

cinema) focusing primarily on elevator rides, sometimes in combination with IVE, consisting of locking the door in the experimental room. Another case is a 59-year-old female patient with a fear of open spaces and crowd situations. This patient had 5 VRET sessions combining exposure to open spaces with subway rides. In addition, the patient was instructed to watch short 360° videos of crowd situations. The last case is a 20-year-old female patient with an intense fear of subway tunnels and sounds, enclosed spaces, and heights. During 4 VRET sessions, we mainly focused on the subway with additional IVEs in a real elevator.

**Conclusions:** Subjective evaluations during exposures indicate a reduction of anxiety across sessions. Based on the patient's feedback we can conclude on a good acceptance of the technology and an improvement in real-life situations. These case studies demonstrate the valuable use of variable combinations of virtual scenarios in the treatment of agoraphobia.

**Disclosure of Interest:** None Declared

## Bipolar Disorders 01

### EPP0124

#### Risk of childhood trauma exposure and severity of bipolar disorder in Colombia

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**Introduction:** Bipolar disorder (BD) is higher in developing countries. Childhood trauma exposure is a common environmental risk factor in Colombia and might be associated with a more severe course of bipolar disorder in Low-Middle Income-Countries. We carried out the first case-control study (114 BD patients and 191 controls) in Colombia using a structural clinical interview and the Childhood Trauma Questionnaire-Short Form (CTQ-SF) to describe the prevalence and association between trauma exposure during childhood with a severe course of illness in a sample of BD patients.

**Objectives:** to describe the prevalence and association between trauma exposure during childhood with a severe course of illness in a sample of BD patients.

**Methods:** A case-control study (114 controls versus 191 controls) that assessed outpatients between 18 and 65 years old, at a teaching hospital in Barranquilla, Colombia was carried-out. All participants were assessed with the SCID-5-CV, the Young Mania Rating Scale (YMRS), and the Bipolar Depression Rating Scale (BDRS). Additionally, exposure to childhood trauma was assessed using The Childhood Trauma Questionnaire-Short Form (CTQ-SF). The CTQ-SF is a brevity 28-item Likert-type, with a five-factor structure: emotional abuse EA, physical abuse PA, sexual abuse SA, physical neglect PN, and emotional neglect EN, self-administered instrument in order to assess multiple types of trauma during childhood.

We generate an outcome variable named severe bipolar disorder defined by course severe of bipolar disorder as the presence of any clinical indicator of severity, previously delimited by the research team (early-onset, rapid cycling, ideation or suicide attempt, or 3 or more hospitalizations per year). Also, we carried out bivariate and regression analyses with each clinical indicator of severity as an outcome.

**Results:** Cases included 61.4% BD type I and 38.6% BD type II. The median age was 31.5 years (IQR, 75-24) for BD patients and 31 years old (IQR, 38-24) for healthy controls. A higher prevalence of childhood trauma was evidenced in cases compared to controls.

*Multivariate logistic regression model in severe bipolar disorder*

Variable	Severe Bipolar Disorder		OR	95% CI	p value	p model	R <sup>2</sup>	
	B	SE						
Emotional Abuse	0.83	0.36	2.30	1.75	3.03	<0.001	<0.001	0.10
Physical Abuse	1.07	0.43	2.92	1.54	5.53	<0.001	<0.001	
Sexual Abuse	1.61	0.44	5.04	4.73	5.36	<0.001	<0.001	
Physical Neglect	0.28	0.49	1.32	0.93	1.87	0.117	<0.001	
Emotional Neglect	1.24	0.38	3.45	2.28	5.23	<0.001	<0.001	

**Conclusions:** This is the first association study between childhood trauma exposure as a higher risk for a severe course of illness in BD patients in Colombian. Our findings highlight the importance of screening and evaluating childhood trauma exposure during the course of BD patients.

**Disclosure of Interest:** None Declared

### EPP0125

#### Using Gamification of Smart Healthcare among Individuals with Bipolar Disorder

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**Introduction:** Bipolar disorder (BD) is a severe psychotic disease repeats depression, hypomania or mania. Using mobile applications to record emotions can help BD patients to self-manage and reduce emotional symptoms. Gamification applied in health-manage applications can improve the using frequency and satisfaction. Nurturing and horticultural therapy could increase the using frequency and alleviate the depression and anxiety.

**Objectives:** This study chose plants-nurturing to add to a self-management application, and explored the users' experiences.

**Methods:** A one-group pretest-posttest design with qualitative interview was used. Analysis included the frequency of usage, emotional changes, and users' feedback of the plants-nurturing in the first three months and after three months.

**Results:** A total of 26 participants were included. In the frequency of usage, the times and ratio of days were increased but no significant difference. The emotional symptoms were no significant difference. Positive experiences were novelty and interesting, while negative experiences were the slow rate of growth.

**Table 1.** Demographics (N=26)

	Range	Mean (SD)
<b>Age</b>	20-62	37.0(11.35)
	<b>n</b>	<b>Percentage</b>
<b>Gender</b>		
Female	15	57.7
<b>Educational level</b>		
University	14	53.8
<b>Employment situation</b>		
Employment	14	53.8

**Image:**

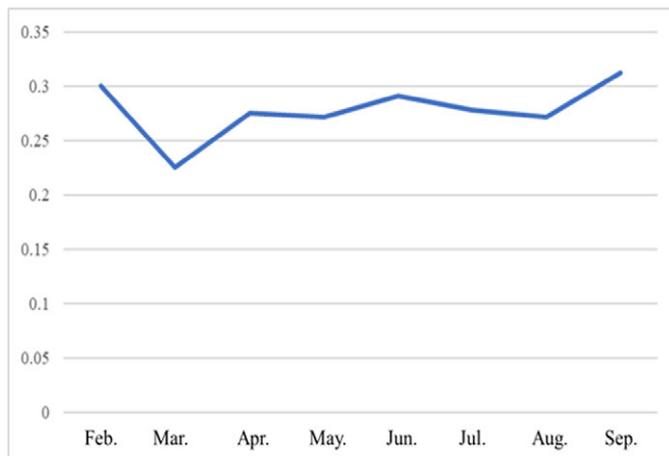


Figure 1. The trend of average using days per months

**Image 2:**

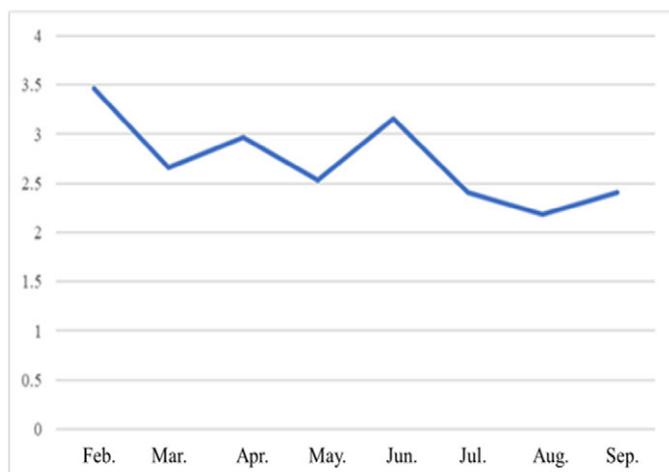


Figure 2. The trend of average using times per days

**Image 3:**

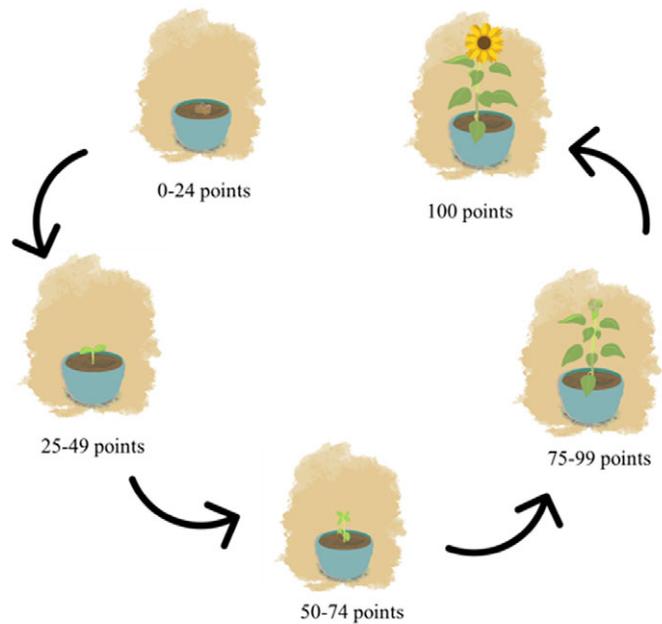


Figure 3. The growth process of the plants

**Conclusions:** There was a preliminary increase when adding plants-nurturing to the self-manage application, whereas the effect should be examined by further research. The more delicate elements of gamification could be included in self-manage application, considered the users' other sensory perception in the future. Meanwhile, to improve the frequency of usage and self-management in BD patients, the subjective experiences should be explored in-depth.

**Disclosure of Interest:** None Declared

**EPP0126**

**Sleep disturbances in bipolar disorder with comorbid post-traumatic stress disorder**

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**Introduction:** Sleep disturbances are frequently reported in patients with Bipolar Disorder (BD), parallel, patients with BD report significantly higher rates of exposure to major lifetime traumatic events than the general population with a high risk of developing PTSD.

**Objectives:** The aim of this study was to compare sleep parameters subjectively and objectively measured, in patients with BD with or without PTSD with respect to healthy control subjects.