

667.53, respectively; indicating both decomposition techniques were equally good. Further, the Gelman-Rubin convergence statistics were stable and all Monte Carlo errors were around 0.005. Overall, olanzapine, paliperidone and quetiapine were both significantly more effective and acceptable than placebo; whereas aripiprazole, haloperidol ziprasidone, divalproex, and carbamazepine were not. In addition, both lithium and lamotrigine failed to be effective and acceptable.

Conclusions: Our findings exhibit an excellent concordance with the one used in clinical practice. Moreover, the Canadian Network for mood and Anxiety Treatments, and Royal Australian and New Zealand College of Psychiatrists guidelines also recommended these drugs as first-line medications for treating bipolar disorder.

Disclosure of Interest: None Declared

EPP0929

Dynamic time warp analysis of individual symptom trajectories in patients with bipolar disorder

R. Mesbah^{1,2*}, M. Koenders³, A. T. Spijker⁴, M. de Leeuw^{1,5}, A. M. van Hemert¹ and E. J. Giltay¹

¹Psychiatry, Leiden University Medical Centre (LUMC), Leiden; ²3Mental Health Care PsyQ Kralingen, Department of Mood Disorders, Rotterdam; ³Faculty of Social Sciences, Institute of Psychology; ⁴Mental Health Care Rivierduinen, Outpatient Clinic and ⁵Mental Health Care Rivierduinen, Bipolar Disorder Outpatient Clinic, Leiden, Netherlands

*Corresponding author.
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Introduction: Manic and depressive mood states in bipolar disorder (BD) may emerge from the non-linear relations between constantly changing mood symptoms exhibited as a complex dynamic system. Dynamic Time Warp (DTW) is an algorithm that may capture symptom interactions from panel data with sparse observations over time.

Objectives: The current study is the first to analyze a time series of depression and manic symptoms using DTW analyses in patients with BD. We studied interactions and relative changes in symptom severity within and between participants.

Methods: The Young Mania Rating Scale and Quick Inventory of Depressive Symptomatology were repeatedly assessed in 141 patients with BD, with on average 5.5 assessments per patient every 3 to 6 months. DTW calculated the distance between each of the 27*27 pairs of standardized symptom scores. The changing profile of standardized symptom scores of BD patients was analyzed in individual patients, yielding symptom dimensions in aggregated group-level analyses. Using an asymmetric time-window, symptom changes that preceded other symptom changes (i.e., Granger causality) yielded a directed network.

Results: The mean age of the patients was 40.1 (SD 13.5) years old, and 60% were female. Idiographic symptom networks were highly variable between patients. Yet, nomothetic analyses showed five symptom dimensions: core (hypo)mania (6 items), dysphoric mania (5 items), lethargy (7 items), somatic/suicidality (6 items), and sleep (3 items). Symptoms of the ‘Lethargy’ dimension showed the highest out-strength, and its changes preceded those of ‘somatic/suicidality’, while changes in ‘core (hypo)mania’ preceded those of ‘dysphoric mania’.

Image:

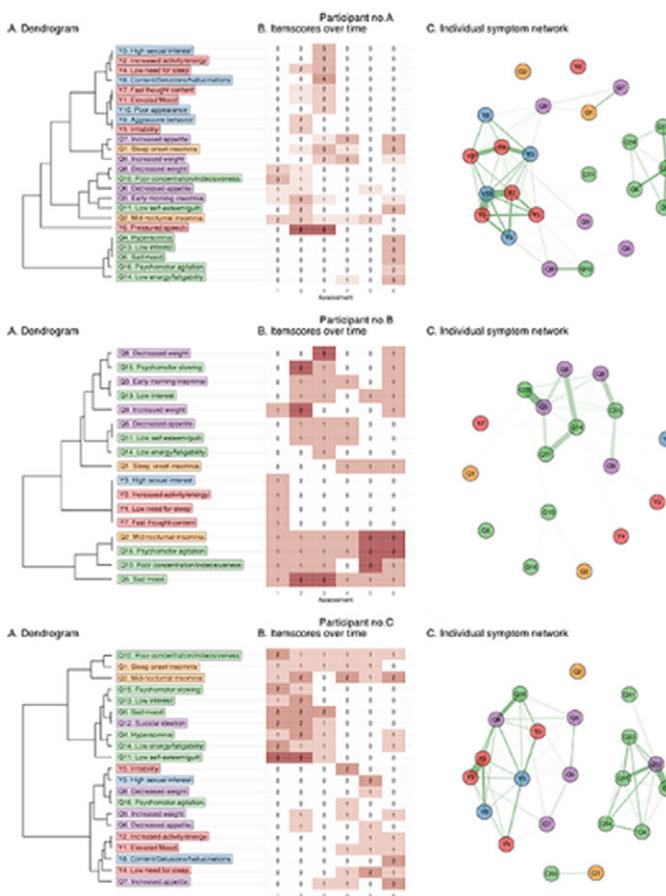


Image 2:

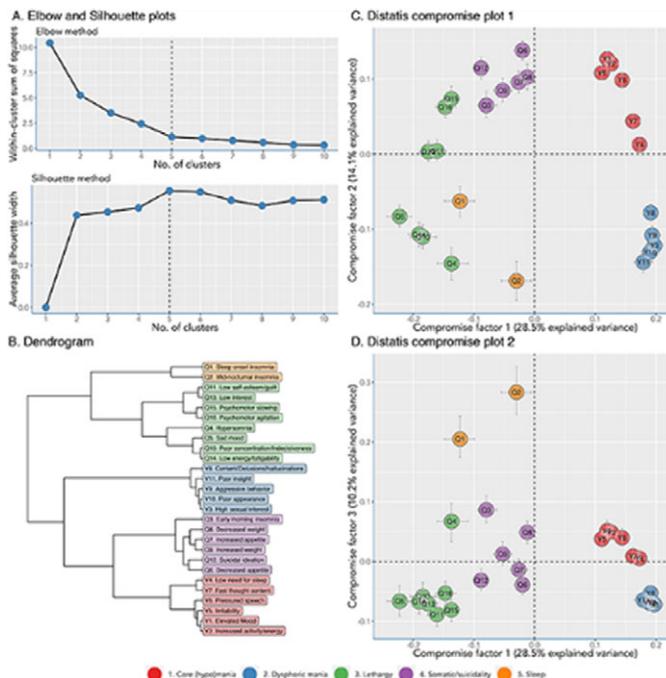
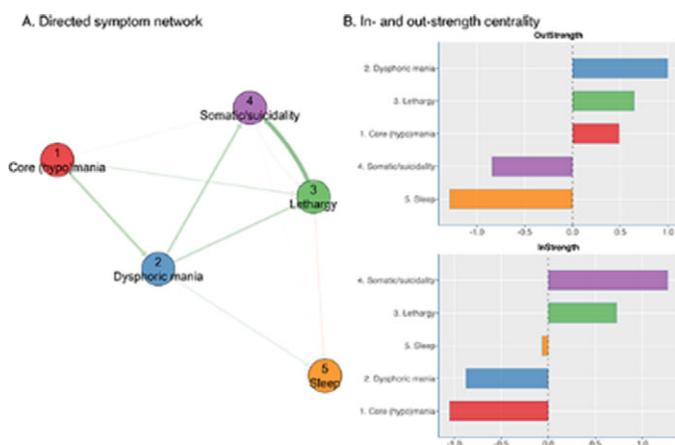


Image 3:



Conclusions: DTW may help to capture meaningful BD symptom interactions from panel data with sparse observations. It may increase insight into the temporal dynamics of symptoms, as those with high out-strength (rather than high in-strength) could be promising targets for intervention.

Disclosure of Interest: None Declared

EPP0930

Mixed Features in Bipolar Disorder: assessing symptoms profiles and their relation with DSM-5 criteria

R. Cafaro^{1*}, M. Macellaro¹, B. Dell’Osso¹ and T. Suppes²

¹Department of Biomedical and Clinical Sciences “Luigi Sacco”, University of Milan, Milan, Italy and ²Department of Psychiatry and Behavioral Sciences, University of Stanford, Stanford, United States

*Corresponding author.

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Introduction: Mixed states, the co-occurrence of manic and depressive symptoms, were recognized and described from the time of antiquity. DSM-5 first, and DSM-5-TR after, introduced the “mixed features” specifier, defined by the presence of at least three non-overlapping opposite-pole symptoms during a syndromic depressive, hypomanic, or manic episode. Various manifestations, including irritability, distractibility, anxiety, psychomotor agitation, were excluded from the specifier, since they can occur during both depressive and hypo/manic episodes and other mental illnesses.

Objectives: The objective of this study was to evaluate the phenomenology and prevalence of mixed states among bipolar disorder (BD) patients. We first assessed the frequency of specific features during different mood states. Then, we estimated the prevalence of mixed states by applying DSM-5 criteria, comparing it qualitatively with the one detected from psychometric questionnaires.

Methods: In a naturalistic study, 903 adult outpatients with BD participating in the Stanley Foundation Bipolar Network were followed longitudinally across 14,213 visits for 7 years. The scores

at the Inventory of Depressive Symptomatology–Clinician-Rated Version (IDS-C) and at the Young Mania Rating Scale (YMRS), administered at each visit, were used to define the mood episode and to assess the frequency of specific symptoms. In addition, we applied DSM-5 criteria for “with mixed features” to our sample, to examine a DSM-5-based construct.

Results: Specific symptomatic profiles differentiate mixed states from pure ones (Figure 1 and 2). Mainly, a higher prevalence of irritability was found during mixed episodes, both depressive and hypo/manic, compared to pure depression (0.60 vs. 1.20, $p < 0,001$) and hypo/mania (0.82 vs. 1.54, $p < 0,001$), as reported at the 6th item of IDS-C.

Figure 1. Individual YMRS items scores in visits with pure depression, mixed depression, pure hypo/mania and mixed hypo/mania. Figure 2. Individual IDS-C items scores in visits with pure depression, mixed depression, pure hypo/mania and mixed hypo/mania.

Image:

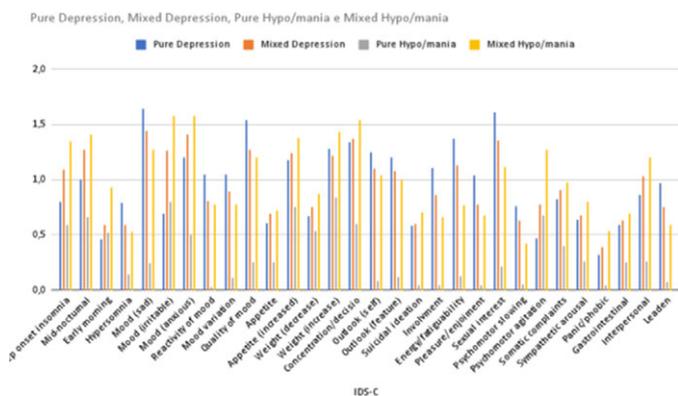
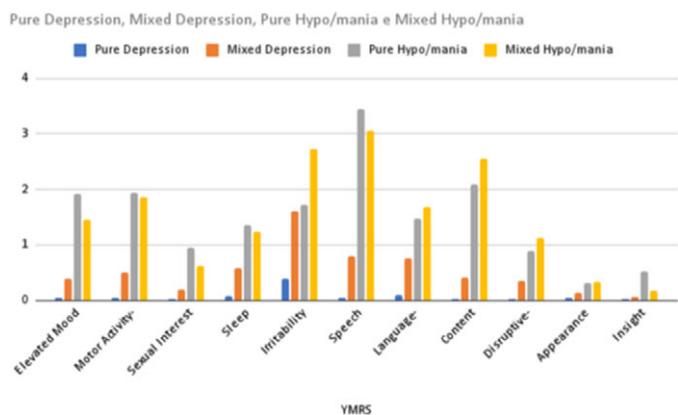


Image 2:



Conclusions: Preliminary results of the present study showed that symptoms like irritability are strongly prevalent during mixed states. Moreover, the DSM-5 diagnostic criteria for “with mixed features” specifier for any of the mood episodes detected lower rates of mixed states, hence this criteria may yield inadequate sensitivity in recognizing patients suffering from such conditions.

Disclosure of Interest: None Declared