between 2015 and 2017. Patients were divided into two groups according to DSM-5 criteria: those with bipolar disorder I or II (bipolar depression) versus those with major depressive disorder (unipolar depression).
Results: The mean age of our patients was 37.6 years, with a female predominance (sex-ration F/M =1.7). The age of onset of the disease was earlier in bipolar depressed patients (29.36 versus 31.89), without a significant relationship. Family psychiatric history was significantly more prevalent in bipolar disorder patients (73.5% versus 37.3%; p<0.001). Bipolar patients are more likely to be unemployed (65.3% versus 50.8%), but without a significant relationship.
Bipolar patients were more likely to be hospitalized for suicide attempts (44.9% versus 35.6%; p=0.2).
Conclusions: Distinguishing between major depressive disorder and bipolar disorder is important because there are differences in the optimal management of these conditions.

Disclosure of Interest: None Declared

EPV0125

Manic episode in a patient with pancreatic adenocarcinoma: a case report

J. I. Mena Garcia*, H. Andreu, S. Salmeron, I. Ochandiano and E. Cesari

Psychiatry and Psychology Service, Hospital Clínic, Barcelona, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.910

Introduction: Psychiatric comorbidity is common in cancer patients, emphasizing the need for comprehensive care. While depressive symptoms in pancreatic cancer (PC) have been studied, there is limited attention given to manic symptoms. This case report aims to contribute to the knowledge of PC psychiatric comorbidities by describing a case of a 61-year-old patient with stage IV PC, with no personal or family psychiatric history, who presented a sudden onset manic episode.
Objectives: Our goal is to contribute to the growing knowledge of psychiatric comorbidities of PC focusing on manic symptoms by describing the case of a patient with stage IV PC without previous psychiatric history who presented a sudden onset of a manic episode.
Methods: We describe the mentioned clinical case. We also searched for previous case reports of maniac episodes in pancreatic cancer using a PubMed query.
Results: The patient, a 61-year-old male with stage IV PC, presented at the Emergency Room with abrupt behavioural changes suggestive of a manic episode of two weeks of evolution. The patient had been undergoing chemotherapy and short 3-day cycles of corticosteroids for the past 9 months but had been off this treatment for 20 days when the episode began. Acute organic causes were ruled out. The patient was admitted to the psychiatric unit, where organic screening was expanded and treatment with antipsychotics and a mood stabilizer was initiated with subsequent remission of symptoms after two weeks.
This article describes the case of a man with a PC diagnosis who had no prior psychiatric history and was admitted to the inpatient psychiatry unit due to a manic episode involving high-risk behavioral disturbances and megalomaniac psychotic symptoms. Several factors may have contributed to the onset of these symptoms, including corticosteroid use after chemotherapy and certain chemotherapy agents. However, due to temporal factors, these factors do not fully explain the episode.
The exact biological mechanisms behind the manic symptoms remain unknown, but hypotheses include gene-environment interactions in bipolar disorder and immunodysregulation related to the production of inflammatory cytokines. We found in the literature four cases that have reported new-onset mania as an initial symptom of PC, but the causal relationship is unclear.
Conclusions: Notably, this case differs from others due to the rapid remission of symptoms and the use of lithium therapy. While the underlying mechanisms are still unclear, this case contributes to understanding this rare complication of PC and may help in developing consensus on clinical management. Future research will further explore the pathophysiology of psychiatric symptoms in PC and appropriate therapeutic approaches.
This case shows a manic episode as a rare psychiatric complication in PC. In the literature reviewed, four other similar cases have been observed.

Disclosure of Interest: None Declared

EPV0126

Case Series: The use of Lithium in Bipolar Affective Disorder and End-Stage Renal Disease

K. Corrigan[1]*, D. Larkin[1], G. Giusti[2], M. Gallagher[1] and A. Guerandel[1]

[1]St Vincent's University Hospital, Dublin, Ireland and [2]The University of Pisa, Pisa, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.911

Introduction: Lithium is a highly effective treatment in the management of Bipolar Affective Disorder (BPAD) however it is associated with increased risk of developing chronic kidney disease. There is a lack of clear guidance on alternative approaches to managing those individuals that require cessation of lithium due to progression to end stage renal disease (ESRD).
Objectives: We discuss two patients with BPAD on lithium therapy who have developed ESRD. In both cases, lithium was discontinued due to ESRD, with alternatives trialled. In one case, the patient continues to be managed without lithium, whereas in the second, a decision was made to recommence lithium at a low dose. We reviewed the literature to provide meaningful context to the cases.
Methods: Case 1 This patient with a long history of BPAD and multiple medical co-morbidities experienced progressive decline in renal function. A decision was made to cease lithium therapy with close monitoring for signs of affective relapse. The patient was stabilised using a combination of sodium valproate and quetiapine. Since cessation of lithium, the patient has required a significant increase in support from the CMHT and more frequent admissions to manage mood and anxiety symptoms that cause significant subjective distress.