Methods: The study cohort included 722 participants, divided into five groups: AgD, Non-AgD, subjects in a manic state (Mnc), euthymic subjects with bipolar disorder (Eu), and healthy controls (HC). All participants underwent a comprehensive neurocognitive assessment including the Wisconsin Card Sorting Test (WCST), the Interference Component of the Stroop Test (ST), the Semantic Fluency Test (SFT), the Trail-Making Test A and B (TMT-A, TMT-B), and Raven's Progressive Matrices (RPM). Data were analyzed using one-way ANOVAs and Tukey post-hoc tests to compare cognitive performance across groups.
Results: Non-AgD showed inferior performance compared to AgD on the WCST (non-perseverative errors: p=0.037; perseverative errors: p=0.010; categories identified: p=0.026), ST (p=0.000), TMT-A (p=0.046), and TMT-B (p=0.001). Non-AgD also underperformed Mnc at ST (p=0.002), SFT (p=0.025), TMT-A (p=0.007), TMT-B (p=0.005), and RPM (p=0.012). HC consistently outperformed AgD, Non-AgD, Mnc, and Eu individuals on all neurocognitive tests except for the WCST, where no significant differences were observed between HC, Eu, and AgD. Eu demonstrated superior performance on the WCST (p≤0.001), ST (p=0.000), and TMT (p=0.000) compared to Non-AgD, with no significant differences compared to AgD.
Conclusions: The findings reveal distinct neurocognitive profiles for AgD and Non-AgD. The excitatory mechanisms associated with AgD may contribute to enhance attentional resources and cognitive flexibility but also greater impulse control difficulties. The neuropsychological profile of Eu patients resembles that of AgD, suggesting residual cognitive differences compared to HC. This study enhances our understanding of AgD by highlighting the differences in cognitive profiles of AgD, Non-AgD, Mnc, and Eu, and emphasizing the need of considering neurocognitive factors in the characterization and treatment of AgD.

Disclosure of Interest: None Declared

EPP087

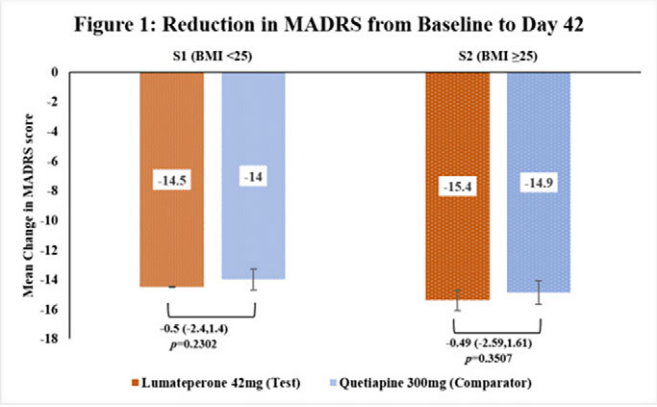
Efficacy and Safety of Lumateperone compared to Quetiapine in Indian patients with Bipolar II depression: A subgroup analysis based on baseline BMI

A. Dharmadhikari[1], P. K. Chaurasia[2], Y. Patel[3], D. Choudhary[4], P. L. Dasud[5], M. Bhirud[6], P. S. Meena[7], F. Shah[8], G. Ganesan[9], B. P. S. Rathour[10], K. Mistry[11], M. Dutta[12], A. Ramaraju[13], S. B. Mangalwedhe[14], S. G. Goyal[15], G. Kulkarni[16], A. Mukhopadhyay[17], P. Chaudhary[18], G. T. Harsha[19], M. Parikh[20], S. Dey[21], S. Sarkhel[22], N. U. Jyothi[23], A. Kumar[24], N. K. Sooch[25], A. M. Shetty[26], S. Saha[26], P. H. Devkare[26], A. Shetty[26], D. Patil[26]*, P. Ghadge[26], A. Mane[26] and S. Mehta[26]

[1]Shree Ashirwad Hospital, Dombivali; [2]Gangoshri Hospital, Varanasi; [3]VS General Hospital, Ahmedabad; [4]GSVM Medical College, Kanpur; [5]Global 5 Hospital, Vashi; [6]Dhadiwal Hospital, Nashik; [7]Jawahar Lal Nehru Medical College, Ajmer; [8]Health 1 Super Speciality Hospital, Ahmedabad; [9]Medstar Speciality Hospital, Bangalore; [10]Atmaram Child Care and Critical Care Hospital, Kanpur; [11]Prajna Health Care, Ahmedabad; [12]Om Hospital, Raipur; [13]Harshamitra Super Speciality Cancer Center and research institute, Trichy; [14]Karnataka Institute of Medical Sciences, Hubli; [15]S. P. Medical College & A.G. Of Hospitals, Bikaner; [16]Manodnya Nursing Home, Sangli; [17]Nil Ratan Sircar Medical College and Hospital, Kolkata; [18]GMERS Medical College, Ahmedabad; [19]Rajlaxmi Hospital, Bangalore; [20]B.J. Medical College and Civil Hospital, Ahmedabad; [21]Sparsh Hospital, Bhubaneswar; [22]IPGME&R and SSKM Hospital, Kolkata; [23]Government General Hospital, Guntur; [24]S N Medical College, Agra; [25]Dayanand Medical College & Hospital, Ludhiana and [26]Sun Pharma, Mumbai, India
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.438

Introduction: Lumateperone, an atypical antipsychotic drug, has a dual mechanism of action by combination of activity at central serotonin (5-HT2A) and dopamine (D2) receptors.
Objectives: This subgroup analysis of an Indian Phase 3 study was conducted to evaluate the efficacy and safety of Lumateperone 42mg compared to Quetiapine 300mg in treatment of Bipolar II depression when stratified based on baseline body mass index (BMI).
Methods: The phase-III, randomized, multi-centric, assessor-blind, parallel-group, active-controlled, comparative, non-inferiority study included patients with Bipolar II depression with moderate severity having a Montgomery-Asberg depression rating scale (MADRS) score ≥20 and Clinical global impression–bipolar version–severity (CGI-BP-S) score ≥4. The study was conducted after receiving regulatory and ethics committee approvals. The patients were randomized (1:1) to either receive Lumateperone 42mg [Test] or Quetiapine 300mg [Comparator] for 6 weeks. The patients were stratified based on baseline BMI: Subgroup 1 [S1]: <25Kg/m^2 and Subgroup 2 [S2]: ≥25Kg/m^2. For efficacy outcomes MADRS score, CGI-BP-S (total score, depression subscore and overall bipolar illness subscore), and Quality of life enjoyment and satisfaction-short form questionnaire (Q-LES-Q-SF) score were evaluated and for safety outcomes treatment emergent adverse events (TEAEs) were assessed. [Clinical trial registration: CTRI/2023/10/058583]
Results: This subgroup analysis included 462 patients, out of which 276 in S1[Test=139; Comparator=137] and 186 in S2[Test=92; Comparator=94]. The baseline demographic characteristics were comparable in between treatment arms across subgroups. The primary endpoint of reduction in MADRS score from baseline to Day 42 in Test arm was non-inferior to Comparator arm in both subgroups [Figure 1] as the upper 95% CI was below the pre-defined margin of 3.0. The reduction of CGI-BP-S (total score, depression subscore and overall bipolar illness subscore) from Day 14 to Day 42 were comparable in both Test and Comparator arms in both subgroups. The improvement in Q-LES-Q-SF score from baseline to Day 42 were comparable in both Test and Comparator arms in both subgroups. The incidence of TEAEs were similar in both treatment arms [S1: Test=38.1% and Comparator=36.5%; S2: Test=29.3% and Comparator=34.0%] and no serious adverse events were reported.

Image 1:



Conclusions: This subgroup analysis demonstrated that Lumateperone 42mg is non-inferior to Quetiapine 300mg in treatment of Bipolar II depression as assessed via MADRS score from baseline to Day 42, irrespective of baseline BMI and both treatments were found to be well tolerated. Hence, Lumateperone can be considered as valuable treatment option in management of Bipolar II depression.

Disclosure of Interest: A. Dharmadhikari: None Declared, P. Chaurasia: None Declared, Y. Patel: None Declared, D. Choudhary: None Declared, P. Dasud: None Declared, M. Bhirud: None Declared, P. Meena: None Declared, F. Shah: None Declared, G. Ganesan: None Declared, B. P. Rathour: None Declared, K. Mistry: None Declared, M. Dutta: None Declared, A. Ramaraju: None Declared, S. Mangalwedhe: None Declared, S. G. Goyal: None Declared, G. Kulkarni: None Declared, A. Mukhopadhyay: None Declared, P. Chaudhary: None Declared, G. T. Harsha: None Declared, M. Parikh: None Declared, S. Dey: None Declared, S. Sarkhel: None Declared, N. Jyothi: None Declared, A. Kumar: None Declared, N. Sooch: None Declared, A. Shetty Employee of: Sun Pharma, S. Saha Employee of: Sun Pharma, P. Devkare Employee of: Sun Pharma, A. Shetty Employee of: Sun Pharma, D. Patil Employee of: Sun Pharma, P. Ghadge Employee of: Sun Pharma, A. Mane Employee of: Sun Pharma, S. Mehta Employee of: Sun Pharma

EPP088

Insulin Resistance and Suicidal Behaviors: Insights into Mood Disorders

L. Raffaelli[1]*, E. Mazza[1], C. Gaggi[1], C. Lorenzi[1] and F. Benedetti[1]

[1]IRCCS Ospedale San Raffaele, Milan, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.439

Introduction: Compared to the general population, mood disorders (MD) patients show an increased risk of developing type II diabetes and obesity, which are associated with changes in brain correlates and a worse clinical outcome[1]. According to the literature, MD patients with a dysregulated metabolic system are characterized by a reduction in white matter (WM) integrity, lower global functioning, and suicidal behaviors (SB) [2],[3],[4]. However, little is known about the impact of early stages of metabolic dysregulation, namely insulin resistance (IR), in relation to the clinical course of MD[1].
Objectives: Therefore, the present study aims to investigate the effect of IR on WM integrity in MD patients with suicidal behaviors (s-BP, s-UP) compared to those without suicidal behaviors (ns-BP, ns-UP). Finally, we have hypothesized that obesity may be linked to SB through a biological pathway involving inflammatory and IR markers.
Methods: Our sample was composed of 184 depressed patients (92 BP, 92 UP) who were assessed for SB via the Beck Suicidal Scale (BSS). Patients underwent 3T Magnetic Resonance imaging, and blood samples were collected to determine levels of insulin and glucose and blood cell counts. The Homeostatic Model Assessment for Insulin Resistance (HOMA) and systemic-immune-inflammation index (SII) were then computed. To investigate the effect of HOMA and SII on WM microstructure, we performed voxelwise DTI analyses: first, we tested whether the relation between HOMA, SII, and DTI measures differed between s-BP and ns-BP patients; then, post-hoc analyses were performed for analyzing the effect of HOMA, and SII separately in 40 s-BP and 52 ns-BP. The same analyses were replicated on 43 s-UP and 49 ns-UP. Moderated mediation analyses were performed with the macro PROCESS for SPSS.
Results: The relationship between BMI and suicidal behaviors was fully serial mediated by SII and HOMA only in BP (b=0,031, 95% BCa CI [0.003, 0.088]). Specifically, we found that higher BMI was sequentially associated with increased SII and HOMA levels, ultimately leading to higher BSS scores. A significant interaction between s-BP and ns-BP was identified for the effect of (1) HOMA on mean diffusivity (MD), axial (AD), and radial diffusivity (RD). However, no significant interaction was found for the effect of IR and SII markers in UP. Performing the analyses separately in the two groups, s-BP showed (1) a negative widespread association between HOMA and FA, and a positive effect between HOMA and RD, AD, and MD. In ns-BP, no significant results were found.
Conclusions: These findings may suggest that IR may play a key role in the biological pathway underlying suicidal behaviors in BP but not in UP. Therefore, metabolic system dysregulation should be taken into consideration during the treatment.

Disclosure of Interest: None Declared

EPP089

Efficacy and Safety of Lumateperone compared to Quetiapine in Indian patients with Bipolar II depression: A subgroup analysis based on prior hypomanic episodes

A. Dharmadhikari[1], P. K. Chaurasia[2], Y. Patel[3], D. Choudhary[4], P. L. Dasud[5], M. Bhirud[6], P. S. Meena[7], F. Shah[8], G. Ganesan[9], B. P. S. Rathour[10], K. Mistry[11], M. Dutta[12], A. Ramaraju[13], S. B. Mangalwedhe[14], S. G. Goyal[15], G. Kulkarni[16], A. Mukhopadhyay[17], P. Chaudhary[18], G. T. Harsha[19], M. Parikh[20], S. Dey[21], S. Sarkhel[22], N. U. Jyothi[23], A. Kumar[24], N. K. Sooch[25], A. Shetty[26], S. Saha[26], P. H. Devkare[26], A. Shetty[26]*, D. Patil[26], P. Ghadge[26], A. Mane[26] and S. Mehta[26]

[1]Shree Ashirwad Hospital, Dombivali; [2]Gangoshri Hospital, Varanasi; [3]VS General Hospital, Ahmedabad; [4]GSVM Medical College, Kanpur; [5]Global 5 Hospital, Navi Mumbai; [6]Dhadiwal Hospital, Nashik; [7]Jawahar Lal Nehru Medical College, Ajmer; [8]Health 1 Super Speciality Hospital, Ahmedabad; [9]Medstar Speciality Hospital, Bangalore; [10]Atmaram Child Care and Critical Care Hospital, Kanpur; [11]Prajna Health Care, Ahmedabad; [12]Om Hospital, Raipur; [13]Harshamitra Super Speciality Cancer Center and research institute, Trichy; [14]Karnataka Institute of Medical Sciences, Hubli; [15]S. P. Medical College & A.G. Of Hospitals, Bikaner; [16]Manodnya Nursing Home, Sangli; [17]Nil Ratan Sircar Medical College and Hospital, Kolkata; [18]GMERS Medical College, Ahmedabad; [19]Rajlaxmi Hospital, Bangalore; [20]B.J. Medical College and Civil Hospital, Ahmedabad; [21]Sparsh Hospital, Bhubaneswar; [22]IPGME&R and SSKM Hospital, Kolkata; [23]Government General Hospital, Guntur; [24]S N Medical College, Agra; [25]Dayanand Medical College & Hospital, Ludhiana and [26]Sun Pharma, Mumbai, India
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.440