Introduction: Bipolar disorder (BD) is characterized by significant inter-individual variation in terms of course and outcome. The most important factors associated with the outcome are subsyndromal depression and cognitive disability. Predominant polarity (PP), which is a proposed course specifier for BD, can be associated with various clinical differences such as psychotic feature, suicidality, hospitalization, while it is thought to be associated with the severity of cognitive impairment.
Objectives: To elucidate the role of the predominant polarity on cognitive dysfunction in patients with BD.
Methods: Patients with BD in remission (n=84) and healthy control volunteers (HC, n=27) participated in the study. Patients were divided into 3 subgroups according to their PP characteristics: manic (MPP, n=31), depressive (DPP, n=25), and undetermined (UPP, n=28). Structured Clinical Interview for DSM-5 Disorders-Clinician Version (SCID-5/CV), WAIS-R-Vocabulary Subtest, Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale, Young Mania Rating Scale, Rey's Auditory Verbal Learning Test (RAVLT), Trail Making Test (TMT), Stroop Test (ST), WMS-R Visual Reproduction Subtest, Controlled Oral Word Association Test (COWAT), Auditory Consonant Trigrams Test (ACT), Reading the Mind in the Eyes Test (RMET), Hinting Test (HT), Wisconsin Card Sorting Test (WCST), and Conners Continuous Performance Test (CCPT) were administered. Scores that do not show normal distribution were transformed using the two-step normalization method. Principal component analysis (PCA) with direct oblimin rotation was applied as a dimension reduction technique to identify different neurocognitive domains. Single-factorial PCA was also applied to calculate global cognition scores.
Results: In MPP group compared to HC, worse performance was observed in ACT (d=1.24), COWAT (d=1.16), RMET (d=1.03), HT (d=1.78), WCST correct answers (d=0.99), CCPT correct target section (d=0.99) and a prolongation in TMT-A (d=1.00). Compared to DPP, MPP had a weak performance in COWAT (d=0.89), RMET (d=0.86) and HT (d=1.00). MPP (d=1.18) and UPP (d=1.03) groups showed deterioration in processing speed compared to HC. MPP group showed impairment in working memory (d=1.17) and attention (d=0.70) compared to HC. In problem-solving and reasoning, deterioration was found in MPP compared to HC (d=1.16) and UPP (d=0.67), also in DPP compared to HC (d=0.74).
Conclusions: The MPP group yielded more severe cognitive impairment in verbal fluency and social cognition tests compared to DPP. Predominant polarity may also be related to cognitive impairment patterns seen in BD.

Disclosure of Interest: None Declared

EPP0794

More bipolar than bipolar disorder – a polygenic risk score analysis of postpartum psychosis

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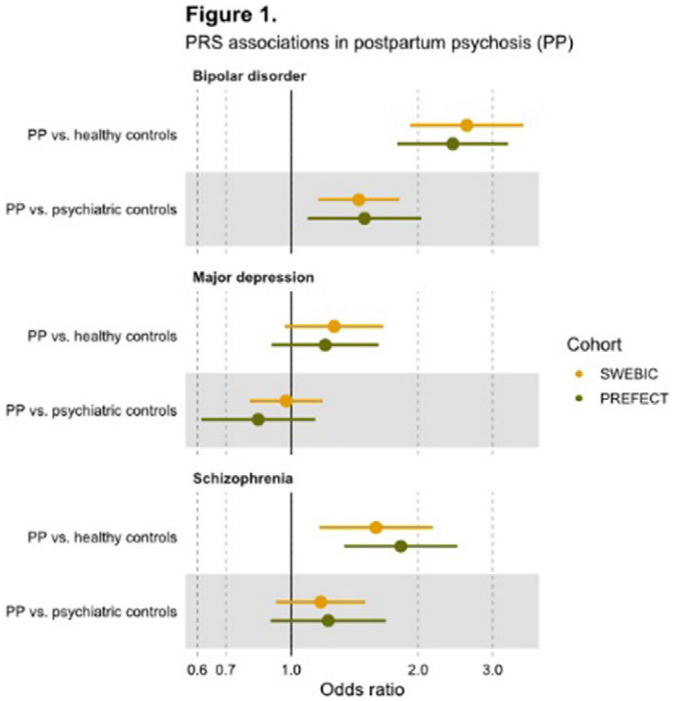
Introduction: Postpartum psychosis is a rare psychiatric emergency, occurring days to weeks after 1-2 per 1000 deliveries. Its low prevalence makes it difficult to recruit enough participants to investigate the underlying pathophysiology. It is epidemiologically linked to bipolar disorder, which one study also found it to resemble in genetic susceptibility for psychiatric disorders (Di Florio *et al.* Lancet Psych 2021; 8: 1045–52).
Objectives: In this study we aim to investigate polygenic liability for psychiatric disorders in two new Swedish postpartum psychosis cohorts.
Methods: Cases with postpartum psychosis, defined as a psychiatric hospitalization within 6 weeks after delivery, and/or receiving a diagnosis of F53.1 (ICD 10) or 294.40 (ICD 8.), parous women with severe mental illness without postpartum psychosis, and healthy parous controls were identified in two Swedish genetic studies: the Swedish bipolar collection (SWEBIC) and Predictors for ECT (PREFECT). Polygenic risk scores (PRS) were calculated from summary statistics from genome wide studies on bipolar disorder (Mullins *et al.* Nat Genet 2021; 53 817-829), schizophrenia (Trubetskoy *et al.* Nature 2022; 604 502-508) and major depression (Wray *et al.* Nat Genet. 2018; 50 668-681). The p-value thresholds best predicting their respective phenotype were used in logistic regression analyses with the first six principal components and genotyping platform as confounders.
Results: We identified 176 patients with postpartum psychosis and genetic information (N(SWEBIC)=126, N(PREFECT)=50). Compared with healthy parous women, patients with postpartum psychosis had significantly higher PRS for bipolar disorder (SWEBIC: odds ratio [OR] 2.6 (95% confidence interval [CI] 1.9-3.5), PREFECT: OR 2.4 (95% CI 1.8-3.2), Figure 1.) and schizophrenia (SWEBIC: OR 1.6 (95% CI 1.2-2.2), PREFECT: OR 1.8 (95%; CI 1.3-2.5)). Patients with postpartum psychosis had significantly higher PRS for bipolar disorder (SWEBIC: OR 1.4 (95% CI 1.2-1.8), PREFECT: OR 1.5 (95% CI 1.1-2)) compared with parous women with severe mental illness without postpartum psychosis. We found no associations with major depression PRS in either cohort.
Image:



Conclusions: We replicated previous findings of significantly higher PRS for bipolar disorder and schizophrenia in postpartum psychosis compared with healthy controls. In contrast to previous research, we find postpartum psychosis cases to have higher PRS for bipolar disorder than bipolar disorder cases. Our findings highlight the genetic influence in postpartum psychosis and support previous genetic and epidemiological evidence that postpartum psychosis lies on the bipolar spectrum.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry 06

EPP0795

Management of risperidone-induced hyperprolactinemia in children: a case report

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Introduction: Antipsychotics have shown their interest in several pathologies of children and adolescents. However, in this vulnerable population, they are not exempt from adverse effects. Hyperprolactinemia is a frequent and underestimated consequence of treatment with these drugs.
Risperidone has a marked tendency to elevate prolactin and induce the impact of hyperprolactinemia, comparable to haloperidol, and higher than most atypical antipsychotics. Reported prevalences range from 43.2% to over 64% [4].
Aripiprazole is more neutral, even decreasing prolactin levels. Several studies have affirmed this nature, hence its usefulness and effectiveness in the management of antipsychotic-induced hyperprolactinemia.
Objectives: To highlight the importance of monitoring prolactinemia in children on antipsychotic drugs. evoke the different therapeutic alternatives for the management of this adverse effect. show the effectiveness of aripiprazole in the management of antipsychotic-induced hyperprolactinemia.
Methods: We report the case of a 14-year-old girl, followed since the age of 5 for an intellectual development disorder, who was put on risperidone to manage her aggressiveness and insomnia. the appearance of mild hirsutism (Ferriman and Gallwey score = 15) with amenorrhea for 3 months. Thus, we decreased the dose of risperidone to 1 mg/d and requested a prolactinemia, which came back very high at 1637 mUI/l (N=63.6 - 305.28). The diagnosis of antipsychotic-induced hyperprolactinemia was retained after elimination of a prolactinoma and the patient was put on aripiprazole according to the modalities of the antipsychotic switch. We report the case of a 14-year-old girl, followed since the age of 5 for an intellectual development disorder, who was put on risperidone to manage her aggressiveness and insomnia.the appearance of mild hirsutism (Ferriman and Gallwey score = 15) with amenorrhea for 3 months. Thus, we decreased the dose of risperidone to 1 mg/d and requested a prolactinemia, which came back very high at 1637 mUI/l (N=63.6 - 305.28). The diagnosis of antipsychotic-induced hyperprolactinemia was retained after elimination of a prolactinoma and the patient was put on aripiprazole according to the modalities of the antipsychotic switch.
Results: We observed a rapid decrease in serum prolactin as soon as 10 mg of aripiprazole was reached with a change from 1276 to 461 mIU/l after one month before its normalization the following month (237 mIU/l).
Conclusions: The prescriber must therefore make a choice that is adjusted to the patient's pathology, but also to the slightest sign of adverse effects. He will have to re-evaluate regularly the efficacy of the treatment and confront it with the possible adverse effects of the patient.

Disclosure of Interest: None Declared

EPP0796

Tyrosinemia type 1 and ADHD like symptoms similarity or comorbidity about a case

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Introduction: Many metabolic diseases influence brain function and are associated with psychiatric symptoms and neuropsychiatric disorders (including autism-spectrum disorders, ADHD and psychotic disorders). Attention-deficit-/hyperactivity disorder (ADHD) is among the most common neurodevelopmental disorders in children, with a worldwide prevalence of about 5% in childhood. Tyrosinemia is caused by a genetic mutation in the fumarylacetoacetase gene that leads to a deficiency in the encoded enzyme, which catalyzes the cleavage of tyrosine metabolites to acetoacetic acid and fumaric acid. In recent studies of children with tyrosinemia type 1, a strong correlation was observed between symptoms of ADHD and blood levels of tyrosine, supporting a direct role of this amino acid in the pathogenesis.
Objectives: we report this case of tyrosinemia type 1 associated to ADHD symptoms to contribute in literature to provide more insights into possible shared pathophysiological mechanisms and how these affect their treatment.
Methods: We report the case of an 8-year-old child, followed since the age of 3 months for a tyrosinemia type 1 who presented symptoms of ADHD.
Results: scales and questionnaires were used to detect ADHD symptoms, the **SNAP IV - Swanson, Nolan and Pelham Teacher and Parent Rating Scale** was used with the mother, the items concerning inattention (items 1 to 10) and Hyperactivity-Impulsivity (items 11 to 20) were revealing; The **Conners Evaluation Questionnaire** was delivered, confirming the same result, a **neuropsychological evaluation of the child with IQ evaluation by WISC-IV - Wechsler Intelligence Scale** for Children and Adolescents revealed limited intellectual performance with an IQ of 65.
Conclusions: NMDs, such as HT-1, constitute a large group of conditions that are often containable with early clinical intervention, but still present lifelong difficulties and high societal costs. many studies suggest that there may be similar biological mechanisms behind the cognitive difficulties seen in ADHD and HT-1. In