiagnosed bipolar disorder, more personality disorder, more frequent presence of a triggering factor for bipolar disorder, more psychotic features during mood episodes, more need of antipsychotic long-term treatment.

Conclusions The frequency of CUD in BD is higher than the prevalence in the general population and CUD is a factor in the evolution and prognosis of bipolar disorder and promotes the development of mood disorders in predisposed patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.522>

EV0193

Comparison of insight in bipolar disorder with and without co-morbid substance use disorders

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Aims Compare the level of insight in bipolar disorder (BD) with and without substance use disorders (SUD).

Methods Case-control study during a period of six months from July 2015 to December 2015. One hundred euthymic patients with BD (type I, II or unspecified) were recruited in the department of psychiatry C Razi Hospital, during their follow-up. Two groups were individualized by the presence or not of SUD co-morbidity. We evaluated and compared insight with Birchwood IS scale (with its three sub-scales).

Results The mean age was 40.6 years (± 16.4). The sex ratio was 2. Sixty-six percent of patients were diagnosed with bipolar disorder type 1 and type 2 bipolar disorder remains.

There is no statistically significant difference between bipolar with and without SUD in terms of quality of insight.

As for the subscales, bipolar patients with comorbid SUD had lower scores of awareness of any symptoms, whereas there was no significant difference regarding the awareness of illness and the need for treatment between the two populations.

Conclusions Co-morbid SUD can affect the quality of insight in individuals with BD. Patients with this co-morbidity should be targeted for intensive psycho-educational measures and psychotherapeutic interventions focused on the improvement of insight.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.523>

EV0194

Attempted suicide in people with co-occurring bipolar and substance use disorders

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Aims Study the impact of SUD co-morbidity on suicide risk in patients with BD.

Methods Case-control study during a period of six months from July 2015 to December 2015. One hundred euthymic patients with BD (type I, II or unspecified) were recruited in the department of psychiatry C Razi Hospital, during their follow-up. Two groups were individualized by the presence or not of a SUD co-morbidity.

Results The average age of patients with SUD was 44.02 years that of the patients without SUD was 44.12 years.

The sex ratio of patients with SUD was 5.25 and that of patients without SUD were 0.61.

Twenty-six percent of patients with SUD comorbidity had a history of suicide attempts. Fourteen percent of patients without SUD had a history of suicide attempts.

The association between SUD and history of suicide attempts was not significant ($P = 0.134$).