and conceptualization of hypochondriasis/IAD may negatively interfere with the possibility of selecting homogenous groups for clinical studies.

Disclosure of Interest: None Declared

EPP006

Emotional awareness and expression therapy vs cognitive behavioural therapy in patients with chronic pain: Systematic review and Meta Analysis

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Introduction: Emotional awareness and expression therapy (EAET) is a newer approach that focuses on identifying and expressing repressed emotions.While cognitive behavioural therapy (CBT) has ample evidence supporting its efficacy, the benefits provided by EAET are still unknown.
Objectives: We aimed to compare the efficacy of EAET versus CBT in treating chronic pain and stress-related conditions.
Methods: We systematically searched PubMed, Embase, Cochrane and Web of Science databases for randomized controlled trials (RCTs) comparing EAET with CBT in patients with chronic pain. Statistical analysis was performed using Review Manager 8.1.1 (Cochrane Collaboration). Heterogeneity was assessed by I^2. We pooled mean differences (MD) with 95% confidence intervals (CI) . Reduction in pain severity was assessed using brief pain inventory (BPI), anxiety by PROMIS anxiety short form 7a ,sleep disturbances by PROMIS sleep disturbances short form 8a and satisfaction with life by NIH toolbox general life satisfaction fixed form B.
Results: Three RCTs reporting data on 333 patients were included. Among them, 173 (52%) received EAET and 160 (48%) received CBT. Follow-up ranged from 3 to 6 months. The mean age of patients between studies ranged from 48 to 75 years. EAET significantly reduced pain severity (MD -0.93 points; 95% CI -1.63 to -0.23 ; p=0.009; I^2 = 81%) compared with CBT. There were no differences in anxiety (MD -1.62 points; 95% CI -4.30 to 1.05 ; p=0.23; I^2 = 91%), Sleep disturbance (MD -0.21 points; 95% CI -0.55 to 0.12; p=0.22; I^2 = 55%) and satisfaction with life (MD 0.71 points; 95% CI -0.24 to 1.65 ; p=0.14; I^2=94%).
Conclusions: In patients with chronic pain, EAET was associated with a greater reduction in pain severity compared with CBT.

Disclosure of Interest: None Declared

Bipolar Disorders

EPV0188

Assessment of suicide risk in stabilized bipolar patients

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Introduction: Suicide risk is a significant concern in bipolar disorder, with a notably higher rate of suicidal behaviors compared to the general population. Stabilized bipolar patients, while in remission, remain at risk due to the chronic nature of the illness and its associated mood dysregulation.
Objectives: This study aims to evaluate the prevalence and characteristics of suicide risk in a sample of stabilized bipolar patients.
Methods: We approached 107 stabilized bipolar patients attending the psychiatry outpatient unit at the Hedi Chaker University Hospital in Sfax. Ninety-three patients agreed to participate in the study. We collected their sociodemographic and clinical data. Suicide risk was assessed using the Mini International Neuropsychiatric Interview (MINI).
Results: The mean age of the participants was 41.49±12.33 years, with a predominance of males (72%). Among the patients, 58.1% were married, 47.3% were unemployed, and 44.1% reported low income. Medical comorbidities were reported by 35.5% of patients, while 11.8% had psychiatric comorbidities in addition to bipolar disorder.
Lifestyle factors revealed that 49.5% of the participants were smokers, 11.8% consumed alcohol, and 2.2% used cannabis.
Most of the patients were diagnosed with type I BD (74.2%), and 18 patients (19.4%) had a history of attempted suicide.
At the time of the study, 19.4% of the patients were assessed as being at risk of suicide with 17.2% presenting low risk and 2.2% exhibiting moderate risk.
Conclusions: This study reveals that a significant portion of stabilized bipolar patients remain at risk for suicide, with nearly one in five participants showing some level of suicide risk despite their clinical stabilization. While most were categorized as low risk, the findings underscore the necessity for continuous suicide risk assessments and preventive strategies, even during periods of mood stability.

Disclosure of Interest: None Declared

EPV0190

Early detection of pediatric bipolar disorders: a systematic review and meta-analysis

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Introduction: Bipolar disorders (BD) are among the most impairing of pediatric psychiatric disorders. Even though BD symptoms may begin in adolescence, they are frequently not diagnosed until adulthood. BD screening tests could aid diagnostic assessment in paediatric populations and are supported by The International Society for Paediatric Bipolar Disorders Task Force and empirical evidence.

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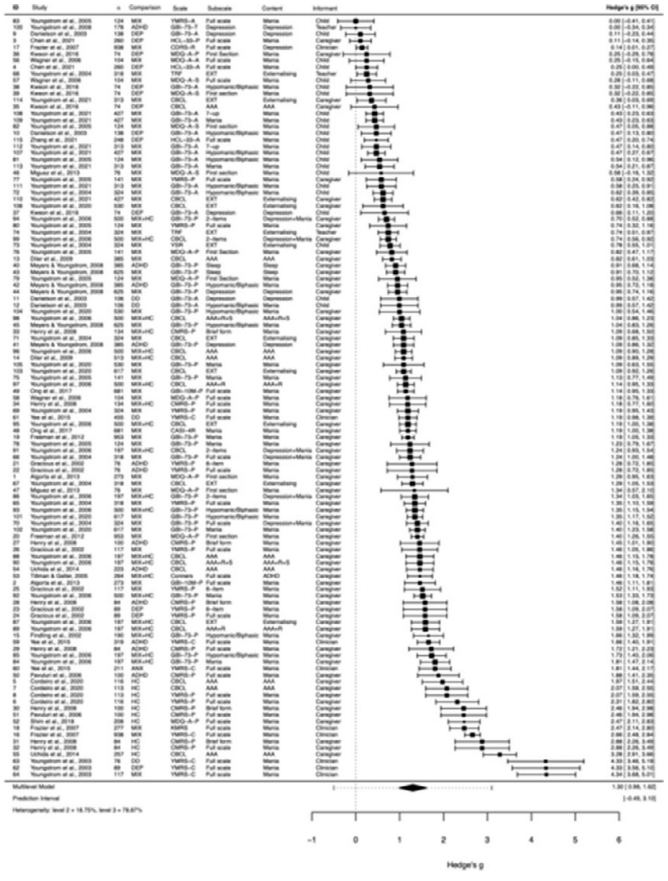
Objectives: This review synthesizes the evidence on the accuracy of BD symptom screening tests in distinguishing bipolar disorders from other psychiatric conditions or healthy cases in pediatric populations. Additionally, it examines a wide range of potential moderators that may influence diagnostic accuracy.
Methods: A systematic search was conducted across three databases (1980–2022), supplemented by searches of grey literature, citation chaining, and author contact. Data from relevant studies were combined using meta-analysis. A multilevel model was used to account for nested effect sizes, with 31 potential moderators tested in both univariate and multivariate models.
Results: 2,281 records were identified; 1712 titles-and-abstracts records were screened; 114 records were full-text screened; and 28 studies were included. The meta-analysis was based on all s=28 studies, 40 independent samples, k=115 effect sizes, and n=11,464 participants. Meta-analytic results showed that BD symptom index tests have high diagnostic accuracy in pediatric populations (g = 1.300; 95% CI: 0.982 - 1.619; p < .001) (see Fig. 1). Accuracy varied based on the comparison group, test content, test informant, and the specific scale or subscale used.

Image:



Conclusions: Screening tests focusing on mania-related symptoms, caregiver reports, and psychiatric comparison groups demonstrate clinical value in identifying pediatric BD. Also, other informants and symptom content combinations may not reliably identify pediatric BD. Importantly, tests derived from studies using psychiatric comparison groups, represent BD symptom non-specificity and BD symptom overlap with other disorders (eg. ADHD and depression), providing external validity and clinical utility. Screening tests with high accuracy and clinically useful are the GBI-73-P, MDQ-A-P and the YMRS-P.

Disclosure of Interest: None Declared

EPV0191

First Manic Episode After a Loss Experience: A Case of Funeral Mania

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Introduction: There is a paucity of research on the relationship between bereavement and the onset of bipolar disorder, especially in connection with manic episodes. While some case reports delivered preliminary data, they are insufficient to determine whether the stress response to a loss triggers the first signs of the disorder, or if manic symptoms arise in individuals with pre-existing mood instabilities. Overall, the predictors and prodromal characteristics for the development of a manic episode following a loss remain unclear. Moreover, there are no follow-up case studies to evaluate the long-term outcomes of these patients after the first manic episode.
Objectives: In this presentation, we will discuss the case of a woman who experienced her first manic episode immediately after the death of her son and present the one-year follow-up process to provide some experience in the psychopharmacological and psychotherapeutic treatment of these patients.
Methods: Here we will present a case from a psychiatric-psychotherapeutic hospital in Lower Saxony, Germany, in a comprehensive way.
Results: A 43-year-old woman was referred to the psychiatric department three weeks after the sudden death of her 15-year-old son due to an undiscovered congenital heart defect. She presented with chest pain, anxiety, sleep disorders, and referential psychotic thoughts. In the intensive psychiatric ward, she exhibited mood swings, sexual disinhibition, agitation, and aggressive behaviors towards staff. She engaged in excessive spending and refused to take her medications, Risperidone and Quetiapine. Her history included one depressive episode, successfully treated with psychotherapy and medication, but no previous manic episodes. Additionally, one brother had committed suicide, and another brother and her father had died from congenital heart conditions. We applied an intensive dynamic, systemic approach involving her family members to create a supportive environment for processing grief while managing her manic symptoms. After insisting on discharge after one month, she stopped her medication, leading to another intensive ward treatment due to aggression. During this phase, we resumed the same medications and intensive psychotherapy, resulting in stabilization. She later entered a psychosomatic treatment program, where she discontinued her antipsychotic medication and focused on her grief. Six months after this treatment, just before the anniversary of her son's death, she fell into a deep depression with suicidal thoughts and was referred to an open ward, where she was successfully treated with lithium and supportive psychotherapy. All somatic examinations and brain MRI scans were normal.