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## COGNITIVE AND PSYCHOSOCIAL FUNCTIONING IN FIRST-EPISODE MANIA.

**Objectives**: Bipolar disorder is associated with a number of neurocognitive deficits in several domains such as verbal memory, attention and executive function. Studies on neurocognition focusing on first-episodes in bipolar disorder are scant, much due to difficulties defining a first episode or misdiagnosis. Psychosocial functioning in bipolar disorder has increasingly been given more interest during the last years, and social dysfunction has been linked to cognitive impairment and clinical symptoms in this patient group. The aim of this study is to examine neurocognitive- and social functioning early in the course of bipolar disorder.

**Materials and methods:** From the ongoing Thematic Organized Psychosis (TOP) study, persons with bipolar 1 disorder (n = 40) who had received treatment for a first manic episode no more than a year previous to inclusion and healthy volunteers (n = 465) were included. Cognitive functioning was examined with a comprehensive neuropsychological test battery. Psychosocial functioning were measured with a self-rating questionnaire, the Social Functioning Scale (SFS), consisting of seven sub scales (withdrawal, interpersonal behaviour, independence-performance, independence-competence, recreation, prosocial behaviour and employment) as well as a full scale score. Clinical symptoms were measured using Inventory of Depressive Symptoms-Clinician rated (IDS-C), Calgary Depression Scale for Schizphrenia (CDSS), Young Mania Rating Scale (YMRS) and Positive And Negative Syndrome Scale (PANSS).

**Results:** There were no significant differences regarding age, sex or education between the two groups. The clinical group scored below healthy controls on current and premorbid IQ, verbal and visual memory, psychomotor speed, attention and executive functioning. They also scored below the healthy control group on all seven subscales of the SFS. There were no correlations between neuropsychological measures and the SFS. Clinical symptoms were not correlated with social functioning except for a modest significant association between positive symptoms and the SFS.

**Conclusion:** Both neurocognitive deficits and reduced psychosocial functioning were present early in the course of bipolar disorder. In contrast to most previous research neurocognition did not correlate with psychosocial functioning or clinical symptoms except for positive symptoms. The results suggests a need to pay more attention to functional outcome in bipolar disorder, in line with schizophrenia research the last two decades.

*Authors:*
*Hellvin, Tone; Oslo University Hospital, Psychosis Research Section, Institute of Psychiatry, University of Oslo, Norway Sundet, Kjetil; Institute of Psychology, University of Oslo, Norway*
*Simonsen, Carmen; Institute of Psychology, University of Oslo, Norway*
*Melle, Ingrid; Oslo University Hospital, Psychosis Research Section, Institute of Psychiatry, University of Oslo, Norway*
*Andreassen, Ole; Oslo University Hospital, Psychosis Research Section, Institute of Psychiatry, University of Oslo, Norway*