

EW0311

Evaluation of cognitive dysfunction in a sample of patients affected by bipolar disorder

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Introduction Cognitive dysfunctions concerning working memory, attention, psychomotor speed, and verbal memory are a disabling feature of the bipolar disorder (BD). According to scientific literature, cognitive disturbances are present not only in depressive and manic phases of BD, but also during the euthymic period, without regard to whether or not drugs are assumed.

Objective To determine the presence of one or more dysfunctions in cognitive domains in a sample of subjects suffering from BD, in euthymic phase, compared with healthy controls.

Aims Evaluation of the following cognitive performances in subjects affected by BD: speed of processing, attention/vigilance, working memory, verbal learning, visual learning, reasoning and problem solving, and social cognition.

Methods Forty-six patients affected by BD in the euthymic phase (mean age: 43.17 years old; 39.13% male), and 58 healthy controls (mean age: 39.21 years old; 51.72% male) were enrolled in the psychiatric unit of Azienda Sanitaria Locale, Foggia. The neuropsychological battery MATRICS Consensus Cognitive Battery (MCCB) was administered by trained psychiatrists.

Results We found the presence of cognitive impairment, affecting six out of seven of cognitive functions assessed ($P < 0.001$): speed of processing, attention/vigilance, working memory, verbal learning, visual learning, reasoning and problem solving.

Conclusions These preliminary results from our case-control study show that cognitive deficits are clearly present also during the euthymic phases of subjects with bipolar disorder (mainly pertaining attention/vigilance domain). These cognitive abnormalities may represent a biomarker of bipolar disorder.

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EW0312

Patterns of impairment in executive functions within unipolar and bipolar depression

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Introduction The majority of studies revealed that cognitive deficits are an important aspect in many psychiatric illnesses, such as bipolar disorder and major depressive disorder. In the past, cognitive impairment was considered part of depression and it was expected to diminish as other mood symptoms improved with treatment.

Method This study is based on the review of recent literature, performed in order to understand the dimension of executive impairment in unipolar and bipolar depression.

Results Both unipolar and bipolar depressed patients display cognitive deficits in several cognitive domains within executive functions. Different subcomponents of executive functions are altered in both types of patients, but impairments in sustained attention appear specific in bipolar depression while dysfunctional divided attention is reported in unipolar disorder. Studies describe deficits in planning strategies and monitoring processes that are characteristically impaired in unipolar depressed patients. Also these subjects tend to make more perseverative responses suggesting set shifting deficits and moreover they require longer time and more cognitive effort in order to accomplish tasks involving inhibitory control or cognitive flexibility. Other findings suggest that bipolar I depressed patients perform worse than bipolar II depressed patients and unipolar depressed patients across all executive functions especially in the decision making process that is considered to be a trait marker for bipolar disorder with no differences between the two types of bipolar subjects.

Conclusions Executive functions represent a term that includes a higher order of cognitive abilities with deficits that are present in both disorders but display slightly different patterns of impairment.

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EW0313

Objective quantification of psychomotor dynamics during pharmacological treatment of bipolar depression

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Introduction Psychomotor disturbances are among the core symptoms of endogenous depression. They reflect the underlying pathophysiology of the depressive episode and are sensitive to the neurobiological effects of its pharmacological treatment. Being objectively manifested, the psychomotor functions and dysfunctions are technically recordable and measurable by the available motion analysis systems.

Aims To objectively record and measure the psychomotor dysfunctions in bipolar depression and their dynamics during pharmacological treatment.

Methods We introduced an original (internationally patented) equilibrium method for objective and quantitative recording of psychomotor dysfunctions during stepping locomotion in 37 hospitalized patients with bipolar depression and 30 well-matched healthy controls. Two separable psychomotor functions were analyzed in parallel: conscious (voluntary) activity and subconscious (automatic) reactivity. Both patients and controls were examined twice in order to quantify their psychomotor dynamics. Patients were examined at the first day of their hospitalisation and the day before their discharge. The two consecutive examinations of the controls were with equivalent time intervals.

Results There was no significant psychomotor dynamics ($P > 0.05$) in the healthy controls between their first and second equilibrium recording. Psychomotor activity and/or reactivity of the patients were relatively slower at their first recording and significantly accelerated ($P < 0.05$) at their second recording after effective pharmacological treatment.

Conclusions Objective recording and quantitative assessment of psychomotor dynamics in patients with bipolar depression during the pharmacological treatment of their current episode could be a sensitive measure of their improvement and might be used as a surrogate pharmacodynamic biomarker for objective treatment monitoring.

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EW0314

The effect of gender on neurocognitive functioning in bipolar disorder

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Introduction Bipolar disorder (BD) is frequently associated with cognitive deficits in attention, verbal memory and executive functions that have been related to various clinical characteristics of the disorder.

Objectives However, few studies have examined the effect of gender on cognition despite its clinical relevance.

Aims The aim of our study was to investigate potential diagnosis-specific gender effects on visual memory/learning and executive functions in BD.

Methods Cognitive performance of 60 bipolar-I patients and 30 healthy controls was evaluated by using CANTAB battery tasks targeting spatial memory (SRM), paired associative learning (PAL), executive functions (ID/ED, SOC). A multivariate analysis of covariance (MANCOVA) of neuropsychological parameters was performed with gender and diagnosis as fixed effects and age and education as covariates. Following univariate analyses of covariance (ANCOVA) were undertaken to examine the effect of gender on each neuropsychological task.

Results Bipolar patients showed significantly poorer performance in paired associative learning (PAL), set shifting (ID/ED) and planning (SOC). Moreover, a diagnosis specific gender effect was observed for cognitive functioning in BD (gender × diagnosis interaction $P=0.029$). Specifically, male healthy controls outperformed healthy females in tasks of visual memory/learning but this pattern was not sustained (SRM) or was even reversed (PAL) in BD patients.

Conclusions The present study is one of the few studies that have examined the effect of gender on neurocognitive function in BD. Our findings indicate that the gender-related variation observed in healthy subjects is disrupted in BD. Moreover, they suggest that gender may modulate the degree of frontotemporal dysregulation observed in BD.

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EW0315

Features of emotional intelligence and its connection with level of social functioning in patients with depressive-paranoid symptoms

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Introduction The problem of social functioning of psychiatric patients is one of the most relevant these days.

Objectives Studying characteristics of emotional intelligence parameters in patients with depressive-paranoid symptoms in psychotic disorders in the structure of F 20.0, F25.1 and F33.3.

Participants Study involved 40 patients divided into three groups according to nosology:

– Group 1: F 20.0;

– Group 2: F 25.1;

– Group 3: F 33.3.

Methods MSCEIT (Russian version of the adapted version of Sergienko O.O., Vetrova I.I.), the scale of PANSS and PSP.

Results The highest rates are in the group F25.1, except for the scale D. In group F 20.0 compared to other scales reduced scale index N. In group F 33.3 reduced compared to the scales A and E are indicators of scales D and H. 2. The observed negative correlation scale D performance of N5, G1, G5, G8, G14 (PANSS) in group F 20.0 and positive correlation in group F 33.3 of G6. E indicators scales show positive correlation with G3, group F20.0, and F33.3. Also was found a negative correlation with the performance scale O13 H group F20.0. 3. The positive correlation between the level of social functioning and performance scale H group F20.0 scales and indicators in the group D F33.3.

Conclusion The findings are the “resource area”, which have become “target” of rehabilitation programs for this group of patients.

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EW0316

Some personality traits in patients with bipolar II disorder

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Introduction Bipolar I disorder (BD I) is characterised by at least one full-manic episode. In bipolar II disorder (BD II), all upswings are hypomanic, which means they never reach full-blown mania. Therefore, BD II evolves into BD I, but BD I can never evolve into BD II. Differential diagnosis of patients evaluated for BD II should include BD I, major depressive disorder (MDD) and borderline personality disorder (BPD). Patients with BPD often have the same type of severely disrupted life as well as patients with BD II because of the multiple episodes of significant mood disorder symptoms.

Objectives Establishing some personality traits in patients suffering from BD II, their relationship and predictability.

Methods The test group was formed out of 55 patients diagnosed with BD II in remission phase from 2012 until 2015. Three measuring instruments were used: Eysenck's Personality Questionnaire (EPQ), Self-destruction Scale (SAD) and Beck Depression Inventory (BDI).

Results We calculated the prevalence of personality traits (neuroticism, psychoticism, elements of borderline personality Disorder), their correlation and predictive validity.

Conclusion We established the prevalence of neuroticism, elements of Borderline Personality Disorder and their significant predictability in patients with BD II in remission.

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