

Results: The average age was 36.27 years, the sex ratio was 5.5. Bipolar I disorder was diagnosed in 88.5% of patients. The mean age of onset was 27.73 years, and the mean duration of illness was 8.4 years. *The mean total score at the FAST was 22.23. *Functioning was altered on 69.2% of patients. *The occupational and the cognitive functioning were the two most altered domains in our population (respective mean scores : 8.69 and 5.74). *Autonomy was altered on 17.9% of patients. *Occupational functioning was altered on 76.9% of patients. *Cognitive functioning was altered on 70.5% of patients. *Financial issues were observed on 34.6% of patients. *Interpersonal relationships were altered on 41% of patients. *Leisure time difficulties were present with 24.4% of patients.

Conclusions: This work has focused on the very high frequency of functional handicap in euthymic bipolar patients. Thus, several measures must be put in place to prevent or mitigate the negative effects of the impaired functioning on these patients.

Disclosure: No significant relationships.

Keywords: functioning; impairment; bipolar; euthymic

EPV0108

Use of Electro-Convulsive Therapy as a Bipolar Disorder Treatment: A Systematic Review

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Introduction: Electro-convulsive Therapy (ECT) has been considered a useful for the treatment of depression and other affective disorders, however it is considered as a last resort given the risks and possible adverse effects.

Objectives: The objective of this review is to assess the use of ECT (in terms of efficacy and tolerability) for patients diagnosed with bipolar disorder and how it can be compared with other treatments more commonly used to treat this disorder.

Methods: A search was carried out in Medline and in the Virtual Health Library as well as in the Tripdatabase with the search terms “Bipolar disorder”, “Bipolar Depression”, “ECT”, “ECT treatment” and “Mania” in English and narrowing the search to the last 5 years. 8 articles were included for the review after applying inclusion and exclusion criteria.

Results: A favorable and well tolerated response was observed when applied ECT on patients with Bipolar disorder, especially the elderly populations. It was observed that the administration of unilateral and bilateral ECT are both equally effective. A better response was detected to ECT compared to newer treatments like ketamine, as well as lower suicide rate when ECT was used compared to other treatments.

Conclusions: ECT is considered an effective and safe treatment for Bipolar Disorder and should be taken into account not only as a last resort. Even so, given the limitations observed, it is necessary to carry out further investigation on the matter.

Disclosure: No significant relationships.

Keywords: bipolar depression; bipolar disorder; Electro-convulsive therapy; mania

EPV0109

Bipolar Disorder Comorbid with Arnold-Chiari Malformation: Case Report

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Introduction: Arnold Chiari malformation (ACM), a condition in which a portion of the brain pushes through the opening at the base of the skull, can cause headaches, dizziness, difficulty swallowing, muscle weakness and balance problems. The prevalence in the general population has been estimated at slightly less than 1/1000. The majority of these cases are asymptomatic. Chiari malformations are often detected coincidentally among patients who have undergone diagnostic imaging for unrelated reasons. Several cases of psychiatric illness comorbid with ACM type 1 (ACM1) are reported in the literature.

Objectives: Here we reported a patient with bipolar affective disorder, manic episode with a history of depressive episodes for 2 years comorbid with ACM1.

Methods: A 39 year-old-woman, with the history of panic disorder and obsessive compulsive disorder comorbid with depression have been using sertraline 50 mg/day for a year, admitted for decreased need of sleep, grandiosity, increased libido, risky behaviours, rapid speech and agitation. The patient met DSM 5 criteria for a manic episode and was hospitalized. She had a positive history of depression in her family. Her lab work up was unremarkable; including negative urine toxicology. MRI scans, for exclusion of organicity, demonstrated ACM1. Her treatment was started with a regimen of haloperidol 20 mg/day, biperiden 10 mg/day. The treatment was switched to olanzapine 20mg/day upon detection of rigidity. Lithium was added as 900mg/day. Neurosurgery, outpatient control was recommended by neurosurgery.

Results: The patient's symptoms gradually improved within one week with attainment of euthymic mood.

Conclusions: This case might show that ACM1 could cause abnormal functioning of brain circuits promoting psychiatric symptoms.

Disclosure: No significant relationships.

Keywords: mood disorder; bipolar disorder; Arnold-Chiari Malformation

EPV0110

Do people with bipolar disorder have a lack of empathy?

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Introduction: Impairments of empathy have been observed in patients with various psychiatric Disorders. Yet, little research on empathy concerning mood disorders exists.

Objectives: To compare empathy levels in euthymic bipolar patients (BP) and healthy controls (HC).