Bipolar 04 / Neuroscience in Psychiatry

EPP0285

Are there differences in affective temperaments between patients with Bipolar I and II disorder?

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Introduction: Bipolar Disorder (BD) is a severe mental disorder with a high genetic load, in which is relevant to identify potential differences in affective temperaments between both diagnostic subtypes.
Objectives: To find differences between BDI and BDII patients in affective temperaments evaluated by Temperament Evaluation of the Memphis, Pisa, Paris, and San Diego TEMPS-A.
Methods: A sample of 407 euthymic patients with diagnosis of bipolar disorder type I (BDI= 307) or type II (BDII= 100) according to DSM-IV-TR criteria being age 18 or older was recruited from the Bipolar and Depressive Disorders Unit of the Hospital Clinic of Barcelona. Five affective temperaments were evaluated using the TEMPS-A. It was initially verified that the scores of these temperaments do not fulfil the assumption of normality by means of tests. Differences in means were estimated using Mann-Whitney U and Chi square tests ($p < 0.05$) as appropriate, and ANCOVA controlling the effect of confounding variables.
Results: Data revealed that patients with BD II had significantly higher scores in four affective temperaments: dysthymic, cyclothymic, irritable and anxious compared to BDI. After controlling the most relevant moderating variables, BDII patients continued to show higher scores in irritable temperament .
Conclusions: BDII patients present a more irritable temperament than BDI (p=0,037), which can affect the course and management of the disease. It could be suggested that presenting higher scores of these temperaments could be associated with BDII and further studies are needed to replicate this finding since it might help the clinicians in early phases to guide in the diagnostic process.

Disclosure: No significant relationships.
Keywords: TEMPS-A; temperament; bipolar disorder

EPP0284

Evaluation of Brain Functions in Conversion Disorder with PET/MRI

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Introduction: Since there is no objective criteria, unique clinical symptom or laboratory test to make the diagnosis of conversion disorder; its diagnosis and treatment is challenging which leads to a poor prognosis.
Objectives: The aim of this study is to investigate the brain metabolic activity of patients with conversion disorder with PET/MRI.
Methods: 12 conversion disorder patients were included. Somatosensory Amplification Scale, Somatoform Dissociation Scale, Patient Health Questionnaire-15, Toronto Alexithymia Scale were filled in by the participants. Neurological, mental status examinations, Wechsler Adult Intelligence Scale-Revised Form (WAIS-R) and brain F18-FDG-PET/MRI were performed. Structured Clinical Interview for DSM-5, Hamilton Depression and Anxiety Scales were administered.
Results: 83% of the patients were female, the mean age was 33 years and average education period was 10,2 years. WAIS-R total scores were consistent with low avarage intelligence level.Cerebral hypermetabolism was detected in the primary visual cortex. Average regional brain metabolic activity had a tendency to increase in bilateral prefrontal, right sensorimotor (SM),cingulate,right inferior parietal,occipital lateral,right temporal lateral cortices and cerebellum. Each region was metabolically correlated with the homologous contralateral regions. Significant correlations in the same direction was found between frontal and occipital lateral & primary visual cortices; cerebellum and left sensorimotor cortex; anterior cingulate cortex(ACC) and superior parietal cortex & cerebellum. No correlations were found between ACC and left SM cortex.
Conclusions: Findings of our study indicate that there are moderate changes in regional brain metabolic activities and inter-regional correlations in patients with conversion disorder. In order to confirm these findings, furter functional neuroimaging studies are needed.

Disclosure: No significant relationships.
Keywords: Neuroimaging; Conversion Disorder; Brain metabolism; PET/MRI

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Neurotrophics correlates and functional remediation in bipolar disorder. A pilot study

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Introduction: Bipolar disorder (BD) is a complex mental disorder. Cognitive dysfunction represents a core feature, strongly related with patients' functional outcome. Functional Remediation (FR), is an integrated neuropsychological and psychosocial rehabilitation treatment aimed at enhancing cognitive functions in order to achieve full functional recovery(Torrent et al., 2013). Evidence highlighted an association of neurotrophins and cognitive dysfunctions. Particularly, BDNF has been investigated a potential biomarker. Preliminary studies explored the effects induced through FR interventions on serum BDNF levels(Bonnin et al., 2019).