Bipolar Disorders

EPP276

Semantic similarity analysis in speech samples of patients with first-episode bipolar disorder

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Introduction: Individuals with first-episode bipolar disorder (FEBD) may have language abnormalities and sub-threshold formal thought disorder (FTD). Natural language processing (NLP) methods that have been shown to assess FTD in psychosis can be used in the early stages of bipolar disorder (BD).
Objectives: The purpose of this study was to examine the differences between FEBD and healthy controls (HC) utilizing NLP methods.
Methods: Speech samples were collected from 20 FEBD and 20 HC while describing eight Thematic Apperception Test images. The manually transcribed text was then processed using word2vec to generate vectors. The semantic similarity between words was computed utilizing a moving window method to windows ranging in size from 5 to 10. Finally, the average, variance, maximum, and minimum of these similarities were calculated.
Results: All mean similarities (windows of 5 to 10) were significantly higher in FEBD (p< .001, p=0.001, p=0.002, p=0.002, p=0.003, and p=0.004, respectively). Additionally, all variances of similarities were highly significant and were increased in FEBD (all p values< .001). Regarding maximum values, except for the window of 5, all of the remaining windows were significantly higher in FEBD (all p values <.05.).
Conclusions: Our findings indicate that semantic similarity increased in the FEBD group compared to HC. Overall, NLP methods offer an easily applicable approach for assessing FTD in FEBD and discriminating between FEBD and HC.

Disclosure of Interest: None Declared

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Evidence-based interventions for bipolar disorder: an open-access platform to guide treatment decisions based on efficacy, safety, and patient preferences.

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Introduction: Bipolar disorder (BD) is a psychiatric condition characterized by a wide range of symptoms, for which many interventions have been proposed. Although the literature contains numerous meta-analyses (MAs) and network meta-analyses (NMAs) summarizing this evidence, the large volume and variability of information can make it difficult to apply in daily clinical practice, guide researchers, or inform the development of clinical guidelines.
Objectives: To offer a freely accessible platform, developed within the U-REACH framework, providing updates on the latest therapeutic strategies for BD in terms of efficacy and safety, aligned with patient preferences. Informed by a living umbrella review, the platform aims to grade the current evidence to support informed decision-making.
Methods: We conducted an umbrella review by searching PubMed, PsycINFO, and the Cochrane database up to December 31, 2023, for (N)MAs of randomized controlled trials investigating interventions for BD. Each association was assessed using the GRADE. Effect sizes were standardized into equivalent standardized mean differences (eSMD), with eSMD>0 indicating clinically positive effects and eSMD<0 indicating clinically negative effects. The results are made available on an open-access online platform. Users can filter data by age group, BD stage, intervention, effect size, outcome, comparison, type of meta-analysis, GRADE evidence level, and (N)MA quality. For any filter combination, users can visualize key interventions, outcomes, and a forest plot with eSMD. The database will be regularly updated. Additionally, a preference-based tool allows users to rank safety outcomes by importance (0-10) and the system will recommend medications based on these preferences.
Results: From the 4,352 records retrieved, we included 71 (N)MAs evaluating the effects of pharmacological (n=87), brain stimulation (n=13), psychosocial (n=8), and circadian rhythm-based therapies (n=3), on 132 efficacy (n=85) and safety (n=47) outcomes. For the preference-based tool, we included 10 first-line interventions for at least one mood state of BD (aripiprazole, asenapine, cariprazine, lamotrigine, lithium, lurasidone, paliperidone, quetiapine, risperidone, valproate) and 15 safety outcomes based on clinical judgment (e.g., akathisia, weight increase, QTc prolongation, insomnia), resulting in 150 potential combinations.
Conclusions: This platform represents a pioneering approach to delivering the most complete evidence on interventions for BD. With its regular updates, it provides clinicians and researchers with a freely accessible resource to guide treatment decisions based on efficacy, safety, and patient preferences. This tool aims to support the development of future guidelines, facilitate ongoing professional education, and ultimately improve the quality of care for individuals with BD.

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Temperament in People with Familial High Risk for Bipolar Disorder and Psychosis: An exploration of Schizotaxia and Cyclotaxia

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