

to the possibility of having intravenous valproate, it was decided to administer 300 mg intravenously, as well as haloperidol 5 mg intravenously, and hospitalization was decided. The patient had a favorable evolution, with no side effects to the medication, and oral treatment was started after 8 hours, with a good response. In the literature there are few studies in this regard, although the most of them approved the use of valproate as a loading dose in acute mania. **Conclusions:** Intravenous valproate is an effective, safe, and tolerated treatment in acute mania. More studies are needed to collect precise information.

**Disclosure:** No significant relationships.

**Keywords:** Acute manic; Bipolar disorder type I; emergency; intravenous valproate

EPV0092

**A blemish on bipolar disorder: aggressive behaviour**

R. Zanardi<sup>1</sup>, E. Manfredi<sup>2\*</sup>, F. Attanasio<sup>2</sup>, M. Carminati<sup>2</sup> and C. Colombo<sup>1,2</sup>

<sup>1</sup>IRCCS San Raffaele Scientific Institute, Psychiatry - Mood Disorders, Milano, Italy and <sup>2</sup>Università Vita-Salute San Raffaele, Psychiatry, Milano, Italy

\*Corresponding author.

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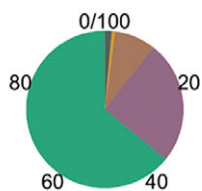
**Introduction:** Many studies have searched for an association between violence and psychiatric diagnoses, without providing a confirmative result.

**Objectives:** We have sought to deepen this topic, analysing different aspects of aggressivity, focusing on a specific diagnosis and its particular phases of illness, and looking for a correlation between psychiatric co-diagnoses and outpatients' visits adherence.

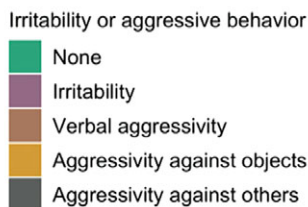
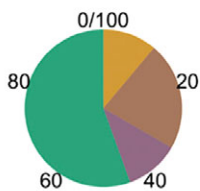
**Methods:** We studied 151 bipolar type I inpatients presenting complaint, past medical and family history; we collected information about lifetime hetero/self-aggressive behaviours, irritability, agitation, suicide attempts, alcohol, or substance abuse.

**Results:**

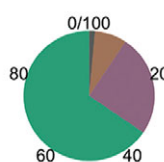
No Alcohol Use Disorder



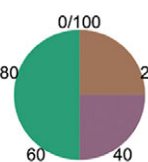
Alcohol Use Disorder



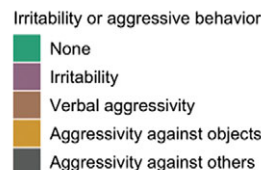
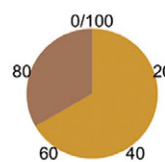
No Substance Use Disorder



Cannabis



Cocaine



The overall aggressivity in our sample resulted in 11.92% of cases, while the number of aggressive episodes during euthymia decreased to 2.64%, close to the population without psychiatric disorders. Personality disorders and alcohol abuse appeared to be the main risk factors for irritability [Fig. 1]; substance abuse for both irritability and hetero-aggressive behaviour [Fig. 2]. We observed that subjects who displayed better compliance to follow-up visits exhibited a significant lower aggressive behaviour than less adherent subjects. Moreover, our data disconfirm the common conception that correlates the presence of psychotic features to violence.

**Conclusions:** Studying aggressive in a bipolar population, we observed that the rare episodes of aggressiveness were condensed in active phases of illness and mainly related to alcohol or substance abuse, while violent acts during long periods of wellbeing appear in line with those of the general population. We are confident our data might be helpful in deconstructing the stigma that a psychiatric diagnosis equals to violent behaviour.

**Disclosure:** No significant relationships.

**Keywords:** aggressiveness; stigma; violence; bipolar disorder

EPV0093

**The use of pramipexole in drug-induced parkinsonism: A case study on a patient with bipolar depression**

L. Bueno Sanya<sup>1\*</sup>, A. Bermejo Pastor<sup>2</sup>, H. Andreu Gracia<sup>1</sup>, O. De Juan Viladegut<sup>1</sup>, L. Olivier Mayorga<sup>1</sup> and I. Pacchiarotti<sup>1</sup>

<sup>1</sup>Hospital Clinic de Barcelona, Department Of Psychiatry And Psychology, Institute Of Neuroscience, Barcelona, Spain and <sup>2</sup>Hospital Clinico San Carlos, Institute Of Psychiatry And Mental Health, Madrid, Spain

\*Corresponding author.

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**Introduction:** Pramipexole is a dopaminergic agonist used in the treatment of Parkinson's disease and restless leg syndrome. Although there is a lack of pharmacological options to treat drug-induced parkinsonism, not many studies have been made on the use of pramipexole in its management. There is also evidence on pramipexole effectiveness on major depressive episodes, particularly for bipolar and treatment-resistant depression.

**Objectives:** To describe a case of drug-induced parkinsonism treated with pramipexole in a complex patient with bipolar disorder

type I and obsessive-compulsive disorder, long-term treated with antipsychotics and valproate.

**Methods:** We present the case of a 51-year-old woman admitted in our psychiatric inpatient unit mainly to treat a bipolar depression. She also presented a parkinsonian syndrome, and a neurological study was conducted. As a negative DaTSCAN concluded its cause to be pharmacological, we decided to stop lurasidone and initiated pramipexole.

**Results:** Guidelines suggest that drug-induced parkinsonism should be managed by discontinuing causative drugs or switching to another agent. However, we decided to use pramipexole with the aim of not only treating the parkinsonian syndrome but helping manage the depressive episode. We observed a remission of the depressive symptoms and an improvement in the parkinsonian symptoms.

**Conclusions:** Although the best way to treat drug-induced parkinsonism is to avoid its causative agents, in clinical practice it is not always possible as some patients have resistant and complex psychiatric syndromes. We suggest considering pramipexole in its management, especially when dealing with a patient with a comorbid unipolar or bipolar depression. Further research is necessary to clarify its utility.

**Disclosure:** No significant relationships.

**Keywords:** pramipexole; bipolar depression; drug-induced parkinsonism; bipolar disorder type I

#### EPV0094

### Uric acid levels among Tunisian patients with bipolar disorder during different phases of illness

D. Falfel\*, G. Hamdi, H. Ben Ammar and R. Ridha

Razi Hospital, Psychiatry Ward, Manouba, Tunisia

\*Corresponding author.

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**Introduction:** Bipolar disorder is a recurrent chronic disorder characterised by fluctuation of mood state. Recent studies focused on the involvement of adenosine and the purinergic system in the pathophysiology of bipolar disorder.

**Objectives:** We aimed to investigate the difference in (SUA) levels between different phases of relapse and remission period.

**Methods:** For this aim a prospective study was conducted during six months at Razi psychiatric Hospital in Tunisia with patients diagnosed with BD. The socio-demographic, clinical data were gathered from patient and a psychometric assessment using YMRS and Beck scale was employed. Uric acid level was studied during relapse and remission period.

**Results:** Among 30 consented patients included in the study : 65.7% were women, The age of the participants varied between 22 and 65 years old. Uric acid level at the relapse varied between 328 and 499 mmol/L and level of controlled value at the remission period which is eight weeks under treatment varied between 137 and 307 mmol/L. Patients under antipsychotic treatment were 55.9% the other were under lithium or mood stabilizer. There is no significant difference between patients with bipolar disorder type I or II neither for the molecule chosen for treatment ( $p < 0.05$ ).

**Conclusions:** Bipolar disorder is a chronic psychiatric disease which needs to be regularly controlled. Uric acid levels were higher in manic or depressive phases as compared with euthymia phase.

Uric acid could be used as a trait marker in bipolar disorder and help psychiatrist to monitor patients and to adjust treatment in order to avoid relapsing.

**Disclosure:** No significant relationships.

**Keywords:** Depression; uric acid; manic episode; bipolar disorder

#### EPV0095

### "I've discovered the COVID-19 vaccine". Approach of a bipolar disorder clinical case in the Mental Health Day Hospital of Salamanca during the pandemic.

A. Gonzalez-Mota<sup>1,2\*</sup>, C. Fombellida Velasco<sup>2</sup>, A. Gonzalez Gil<sup>2</sup>, P. Gómez Hernández<sup>2</sup>, I. Vicente Torres<sup>2</sup>, M. Covacho Gonzalez<sup>2</sup>, C. Payo-Rodriguez<sup>2</sup>, E. Beltran-Mercado<sup>2</sup> and C. Roncero<sup>2,3</sup>

<sup>1</sup>Institute of Biomedicine of Salamanca (IBSAL), Psychiatry, Salamanca, Spain; <sup>2</sup>University of Salamanca Healthcare Complex, Psychiatry, Salamanca, Spain and <sup>3</sup>University of Salamanca, Psychiatry, SALAMANCA, Spain

\*Corresponding author.

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**Introduction:** A 21-year-old woman diagnosed with bipolar disorder was hospitalized in the Mental Health Day Hospital of Salamanca during the Covid pandemic. The patient engaged with 4 different jobs and a master's degree, beginning with verbose speech, dysphoria, global insomnia, grandiose delusions, extremely high energy and thinking she has the vaccine. She works the following objectives: illness insight, risk factors, psychopathological stabilization, social skills, slowing down of activities and taking responsibilities.

**Objectives:** The objective is to do a follow-up of the patient during her hospitalization in the Mental Health Day Hospital and to carry out a structured search in PubMed and Up-to-Date about psychotherapy and bipolar disorder.

**Methods:** 3-month follow-up of a 21-year-old woman diagnosed with bipolar disorder during her hospitalization in the Mental Health Day Hospital in Salamanca and a structured search in PubMed and Up-to-Date in April 2021 in English, French and Spanish, including the last 10 years with the keywords "psychotherapy", "psychotherapies" and "bipolar disorder". 77 studies were analyzed: 12 included, 65 excluded.

**Results:** Several randomized trials highlight the efficacy of group psychoeducation and cognitive-behavioural therapy in relapse prevention, improving illness insight, medical adherence and less hospitalizations. Therapeutic alliance plays a significant role in the process. Our patient improved her knowledge of her illness and treatment, her social skills and reconnected with her relatives and slowed down her activity. She then was referred to her community mental health center psychiatrist.

**Conclusions:** The insight in bipolar disorder plays an important role in medical adherence and prevention of relapses. Therapeutic alliance improves their insight, their functionality in their daily life and enables close monitoring. Medical treatment should be accompanied by psychotherapy for a complete approach of the treatment.

**Disclosure:** No significant relationships.

**Keywords:** bipolar disorder; Psychotherapy