EPV0091

Bipolar Disorder - New era of Treatments: High dose Levothyroxine, rTMS and genetics

A. Zamar[1]*, T. Koutsomitros[2,3] and A. Lulsegged[4]

[1]The London Psychiatry Centre, Rtms Clinic, London, United Kingdom; [2]Maastricht University, Cognitive Neuroscience, Maastricht, The Netherlands, Greece; [3]Medical Psychotherapeutic Centre, Greek Rtms Clinic, Thessaloniki, Greece and [4]Health 121, Endocrinology And Diabetes, London, United Kingdom
*Corresponding author.
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Introduction: Rapid cycling Bipolar disorder and mixed affective states are treatment resistant conditions. Standard treatments are ineffective. Homozygous polymorphism of DIO2 gene is associated 3.75-fold risk of bipolar disorder.
Objectives: High Dose Levothyroxine combined with repetitive transcranial magnetic stimulation (rTMS) in Rapid cycling Bipolar disorder: Is it thyroid disease?
Methods: 20 RCBPD with ICD-10criteria for bipolar disorder. All were severely symptomatic. TFTs and ECGs were monitored weekly with cardiology and endocrinology backup. Genetic testing was undertaken for DiO1/DiO2 status.
Results: 17 were female, average age 32.4 yrs. 19/20 had Single nucleotide polymorphisms (SNP) of either DIO1, DIO2 or both. All but two patients were treated with rTMS to induce cerebral neuroplasticity. Average pre-treatment fT4 was 17.0 pmol/L , and fT3 4.5 pmol/L Average post-treatment, fT4 was 59.7 pmol/L and fT3 5.3 pmol/L. Average fT4:fT3 ratio pre-treatment was 4:1, and post-treatment was 5:1. HDL range was 200-800 mcg daily for remission. Average dose 472 mcg daily. Discontinuation rate was 0%. All patients had ECG and cardiac review One patient required a dose reduction because of minimal side effects 12 patients needed one mood stabiliser All were in remission for a minimum of 6 months.
Conclusions: We speculate that BPD may be a form of cerebral hypothyroidism and that HDL helps to overcome the deficit while robust inactivating deiodinases in the periphery protect from systemic thyrotoxicosis. This is evidenced by findings of normal clinical examination and elevated rT3. rTMS exercises its well established neuroplastic effect, helping to achieve and maintain remission as an adjunct to HDL.

Disclosure: The London Psychiatry Centre (TLPC) has pending patents for the combined protocol of rTMS and/or Thyroid hormones depending on the territory: - Pending US Patent application: (and/or) US20200384279 - Pending European patent appl
Keywords: bipolar disorder; rTMS; High Dose Levothyroxine

EPV0090

Results of a Randomized, Double-Blinded Trial of Micronutrients and Fish Oil among Patients Diagnosed with Bipolar Disorder

L. Mehl-Madrona

Wabanaki Public Health and Wellness, Public Health, Bangor, United States of America
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Introduction: In a previous open-label study, we found that patients with bipolar disorder improved in symptom level when taking micronutrients and fish oil. We planned a randomized, double-blind, controlled trial to explore the feasibility and parameters needed for a larger clinical trial.
Objectives: We aimed to determine the parameters necessary to conduct a large-scale clinical trial through completing a feasibility study.
Methods: Patients were screened for having the diagnosis of bipolar disorder and being willing to take up to 16 micronutrient capsules and 3 fish oil capsules per day. Patients were randomized in a 3:2 ratio to micronutrients or placebo. Patients were seen monthly with assessment of the Clinical Global Impression Scale, the UKU Side Effects Scale, and a review of their medication doses. On a quarterly basis, patients completed the BASIS-24, the MYMOP-2, the Young Mania Scale, and the MADRS questionnaire
Results: The setting was a primary care clinic in Maine in the United States. The patient population was low-income and primarily rural. Disease severity was mild to moderate as only 2 patients were hospitalized during the study. All were symptomatic. One hundred twenty-five patients were screened and accepted randomization. The attrition rate was high and only 52 subjects completed 6 months of treatment. No differences were found between the two groups. We calculated that a minimum of 250 subjects would be needed to have 80% power to detect a difference. All patients improved dramatically in all measures.
Conclusions: Bipolar patients in primary care remain moderately symptomatic and will improve dramatically with monthly visits.

Disclosure: No significant relationships.
Keywords: bipolar disorder; Micronutrients; Fish Oil; Randomized; controlled trial

EPV0091

Use of intravenous valproate in acute manic: about a clinical case

M. Suárez Gómez[1]*, A. Suárez Gómez[2], P. Rodrigues[1], S.S. Sánchez Rus[3] and A. Matos-Pires[1]

[1]ULSBA, Psychiatry, Beja, Portugal; [2]UCC, Community Health, Borba, Portugal and [3]Hospital Neuropsiquiátrico de Jaén, Psychiatry, Jaén, Spain
*Corresponding author.
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Introduction: Acute mania can have behavioral effects such as agitation, being a frequent cause of presentation in the emergency department. Pharmacological treatments include mood stabilizers and atypical antipsychotics. Valproate is an effective drug. However, the intravenous formulation is relegated to other pathologies, such as epilepsy.
Objectives: The objective was to review the use of intravenous valproate in acute mania in the literature and present its use through a clinical case.
Methods: A clinical case using intravenous valproate to treat an episode of acute mania is described and the scientific literature of the last 5 years is reviewed.
Results: A 43-year-old patient attended the emergency department with a diagnosis of bipolar disorder type I in manic episode with agitation, rejection of oral medication, brought in by the police due to risk of aggression against family members, who reported that the patient had stopped taking her usual medication with valproate 500 mg / 24h and quetiapine 200 mg / 24h threemonths ago. Due

to the possibility of having intravenous valproate, it was decided to administer 300 mg intravenously, as well as haloperidol 5 mg intravenously, and hospitalization was decided. The patient had a favorable evolution, with no side effects to the medication, and oral treatment was started after 8 hours, with a good response. In the literature there are few studies in this regard, although the most of them approved the use of valproate as a loading dose in acute mania.
Conclusions: Intravenous valproate is an effective, safe, and tolerated treatment in acute mania. More studies are needed to collect precise information.

Disclosure: No significant relationships.
Keywords: Acute manic; Bipolar disorser type I; emergency; intravenous valproate

EPV0092

A blemish on bipolar disorder: aggressive behaviour

R. Zanardi[1], E. Manfredi[2]*, F. Attanasio[2], M. Carminati[2] and C. Colombo[1,2]

[1]IRCCS San Raffaele Scientific Institute, Psychiatry - Mood Disorders, Milano, Italy and [2]Università Vita-Salute San Raffaele, Psychiatry, Milano, Italy
*Corresponding author.
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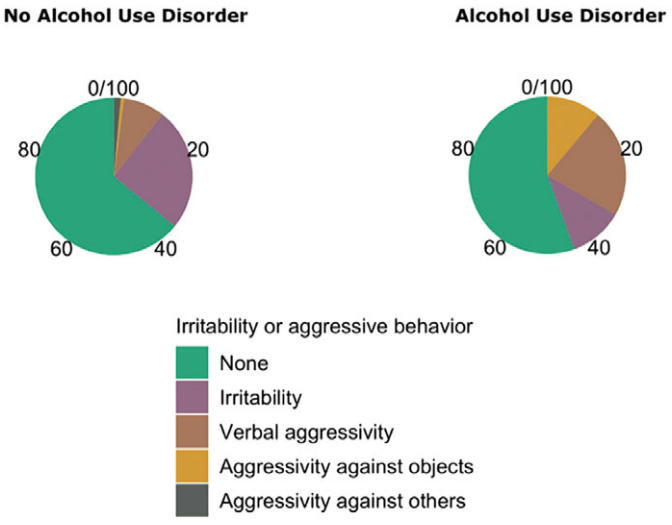
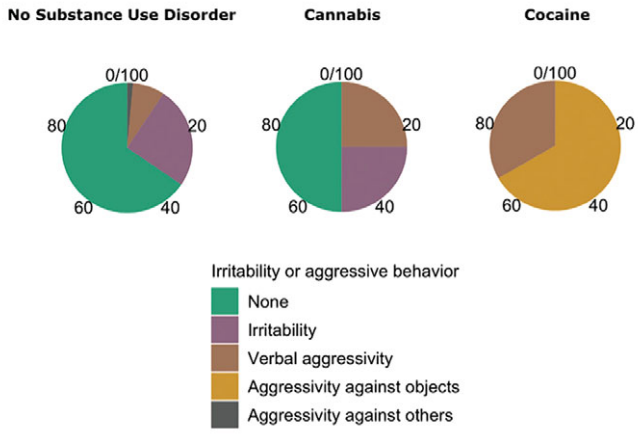
Introduction: Many studies have searched for an association between violence and psychiatric diagnoses, without providing a confirmative result.
Objectives: We have sought to deepen this topic, analysing different aspects of aggressivity, focusing on a specific diagnosis and its particular phases of illness, and looking for a correlation between psychiatric co-diagnoses and outpatients' visits adherence.
Methods: We studied 151 bipolar type I inpatients presenting complaint, past medical and family history; we collected information about lifetime hetero/self-aggressive behaviours, irritability, agitation, suicide attempts, alcohol, or substance abuse.
Results:





The overall aggressivity in our sample resulted in 11.92% of cases, while the number of aggressive episodes during euthymia decreased to 2.64%, close to the population without psychiatric disorders. Personality disorders and alcohol abuse appeared to be the main risk factors for irritability [Fig. 1]; substance abuse for both irritability and hetero-aggressive behaviour [Fig. 2]. We observed that subjects who displayed better compliance to follow-up visits exhibited a significant lower aggressive behaviour than less adherent subjects. Moreover, our data disconfirm the common conception that correlates the presence of psychotic features to violence.
Conclusions: Studying aggressive in a bipolar population, we observed that the rare episodes of aggressiveness were condensed in active phases of illness and mainly related to alcohol or substance abuse, while violent acts during long periods of wellbeing appear in line with those of the general population. We are confident our data might be helpful in deconstructing the stigma that a psychiatric diagnosis equals to violent behaviour.

Disclosure: No significant relationships.
Keywords: aggressiveness; stigma; violence; bipolar disorder

EPV0093

The use of pramipexole in drug-induced parkinsonism: A case study on a patient with bipolar depression

L. Bueno Sanya[1]*, A. Bermejo Pastor[2], H. Andreu Gracia[1], O. De Juan Viladegut[1], L. Olivier Mayorga[1] and I. Pacchiarotti[1]

[1]Hospital Clinic de Barcelona, Department Of Psychiatry And Psychology, Institute Of Neuroscience, Barcelona, Spain and [2]Hospital Clinico San Carlos, Institute Of Psychiatry And Mental Health, Madrid, Spain
*Corresponding author.
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Introduction: Pramipexole is a dopaminergic agonist used in the treatment of Parkinson's disease and restless leg syndrome. Although there is a lack of pharmacological options to treat drug-induced parkinsonism, not many studies have been made on the use of pramipexole in its management. There is also evidence on pramipexole effectiveness on major depressive episodes, particularly for bipolar and treatment-resistant depression.
Objectives: To describe a case of drug-induced parkinsonism treated with pramipexole in a complex patient with bipolar disorder