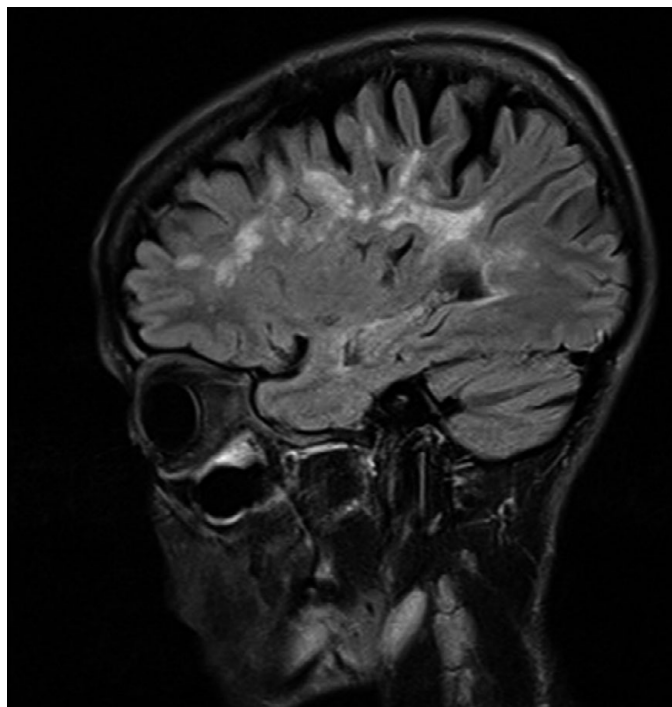


Image 2:



Conclusions: The reformulation of the concept of cyclothymia would allow us to recognize in our patient a basic temperament of long evolution that would be the substrate on which different factors have subsequently influenced, such as antidepressant drugs or multiple sclerosis. In addition, it is necessary to know the association between BD and MS, in order to be able to offer an adequate treatment, contemplating some pharmacological options such as Lithium or some Atypical Antipsychotics, given the beneficial effect both for the affective disorder and for the neurological process.

Disclosure of Interest: None Declared

EPV0115

Bipolar disorder and substance use: Risk factors and prognosis

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Introduction: Bipolar disorder comorbidity rates are the highest among the major mental disorders. In addition to other intoxicants, alcohol is the most abused substance because it is socially accepted

and can be legally bought and consumed. Estimates are between 40-70% with male predominance, which further influences the severity with a more complicated course of both disorders.

Objectives: The objective of this article is to highlight the impact of substance use on the course and prognosis of bipolar disorder, as well as to make a differential diagnosis of a manic episode in this context.

Methods: Bibliographic review of scientific literature based on a relevant clinical case.

Results: We present the case of a 45-year-old male patient. Single with no children. Unemployed. History of drug use since he was young: alcohol, cannabis and amphetamines. Diagnosed with bipolar disorder in 2012 after a manic episode that required hospital admission. During his evolution he presented two depressive episodes that required psychopharmacological treatment and follow-up by his psychiatrist of reference. Since then, he has been consuming alcohol and amphetamines occasionally, with a gradual increase until it became daily in the last month. He went to the emergency department for psychomotor agitation after being found in the street. He reported feeling threatened by a racial group presenting accelerated speech, insomnia and increased activity.

Conclusions: The presence of substance abuse complicates the clinical presentation, treatment and development of bipolar disorder. It is associated with a worse prognosis with multiple negative consequences including worsening symptom severity, increased risk of suicide and hospitalization, increased medical morbidity and complication of social problems. In addition, this comorbidity delays both the diagnosis and treatment, by masking the symptoms, and making more difficult an adequate differential diagnosis.

Disclosure of Interest: None Declared

EPV0116

Combination therapy in patients with acute bipolar mania

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Introduction: Numerous guidelines are bending the rule of monotherapy as initial treatment of acute manic episodes and suggest the importance of polytherapy in maximising the treatment efficacy.

Objectives: To assess the polytherapy used in the management of acute manic episodes and the degree of conformity of our prescriptions with international guidelines.

Methods: A retrospective study was carried out for descriptive purposes, targeting the drugs prescribed among patients admitted for the first time for a manic episode within the psychiatry « C » department of Sfax, Tunisia between 2019 and 2022. Patients who received ambulatory care prior to the current episode were excluded.

Results: Our study included 50 male inpatients, with a median age of 31.8 years (min=18, max=62) at the moment of their hospitalisation. Nearly two thirds were single, 82% didn't get postsecondary education and 65.3% had a profession. The majority (73.5%)

belonged to upper-middle class and 67.3% had social security. A quarter of the patients suffered from substance abuse and 14% had a criminal record. Around 89.8% individuals presented a manic episode with psychotic features. The symptoms included mainly heteroaggressiveness in three quarters of cases, agitation in 77.1% and insomnia 76.1%. Insight was good in 79.6% of cases. Polytherapy was preferred to monotherapy in 86% of cases. Bithery was used in 74% of cases and tritherapy in only 12%. The most frequent combination was a mood stabilizer plus a second-generation anti-psychotic (46%), risperidone plus sodium valproate being used in 34% of cases.

Conclusions: Overall, our prescriptions were in line with the international guidelines and the choice of polytherapy was well argued. Combination therapy is the suggested way to increase treatment efficacy, however, vigilance is required because of the increased risk of side effects.

Disclosure of Interest: None Declared

EPV0117

Clinical characteristics and sociodemographic profile of patients with First Bipolar Mania

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Introduction: Mania is a serious psychiatric condition, characterized by high rates of relapse and significant dysfunction. An early understanding of the factors involved with the manifestations of this disease is critical as to help estimate impact and plan appropriate treatment modalities.

Objectives: To assess demographic and clinical characteristics in a first bipolar mania and describe the associations between these factors.

Methods: A retrospective study was carried out for descriptive and analytical purposes targeting the demographic and clinical characteristics of patients admitted for the first time for a mania within the psychiatry « C » department of Sfax, Tunisia between 2019 and 2022.

Results: Our study included 50 male inpatients, with a median age of 31.8 years (min=18, max=62) at the moment of their hospitalisation. One third of the patients was married. Only 18% got postsecondary education and 65.3% had a profession. A total of 26.5% had a low socioeconomic status. Twenty-four percent suffered from substance abuse and 14% had a criminal record. Personal psychiatric history was noted in 32% of cases and a personal medical history in 16% of cases. Psychotic features were found in 89.8% of patients. Heteroaggressiveness was present in three quarters of cases, whereas an expansive mood was found in half the population. Twenty percent of patients had a poor insight. A statistically significant association was found between being employed and the absence of personal psychiatric history ($p=0.017$), whereas personal medical history was associated with a poor insight ($p=0.049$). Substance abuse was correlated with having a criminal record ($p=0.006$) and heteroaggressiveness ($p=0.012$). The presence of psychotic features was positively associated with expansive mood ($p=0.022$).

Conclusions: This study confirms that some epidemiological factors are strongly associated with clinical characteristics of the bipolar mania. Early interventions over these factors may contribute to a potential reduction in morbidity and mortality of this disease.

Disclosure of Interest: None Declared

EPV0118

Electroencephalographic frequency activity of patients with bipolar disorder

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Introduction: Bipolar disorder (BD) is a common psychiatric condition. However, it is underdiagnosed. Electroencephalography (EEG) has been proposed as a neurophysiological biomarker to delineate psychotic disorders.

Objectives: To compare the EEG tracings of patients with BD with those of normal subjects to aid in diagnosis.

Methods: This was a cross-sectional, descriptive, and analytical case-control study conducted with patients followed for BD in the psychiatry "C" department at the Hedi Chaker hospital in Sfax. Patients were assessed by the Young Mania Scale (YMRS), the Hamilton HDRS-17 Scale, and the Medication Adherence Report Scale (MARS). Healthy controls were included. All participants benefited from an EEG. It was undertaken in resting eyes closed testing conditions at the service of the functional exploration at the Habib Bourguiba hospital in Sfax. The powers of each band were measured using the power spectral density method called absolute power (AP). Statistical analyses were carried out.

Results: Fifteen bipolar patients and 15 healthy controls, all male, were included. The average age of bipolar was 36.07 ± 10.50 years. The one of health control was 47.93 ± 15.61 years. There were no significant differences in age between bipolar patients and healthy controls. The mean scores on the HDRS-17 and YMRS and MARS scales were 2.73 ± 2.08 , 1.67 ± 3.53 and 5.8 ± 2.83 respectively.

At the quantitative EEG, differences appeared to be insignificant. There was an overall decrease in AP for alpha band particularly in the parietal and occipital lobes in bipolar patients ($158,84 \pm 447,71 \mu V^2$ and $188,21 \pm 415,55 \mu V^2$ respectively) compared to controls ($335,15 \pm 994,73 \mu V^2$ and $400,24 \pm 1109,95 \mu V^2$ respectively). An overall increase in AP for delta and beta was found for bipolar patients compared to controls.

Conclusions: Our main finding was a higher delta and beta frequency activity, and lower alpha frequency activity in bipolar patients compared to controls, which may aid in the diagnosis of this disorder.

Disclosure of Interest: None Declared