EPP0753

Self-stigma and coping strategies in remitted Tunisian patients with bipolar disorder

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Introduction: Patients with bipolar disorder may adjust their behaviors and choose a coping strategy to face self-stigma and avoid unpleasant social and professional adversities. These coping orientations are either defensive, or active behavioral strategies.
Objectives: The aim of this study was to assess self-stigma in remitted patients with bipolar disorder and to investigate coping strategies to struggle the internalized stigma.
Methods: We conducted a cross-sectional, descriptive, and analytical study of 61 patients with bipolar disorder. Euthymia was verified using the Hamilton scale for depression and the Young scale for mania. We used the Internalized Stigma of Mental Illness (ISMI) to evaluate self-stigma, the Stigma coping orientation Scale (SCOS) to assess coping strategies.
Results: The mean age of patients was 43.4 years. The sex ratio was 2.4. The mean score on the ISMI was 2.36. More than half of our patients (59%) were self-stigmatized. Secrecy (57%) and withdrawal (56%) were the most adopted coping strategies. The mean self-stigma score was significantly associated with higher scores on defensive coping strategies such as secrecy ($p<10^{-3}$) and withdrawal ($p<10^{-3}$). However, scores on challenging ($p<10^{-3}$), education ($p<10^{-3}$) and distancing (p=0.014) strategies were inversely correlated with self-stigma scores. The logistic regression analyses revealed a significant association between defensive coping strategies (secrecy and withdrawal) and internalized stigma.
Conclusions: The relationship between defensive coping strategies and self-stigma appears to be bidirectional. Enhancing coping strategies oriented to education, challenging and engaging patients in social interaction and reducing the use of deleterious coping strategies focusing on secrecy and withdrawal may lead to restrict self-stigma.

Disclosure: No significant relationships.
Keywords: coping; bipolar disorder; self-stigma

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Internalized stigma and self-esteem among remitted patients with bipolar disorder

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Introduction: Self-stigmatization in patients with bipolar disorder could lead to shame, self-judgement, impaired quality of life, and could negatively affect self-esteem imeding recovery.
Objectives: The aim of this study was to assess self-stigma in remitted patients with bipolar disorder and to evaluate its impact on self-esteem.
Methods: We conducted a cross-sectional, descriptive, and analytical study of 61 patients with bipolar disorder. Euthymia was verified using the Hamilton scale for depression and the Young scale for mania. We used the Internalized Stigma of Mental Illness (ISMI) to evaluate self-stigma, and the Rosenberg scale to assess self-esteem.
Results: The mean age of patients was 43.4 years. The sex ratio was 2.4. The mean score on the ISMI was 2.36. More than half of our patients (59%) were self-stigmatized. With regard to self-esteem, the mean score obtained on the Rosenberg scale was 27.72. Low or very low self-esteem was found in 54% of patients. The most self-stigmatized patients had significantly lower self-esteem ($p<10^{-3}$).
Conclusions: Internalized stigmatization negatively affects self-esteem of patients with bipolar disorder. Psychoeducation and cognitive behavioral therapy would improve self-esteem and enhance psychosocial treatment adherence and move people with bipolar disorder toward a culture of recovery based on hope and self-determination.

Disclosure: No significant relationships.
Keywords: bipolar disorder; self-stigma; self-esteem

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Working memory performance in euthymic bipolar patients

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Introduction: Working memory (WM) deficit in bipolar disorder (BD) is heterogeneous and seems to be affected by both, demographic and clinical aspects, of the patient.
Objectives: To assess the WM performance in euthymic bipolar patients (BP) comparing to healthy controls (HC) and to identify demographic and clinical factors associated with it.
Methods: A case-control study was conducted among euthymic bipolar patients according to DSM-5. The recruitment of patients was performed in the outpatient psychiatric unit in the university hospital Hedi Chaker in Sfax during the period from January to December 2020. The HC were matched to BP on gender, age and education level. The Screening for Cognitive Impairment in Psychiatry scale (SCIP) was used to assess the WM performance by the WM test (WMT).
Results: We recruited 61 BP (37 males and 24 females) and 40 HC (20 males and 20 females). The average age of BP was 41.75 years (SD=11.6 years). The BD group included 47 BD type I and 14 BD type II patients. The mean duration of illness was 9.75 years