

EPV0117

Bipolar disorder, Deafness and Culturality in Psychiatric Home Hospitalization: A Clinical Case

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Introduction: Mental health in the deaf community is a complex issue. Challenges in diagnosis and treatment arise from a lack of experienced interpreters and difficulties in translating Sign Language to spoken language. Deaf individuals, due to auditory limitations, are more vulnerable to abuse, increasing their risk of mental health disorders, including bipolar affective disorder (BPAD). BPAD is a prevalent, debilitating condition with varied prevalence estimates. Managing it is tough due to its lifelong, unpredictable nature. A new approach called Psychiatric Home Hospitalization Unit aims to provide acute mental health care at home as an alternative to hospitalization.

Objectives: To show the management of severe bipolar disorder with comorbidity from a Psychiatric Home Hospitalization Unit

Methods: A clinical case of bipolar disorder with deafness attended at the Psychiatric Home Hospitalization Unit of our hospital is presented.

Results: A 24-year-old deaf woman borned in Pakistan and later moving to Catalonia, she faced educational challenges but ultimately completed her studies with sign language support. Afterward, she struggled to find suitable employment, and her family had a history of bipolar disorder.

She exhibited a sudden change in behavior, characterized by irritability, paranoia, and distrust. Communication was challenging due to her speech difficulties, but assessments using sign language and observation were conducted. Her physical examination was normal, but her speech was disorganized and pressured, suggesting possible auditory hallucinations and thought disturbances. She was hospitalized and diagnosed with bipolar disorder with psychotic features.

During her initial hospitalization, she received lithium, olanzapine, clotiapine and benzodiazepines. After discharge, she continued treatment through a home hospitalization service during almost 4 month. During follow-up she presented a course with high affective instability, rapid cycling alternating brief periods of stability with other presenting manic and mixed features with high disorganization.

Due to the rapid cycling pattern Valproic acid was considered. Valproic acid was introduced up to 700 mg/d (97.1 mcg/mL). Treatment with lithium carbonate 800 mg/d (0.91 mEq/L) was maintained. Previous antipsychotic regimen was changed to que-tiapine 400mg/d, olanzapine 5mg/d. Her condition improved significantly with the adjusted treatment regimen. She was discharged to an outpatient service.

Conclusions: Diagnosing and treating bipolar affective disorder (BPAD) in a deaf and mute patient posed unique challenges. The rapid mood cycling pattern and complexity of her case made treatment challenging. Family information and interpreter support were vital. Cultural factors were considered, and home hospitalization was crucial in managing symptoms that lasted over four months.

Disclosure of Interest: None Declared

EPV0116

Sleep Disturbance in Bipolar Disorder. Treatment Implications

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Introduction: Relationship between sleep and bipolar disorder involves the following aspects: decreased need for sleep is a fundamental marker of the manic state, sleep deprivation is one cause of mania and may in fact be a fundamental etiological agent in mania, total sleep time is a predictor of future manic episodes, and total sleep time may be a marker of response as well as a target of treatment in mania.

Objectives: This e-poster aimed to summarize evidence regarding the sleep disturbance in Bipolar Disorder.

Methods: Bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: sleep disturbance, bipolar disorder, mania.

Results: Sleep disturbances are frequent in BD patients in different phases of illness, including the euthymic state and remission. These sleep aberrations are represented not only by insomnia but also by sleep-wake rhythm disorders, especially delayed sleep-wake phase disorders. During the manic state, most patients experience a reduced need for sleep and longer sleep onset latency. Likewise, in the depressive state, insomnia and hypersomnia are commonly observed. Meta-analyses of trials conducted on remitted BD patients demonstrated prolonged total sleep time, increased awakenings after sleep onset, greater variability of sleep-wake variables, and reduced sleep efficiency.

Conclusions: Overall, all kinds of sleep disorders and parasomnias are very common especially in youth patients with BD. Thus, compared to the general population, youth with BD exhibit lower sleep efficiency, longer slow wave sleep, and reduced REM sleep, features that could affect the genesis and prognosis of the disorder. Sleep disturbances may also be used as predictors of the onset of BD in a subset of high-risk young subjects.

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EPV0117

Use of aripiprazole long-acting injectable release as a stabiliser. About a case

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Introduction: A 56-year-old patient diagnosed with bipolar affective disorder type II, who remains stable, with no manifest episodes, thanks to aripiprazole 60mg daily.

Objectives: The aim is to carry out a brief review of the use of the drug as the only stabiliser in bipolar affective disorder.

Methods: A 56-year-old patient, who has been suffering from episodes of hypomania since the age of 40, with episodes of depression. After poor tolerance to the use of the usual stabilisers, and the impossibility of using antidepressants due to hypomanic swings, it was decided to start treatment with aripiprazole orally, up to a maximum of 60mg daily. Despite the fact that the patient, with this treatment, had no side effects and remained more stable psychopathologically, the patient did not comply adequately with the correct dosage, due to his rotating work shifts. This fact explained that although he acknowledged an improvement, he continued with episodes of depressive symptoms lasting several days followed by episodes of hypomanic characteristics.

Results: For this reason, it was decided to change treatment to aripiprazole long-acting injectable, in order to ensure linear blood levels of the drug. Initially, it was decided to prescribe 400mg every 28 days. However, after the first administration, 20 days later, the patient began to show dysphoric mood, with marked emotional lability, living in an egodystonic manner. For this reason, the dose was increased to 600mg on a monthly basis. Since then, after a year and a half with the same treatment, the patient has been stable and in line. There has been no further decompensation of the underlying psychopathology and no side effects.

Conclusions: Aripiprazole in TAB is superior to placebo in type I patients, mainly affecting manic and mixed episodes, but not so much in depressive episodes. It has also been observed that it not only acts in the acute phases, but also has a stabilising function, preventing manic episodes.

One study showed that up to 65% of patients on oral aripiprazole in whom it was replaced by AOM remained clinically stable. In the same study, approximately 50% of those who completed 52 weeks of follow-up were able to maintain clinical stability.

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EPV0118

Sleep disorders in patients with bipolar disorder: age and tobacco consumption correlates

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Introduction: Sleep disruptions are frequently observed in individuals with bipolar disorder and have been linked to various unfavorable consequences, such as an elevated risk of relapse and lower quality of life. Nonetheless, the impact of sociodemographic factors on the development and progression of these disruptions remains largely unexplored. Gaining insight into the relationship between sleep disruptions and sociodemographic factors is essential for designing effective interventions and enhancing clinical outcomes for individuals affected by bipolar disorder

Objectives: The objective of this study is to examine the association between sleep disorders in patients with bipolar disorder II (BDII) and sociodemographic characteristics.

Methods: This is a cross-sectional, descriptive, and analytical study that was conducted over a one-month period from October 1 to

October 31, 2022, with patients attending the follow-up unit of the mental health department at Nabeul Hospital, Tunisia. The study employed a questionnaire as a tool for data collection, and participants provided voluntary and informed consent before responding. The protection of participant confidentiality and anonymity was carefully observed during all stages of the study.

Results: In this study, we enrolled patients who satisfied the following eligibility criteria: age range of 18 to 60 years, a confirmed diagnosis of type II bipolar disorder based on DSM V criteria, and psychiatric stability as demonstrated by no hospitalization within the preceding 6-month period.

Our study included a sample of 40 male patients diagnosed with type II bipolar disorder. The participants had a mean age of 36 ± 13.2 years, and the majority were unmarried and living with their families or alone. Over two-thirds of the participants had attained a university level of education, while a large proportion of the patients, specifically 80%, reported being regular smokers.

The results of the study revealed that the mean global score on the Pittsburgh Sleep Quality Index (PSQI) was 7.28 ± 3.35 , indicating an overall low quality of sleep. The majority of the participants, that is 65% (26), had poor sleep quality scores (> 5), while 45% (18) reported experiencing poor sleep ($PSQI \geq 8$).

Our analyses further demonstrated that there was a significant association between tobacco consumption and PSQI scores ($p=0.003$). Additionally, we found that participants who were above 40 years old had a higher likelihood of experiencing sleep disturbances ($p=0.0017$).

Conclusions: According to the findings of our study, it appears that patients diagnosed with type II bipolar disorder may experience impaired sleep quality, which can be influenced by age and tobacco consumption. These results underscore the need for a holistic approach to patient care that addresses both the biological and sociodemographic factors that can impact sleep in this population.

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EPV0120

Sleep and cognition in Bipolar Disorder in full or partial remission

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Introduction: Cognitive impairment in Bipolar Disorder (BD) is frequent and is associated with reduced function in several areas. Close to half of the patients with BD have persistent cognitive dysfunction. The causes of cognitive impairments and factors associated with normal cognitive function are not clearly described. Some preliminary evidence links sleep disturbances and cognition impairment in BD. A limited number of studies have investigated the link between sleep and cognitive function in BD using objective measures.

Objectives: We aim to investigate associations between sleep and objective and subjective cognitive function in patients with BD in full or partial remission.