

## EW32

### Initial usability and feasibility evaluation of the SIMPLe Smartphone application to monitor and psychoeducate bipolar patients

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**Background** The SIMPLe project was designed with the aim of developing a smartphone application (i.e. app) to monitor and psychoeducate subjects with bipolar disorder through highly personalized messages from both passive and active data. The project was based on a face-to-face group program, which has an increasing scientific evidence of its efficacy and cost-effectiveness reducing bipolar disorder relapses.

**Aims** An initial feasibility study was conducted to evaluate the usability and satisfaction of an Android version of the SIMPLe app 1.0.

**Methods** The SIMPLe feasibility study was conducted from March 2015 to June 2015. The participation in the study was offered to a consecutive sample of adult patients diagnosed of bipolar disorder I, II or NOS (not otherwise specified) attending the outpatient mental health clinic of the Hospital Clinic of Barcelona, Spain.

**Results** The participation in the study was offered to 72 stable bipolar patients. Forty-three subjects were enrolled in the study. Since the day the patients were enrolled in the study, the rate of completed tests was 0.74 per day and 1.13 per week. Nine emergency alerts were received through the application and notified to the reference patients' psychiatrists. Ninety-five percent of the initial participants remained actively using the app and no relapses were identified during the 3 months of the study.

**Conclusion** These preliminary results suggest a high feasibility of the SIMPLe app based on the rates of tasks completed and retention.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW33

### Neurocognitive impairments in euthymic patients with bipolar disorder type II

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**Introduction** Most of the studies have indicated that there have been neurocognitive impairments especially in the domains of executive functions, attention, verbal and working memory among euthymic patients with bipolar disorder type I (BD-I). However, there has been limited research investigating neurocognitive functioning in euthymic patients with BD- II.

**Objectives/aims** Aim of this study was to investigate neurocognitive functions in euthymic BD-II patients. Our hypothesis was that euthymic BD-II patients would have neurocognitive impairments in the domains of executive functions, attention, verbal and working memory.

**Methods** Euthymic BD-II patients ( $n=37$ ) and healthy controls (HC) ( $n=35$ ) were compared in terms of their neurocognitive functioning in the domains of executive functions assessed by the number of perseverative errors, non-perseverative errors and category completed on the Wisconsin Card Sorting Test (WCST);

working memory assessed by Auditory Consonant Trigrams (ACT); immediate verbal memory assessed by the Logical Memory subscale of the Wechsler Memory Scale I (WMSI) and attention assessed by Stroop Colour-Word Interference Test (SCWIT). Euthymic state was confirmed by the low scores both on Hamilton Depression Rating Scale, Young Mania Rating Scale.

**Results** Significant differences were found between two groups in terms of WCST non-perseverative errors ( $Z=3.8$ ,  $P<0.01$ ) and category completed subtests ( $Z=3.8$ ,  $P<0.01$ ), ACT ( $t=2.97$ ,  $P<0.01$ ) WMSI ( $Z=2.4$ ,  $P=0.01$ ), SCWIT ( $t=3.52$ ,  $P<0.01$ ) performances.

**Conclusions** Our study indicated that euthymic BD-II patients had poorer performance on the domains of executive functions, attention, working memory and verbal memory than the HC group. But future studies with large samples are needed to support our results.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW35

### Subthreshold symptoms in bipolar disorder: Impact on quality of life

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**Introduction** Several studies have analyzed the influence of bipolar disorder (BD) related to many kinds of functioning. Even if it is obvious that patients in relapse have poor quality of life (QoL), what's about it in interictal phases with subthreshold symptoms?

**Aims** To study the potential relationship between QoL and subthreshold symptoms in bipolar I patients in remission.

**Objective** To evaluate the above relationship, we hypothesized that subsyndromic BD phases can be related to worse subjectively QoL.

**Methods** This was a cross-sectional study. Forty-four BD patients were enrolled. The subthreshold symptoms were evaluated by Hamilton Depression Rating Scale (HDRS) and Young Mania Rating Scale (YMRS). Patients with HDRS lower than 7 and YMRS lower than 6 were the successful applicants. Then, we run the Tunisian version of SF-36 to measure the QoL.

**Results** Twenty-seven men and seventeen women with an average age of 39.3 years were selected. Age of beginning of BD was 31.5 years and patients were in relapse since 1.56 years. The HDRS's average score was 2.73. Twenty patients (45.5%) have an HDRS upper than 4. The YMRS's average score was 2.25 and twenty-nine BD's patients have a score between 1 and 6. The overall average score at SF-36 scale were 64.2 and 25% of BD patient with subthreshold symptoms had a poor QoL.

**Conclusions** Subsyndromic interictal phases affect the QoL of BD patients and it's necessary to introduce therapy adapted according to troubles in order to improve patient's quality of life and functioning.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW36

### First bipolar episode and functionality: Relation with depressive symptoms and inflammation levels

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