

**Methods:** We performed an updated review in the PubMed database using the terms “circadian rhythm” and “bipolar affective disorder”.

**Results:** Irregularity of the sleep–wake rhythm, eveningness chronotype, abnormality of melatonin secretion, vulnerability of clock genes, and the irregularity of social time cues are circadian rhythm markers disrupted in bipolar affective disorder. Circadian rhythm dysfunction might be a trait marker of this illness and can act as a predictor for the first onset of bipolar affective disorder and the relapse of mood episodes. Achieving normalization of circadian rhythm in combination with pharmacological, psychosocial and chronobiological treatments can be a tool for managing bipolar affective disorder.

**Conclusions:** Recognizing patterns of changes in circadian rhythms is important to detect and diagnose bipolar disorder in clinical practice, also affecting treatment. These alterations are often overlooked and can lead to inadequate treatment and management.

**Keywords:** bipolar affective disorder; Circadian rhythm

## EPP0046

### Quality of life in euthymic patients with bipolar disorder

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**Introduction:** Patients with bipolar disorder (BD) frequently experience residual symptoms, problems in psychosocial functioning, cognitive impairment, and poor quality of life (QOL).

**Objectives:** \* To evaluate the QOL of euthymic patients with BD compared to healthy controls (HC). \* To identify factors associated with its deterioration.

**Methods:** This is a comparative and analytical study, conducted over 3 months, involving 30 euthymic patients with BD, followed up in the outpatient psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia). They were compared to 34 HC. General, clinical and therapeutic data were collected using a pre-established questionnaire. QOL was assessed with the «36 item Short-Form Health Survey» (SF-36).

**Results:** The mean ages of BD patients and HC were 44.17 years and 40.1 years, respectively. Compared with HC, patients with BD had decreased overall SF-36 scores (53.73 vs 73.78;  $p=0.000$ ) and decreased physical and psychological subdomain scores ( $p=0.001$ ;  $p=0.000$ ). The study of the relationship between the dimensional average scores and different variables revealed correlations between; physical health problems and somatic disease ( $p=0.021$ ) and unemployment ( $p=0.001$ ), impaired general health and somatic disease ( $p=0.02$ ) and psychotropic association ( $p=0.021$ ), emotional health problems and psychiatric family history ( $p=0.023$ ), pain and psychotropic association ( $p=0.031$ ), and impaired global QOL and psychiatric family history ( $p=0.05$ ).

**Conclusions:** Our results confirm the impairment of the QOL of patients with BD even in euthymic periods. Many factors have been associated, including demographic and clinical variables. The improvement of QOL is to consider these factors in the management of these patients.

**Keywords:** bipolar disorder; quality of life; euthymic patients

## EPP0049

### Bipolar disorder and peripartum mood episodes: Epidemiology and clinical correlates.

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**Introduction:** It is known that the peripartum period is a high-risk period of recurrence in bipolar disorder (BD). However, data on correlations between reproductive life events, such as age at menarche and peripartum period, are mixed in BD.

**Objectives:** The aims of this retrospective study are to investigate the lifetime rate of peripartum mood episodes, the clinical correlates and the relationship between age at menarche and peripartum episode in a sample of women with BD.

**Methods:** The study focused on comparisons between women with vs. without peripartum mood episodes ( $n = 292$ ). Socio-demographic and clinical characteristics between women with vs without BD peripartum episode were examined through descriptive statistics. Adjusted logistic regression analysis was run to examine the association between variables.

**Results:** In our sample, 30% had at least one BD peripartum episode. Women with peripartum episode had significantly earlier age at menarche, earlier onset of BD and longer duration of untreated disorder compared to women without peripartum episode. After adjustment, the late menarche ( $>15$  years) was associated with lower probability of BD episodes during the peripartum period compared to normal menarche (12-14 years).

**Conclusions:** Peripartum mood episodes are common in BD and are correlated with early onset of BD and long duration of untreated disorder. Moreover, age at menarche may be related to the risk of peripartum mood episodes. The results deserve to be deepened in further studies.

**Keywords:** bipolar disorder; women; reproductive cycles; peripartum episodes

## EPP0052

### Bipolar disorders distribution in the two genders: An analysis of recently published large sample studies

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**Introduction:** In the last decade, literature reports evidences of a growing number of patients diagnosed with Bipolar Disorders (BD), however, only few data are available regarding the distribution of BD diagnosis in the two genders. In fact, although many studies show differences in presentation and comorbidities of BD in the two genders, BD are commonly perceived as equally affecting both women and men. On the other hand, BD in female patients