Methods: Blood serum of 28 patients with bipolar disorder aged 49 years [33;52], 30 patients with recurrent depressive disorder aged 40 years [31; 51] and 130 patients with schizophrenia aged 38 years [31;49], as well as 20 mentally and somatically healthy individuals aged 35 years [31;40] was studied. The amount of Heat shock protein 1A (HSPA1A) and Transthyretin (thyroxine and retinol transport protein) was determined using a Enzyme-linked Immunosorbent Assay Kit from Homo sapiens (Cloud-Clone Corp). Statistical data processing was carried out in the Statistica 12.0 program.
Results: A statistically significant ($p = 0.016$) increase in the level of HSPA1A was found in patients with BD (0.84 [0.59; 1.09] ng/ml), compared with healthy individuals (0.61 [0.51; 0.77] ng/ml). HSPA1A **p**lays a pivotal role in the protein quality control system, ensuring the correct folding of proteins. It is known that this protein is involved in the embryonic development of the central nervous system, as well as in neuroprotection by preventing the death of neurons due to its anti-apoptotic properties. A statistically significant ($p = 0.047$) increase in the level of transthyretin was found in patients with BD 21.8 pg/ml, compared with healthy individuals 19.4 pg/ml. Transthyretin plays an important role in ensuring the normal state of the central nervous system and is involved in cognitive processes.
Conclusions: Thus, the HSPA1A and transthyretin are probably involved in the pathogenesis of BD and can be proposed as be proposed as an additional paraclinical criterion for differential diagnosis.
Support by RSF №23-75-00023.

Disclosure of Interest: None Declared

EPP0484

How Many Criteria Should be Required to Define the DSM-5 Mixed Features Specifier in Depressed Patients?

M. Zimmerman

Psychiatry, Brown University, Providence, United States
doi: 10.1192/j.eurpsy.2024.621

Introduction: During the past 2 decades there has been intense interest in the clinical significance of the concurrence of manic symptoms in depressed patients. DSM-5 introduced a mixed features specifier for both bipolar depression and major depressive disorder. Studies of the DSM-5 mixed features specifier have generally found a low prevalence of mixed depression. One approach towards increasing the sensitivity of the DSM-5 mixed features criteria is to lower the classification threshold.
Objectives: In the present study we examine the impact of lowering the DSM-5 diagnostic threshold from 3 to 2 criteria on the prevalence and validity of the DSM-5 mixed features specifier for depression.
Methods: Four hundred fifty-nine psychiatric patients in a depressive episode were interviewed by a trained diagnostic rater who administered semi-structured interviews including the DSM-5 Mixed Features Specifier Interview. The patients were rated on clinician rating scales of depression, anxiety and irritability, and measures of psychosocial functioning, suicidality, and family history of bipolar disorder.
Results: If the DSM-5 diagnostic threshold is lowered from 3 to 2 symptoms, then the prevalence of mixed features based on the DSM-5 majority of episode time frame tripled from 3.9% to 13.1% (n=60). Based on a past week time frame prevalence more than doubled from 9.4% to 22.9% (n=105) going from the 2 and 3 symptom threshold, respectively. There was no difference between the patients with 2 mixed features and patients with 0 or 1 mixed features on family history of bipolar disorder, psychosocial impairment, presence of comorbid disorders, age of onset, history of suicide attempts or psychiatric hospitalization.
Conclusions: The results of the present study do not support lowering the DSM-5-TR diagnostic threshold for the mixed features specifier in depressed patients from 3 to 2.

Disclosure of Interest: None Declared

EPP0485

Understanding Lithium intoxication in Bipolar Disorder: a comparative analysis and clinical implications

O. Martin-Santiago[1]*, C. D. Andres-Lobo[1], T. Jimenez-Aparicio[1], C. Vallecillo-Adame[1] and A. Perez-Escudero[2]

[1]Hospital Clinico Universitario, Valladolid and [2]Complejo Asistencial, Zamora, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.622

Introduction: Lithium treatment is a proven method for bipolar disorder management, but its narrow therapeutic range and the risk of severe side effects, including lithium intoxication, pose significant clinical hurdles. Lithium intoxication, a potentially life-threatening complication, can occur during treatment, raising ongoing questions about its clinical factors, risk elements, and best practices for management.
Objectives: Our objective is a comparative analysis between patients who have experienced lithium intoxication and those who have not, aiming to identify influencing factors and enhance clinical care.
Methods: We collected demographic data, age at lithium treatment initiation, treatment duration, therapeutic adherence, Mental Health consultations, and lithium level monitoring from 14 individuals requiring clinical attention due to lithium intoxication and 14 patients with similar gender, age, and diagnosis with lithium treatment but without intoxication during four years of follow-up.
Results: Regarding the results, the age of onset of lithium treatment in patients with lithium intoxication was 30.2 years (SD=8), and the duration of lithium treatment averaged 11.1 years (SD=8.8), which did not significantly differ from the control group with ages of onset at 38.1 years (SD=15.1) and treatment duration of 9.27 years (SD=8.8), respectively. Lithium intoxication patients developed severe complications, including hospitalizations in medical-surgical units, the necessity for dialysis, and death, one fatal case. Although therapeutic adherence to lithium, measured through pharmaceutical dispensation, exceeded 90% and was comparable in both groups, patients affected by lithium intoxication exhibited a significantly higher treatment discontinuation rate (OR 32.5; 95% CI, 3.1 to 337.8) during the follow-up period. Patients who experienced lithium intoxication had an average of psychiatric consultations every 11.2 months (SD=13.4), with 35.7% not attending at least once a year, while the control group had an appointment every 5.31 months (SD=2.7) ($p > 0.05$). Lastly,