

Results: A difference between the two groups of patients was noted for some variables. Lithium prescription was associated with educational level, number of depressive episodes, suicide attempts, previous prescription of other thymoregulators, depressive polarity of the index episode and use of atypical antipsychotics.

The prescription of Valproate was associated with educational level, unipolar mania, manic predominant polarity, manic polarity of the index episode, presence of psychotic features, prescription of long acting antipsychotics and higher doses of antipsychotics.

The study of response by Alda scale showed no significant difference in the mean score of the scale nor in the rate of responders. We noted a higher rate of recurrence in patients on Valproate considering the whole duration of the study. The recurrence rate after one year was higher in patients on Lithium, the recurrence rate after two years was comparable in both groups. Survival curves showed earlier recurrences in patients on Lithium.

Conclusions: The efficacy of the two mood stabilizers was comparable. The recurrences occurred earlier under Lithium.

Disclosure of Interest: None Declared

EPV0099

Cardiovascular risk in patients with bipolar disorder in Tunisia

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Introduction: Bipolar disorder (BD) is a multisystemic disorder affecting not only thymic regulation but also immunologic function and cardiovascular status. In fact, BD itself appears to confer risk for cardiovascular disease independent of treatments used to manage the disorder, which results in an increase in risk of morbidity and mortality compared to the general population. Indeed, according to the literature, the life expectancy of patients with BD is reduced by eight to ten years, and particularly, cardiovascular events are two to three times more frequent and occur earlier.

Objectives: The objectives of our study were to determine the prevalence of cardiovascular risk factors in patients with BD in remission and to compare it to a control sample.

Methods: This was a case-control study that took place over an 18-month period, from January 2, 2020 to June 30, 2021, in RAZI hospital, in Tunisia. Statistical analysis was performed by SPSS 26.0.

Results: Sixty patients in remission and sixty healthy controls were included in this study.

The mean age was 42.5 ± 11.1 years with extremes of 20 and 60 years in the case group, while the mean age was 42.7 ± 10.2 years with extremes of 20 and 63 years in the control group.

At least one cardiovascular risk factor was found in 91% of patients with BD vs 78% of controls, and 92% of patients were smokers vs 68% of controls, with a significant difference between the two groups ($p=0.041$ and $p=0.001$), respectively.

Conclusions: Given the high risk of cardiovascular disease, rigorous cardiovascular risk assessment is critical for patients with

BD. Psychiatrists should be aware of this problem and carefully monitor these patients for cardiovascular risk factors, including smoking, as part of their standards of care.

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EPV0100

Long-acting new generation antipsychotics in the maintenance treatment of bipolar disorders

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Introduction: Maintaining remission, preventing from future episodes, better treatment adherence and improving the quality of life are main aims of long-term treatment in bipolar disorders (BD). In recent years, new generation long-acting injectable (LAI) antipsychotics have been frequently used in maintenance treatment for bipolar disorders.

Objectives: We aimed to review socio-demographic and clinical characteristics of bipolar patients taking LAI treatment for maintenance treatment.

Methods: Clinical records of 56 bipolar patients who are on LAI treatment and followed in Mazhar Osman Mood Clinic (MOMC) of Selcuk University Medical Faculty were evaluated. Descriptive statistical analysis was performed with Statistical Package for the Social Sciences (SPSS).

Results: Nearly half of the patients were male ($n:29, 52\%$). 49,1% of the patients were married. The mean age was 37.1 ± 12.2 years and the mean duration of education was 11.1 ± 4.2 years. All of the patients were diagnosed with bipolar 1 disorder. Most of the patients (64,7%) was on aripiprazole LAI while remaining was receiving paliperidone LAI for maintenance treatment. We found a significant reduction in the number of manic episodes after long-acting treatment ($p<0.001$), but we could not find any difference for depression. Ten of the patients discontinued the treatment due to the side effects, extrapyramidal side effects were the most common side effects. Eight of the patients were switched from paliperidone treatment to aripiprazole treatment due to side effects, especially hyperprolactinemia. Relapse was observed in 46,4% of the patients and there was no difference between aripiprazole and paliperidone in terms of relapse rate.

Conclusions: LAI new generation antipsychotics are taking place in long-term treatment of bipolar disorder via improving treatment adherence. Side effect profile of aripiprazole and paliperidone are different. However, we could not find any difference between two drugs in terms of side effects and relapse rates. Small sample size and shorter duration of follow-up should be considered as limitations.

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