EPV0079

Evidence-based Pharmacological Treatment in the Maintenance Phase of the Type I Bipolar Disorder: Anticonvulsants or Antipsychotics?

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Introduction: Type I bipolar disorder (BDI) is characterized by a chronic evolution, with recurrent mood episodes that severely disrupt the overall functionality and quality of patients' life. An adequate maintenance treatment is necessary to prevent relapses and to improve the functional prognosis of these patients.
Objectives: To find data regarding the most evidence-based therapeutic strategies in the maintenance phase of BDI.
Methods: A literature review was performed through the main electronic databases (PubMed, CINAHL, SCOPUS, EMBASE) using the search paradigm "type I bipolar disorder" AND "mood stabilizers" AND "antipsychotics" AND "anticonvulsants". All papers published between January 2000 and August 2021 were included.
Results: The main recommendation is to continue in the maintenance phase the same medication that has proven its efficacy and tolerability in the acute phase. In BDI the most evidence-supported pharmacological approaches for the maintenance phase were lithium, valproate, lamotrigine, and carbamazepine as anticonvulsants/mood stabilizers, as well as olanzapine, quetiapine, and aripiprazole as antipsychotics. Lithium and valproate have been associated with positive influence over neuroplasticity, while antipsychotics have considerably higher metabolic adverse events. Monotherapy is recommended, but drugs associations are frequently met in clinical practice. There are no consistent data about the superiority of one class over the other, but lithium has a proven effect of decreasing the suicide rate in this population.
Conclusions: Both anticonvulsants and antipsychotics are used in the maintenance phase of the BDI, without significant differences in the efficacy rates. However, benefits and risks should be weighted for each class and each individual agent recommended.

Disclosure: No significant relationships.
Keywords: maintenance phase; moodstabilizers; bipolar disorder

EPV0078

Pharmacological treatment of comorbid posttraumatic stress disorder in patients with bipolar disorder

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Introduction: The lifetime prevalence of comorbid posttraumatic stress disorder (PTSD) in patients with bipolar disorder (BD) is approximately 20%. Guidelines for BD give adequate pharmacological treatment options when there is a 'pure' bipolar disorder but lack of treatment options when there is a comorbid disorder present.
Objectives: The present study aimed to review the pharmacological treatment options for comorbid PTSD in patients with BD.
Methods: Literature research was conducted via PubMed, Embase and the Cochrane Library. Search terms included 'bipolar disorder', 'posttraumatic stress disorder', 'PTSD', 'pharmacotherapy' and 'treatment'. Relevant studies were reviewed.
Results: No randomized controlled trials have been conducted in patients with bipolar disorder and comorbid PTSD. Most studies included open-label studies and case-reports. No convincing scientific evidence for pharmacological treatment of comorbid PTSD in patients with BD was found. Selective serotonin reuptake inhibitors (SSRIs) are effective in the treatment of PTSD. However, SSRIs or other antidepressants are complicated due to potential induction of a manic episode or promote rapid cycling. Nevertheless, it is important to treat the bipolar patient with a mood stabilizer first before antidepressants are prescribed.
Conclusions: The findings of this study show that there is no convincing scientific evidence for the pharmacological treatment of comorbid PTSD in patients with bipolar disorder. Therefore, psychotherapy is preferable. When psychotherapy is not effective, pharmacotherapy can be considered. However, randomized controlled trials are needed to obtain scientific evidence for pharmacological treatment options.

Disclosure: No significant relationships.
Keywords: Treatment; posttraumatic stress disorder; Pharmacotherapy; bipolar disorder

EPV0079

Evaluation of the relationship between lithium treatment response and suicide attempt in bipolar disorder

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Introduction: Suicide risk is 20-30 fold higher in bipolar disorder(BD) than general population. A positive family history of suicide, early-onset bipolar disorder, rapid cycling, and drug/alcohol addiction have been identified as risk factors for non-fatal suicidal behavior. Lithium is the only mood stabilizer known to have a suicide-reducing effect in patients with BD. Less than half of the bipolar patients respond lithium well. Even though mechanism of action on suicide behavior is not clearly known, it is thought that lithium significantly reduces "impulsive-aggressive" behavior via serotonergic system which might also be related with treatment response in BD.
Objectives: The aim of this study is to evaluate the relationship between lithium response and history of suicide.
Methods: Those who scored 7 points or more from the Alda total score were considered good responders. Patients were divided into those who responded well to lithium treatment and those who did not. History of suicide attemptbetween these two groups was compared.
Results: 65.3% of the patients were female (n:49). The mean age of the patients was 36.82±13.35 years. 25 patients responded well to lithium treatment. Among the good responders, 32% of the patients and 25% of the non-responders had a history of suicide attempts. This difference was not statistically significant. ($p=0.46$ $x^2=0.13$)

Conclusions: The insufficient number of data in the study was considered as a limitation of this study. In addition, there is a need for more studies as there are many factors that cause suicide attempts.

Disclosure: No significant relationships.
Keywords: suicid; alda scale; bipolar disorder; lithium treatment

EPV0080

Role of MAOI drugs as triggers of manic episodes in bipolar disorders: A case report and a narrative review

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Introduction: Use of Monoamine Oxidase Inhibitors (MAOIs) has experimented an important reduction in recent years, being replaced by other antidepressant drugs (ADs) associated with a better safety profile. Its use has been restricted to instructed professionals treating resistant and atypical depression. Thus, treatment-emergent affective switch (TEAS) induced by MAOIs is a rare event nowadays.
Objectives: To describe a manic episode associated to a one-year-long treatment with phenelzine, a MAOI agent.
Methods: We present the case of a 47-year-old man hospitalized in our acute psychiatric unit after presenting compatible clinical symptoms with a manic episode. He showed severe irritability, decreased need for sleep, pressured speech, increased energy and goal-directed activities. The patient had started phenelzine a year ago for the treatment of major depressive episode resistant to previous pharmacological essayed treatments. No previous history of TEAS was reported, although he had already taken other ADs and mood-stabilizer treatments in the past.
Results: Several studies reported the effectiveness of MAOIs for the treatment of monopolar depressive episodes resistant to other ADs, especially when atypical symptoms were observed. Data on the use of MAOIs for the treatment of drug-resistant bipolar depressive episodes is scarce. Few studies have described a good response without showing and increased risk of TEAS.
Conclusions: As MAOIs have fallen out of favour with modern psychiatry, there is scarce evidence on the prevalence of TEAS in patients undergoing treatment with these drugs. Further research is needed in order to accurately define these complex relationships.

Disclosure: No significant relationships.
Keywords: treatment-emergent affective switch; TEAS; bipolar disorder; MAOI

EPV0081

Is there a relationship between clinical stage and cardiovascular disease risk in bipolar disorder?

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Introduction: Cardiovascular disease (CVD) is the leading cause of morbidity and mortality in bipolar disorders(BD). The heart age of patients with BD was found to be 8.5 years higher than gender-age matched health controls. Metabolic side effects of antipsychotics, poor diet, insufficient physical activity, smoking and sedentary life style increase the risk of cardiovascular disease in bipolar patients. QRISK-3 is an approved risk classification that calculates the 10-year risk of developing a heart attack or stroke.
Objectives: This study aims to determine whether there is a difference between cardiovascular disease risk scores and clinical stages of bipolar disorder
Methods: 35 outpatients that were followed up in Selcuk University Medical Faculty were evaluated. The clinical stages and qrisk3 scores were calculated.
Results: 68.6% (n:24) of the patients were female. 42.9% of patients were in stage 3b (recurrent relapses, complete remission between episodes). The mean age was 36.94 ±10.46 years. The mean heart age was 50.54±17.35. The mean Q risk3 score was 5.59±8.18. There was no difference between bipolar patients at stage 2 and stage 3 in terms of age($p=0.36$ and gender($p=0.73$). When we compared the qrisk3 total socres and heart age of the patients in stage 2 and 3, we could not find any difference between groups ($p=0.74$, $p=0.57$ respectively).
Conclusions: Even though we could not find any difference of qrisk scores at different clinical stages of patients with BD, the CVD risk increases with the age. Prospective longitudinal follow-up studies are required to evaluate dual interaction of clinical stages and CVD risk in BD.

Disclosure: No significant relationships.
Keywords: clinical stage; cardiovascular disease risk; q risk3; bipolar disorder

EPV0082

Neonatal onset of bipolar spectrum disorder through a three-generation familial study

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Introduction: Age at onset of pediatric bipolar spectrum disorder (BSD) is an important marker of a more severe form and a highly heritable mood/mental disorder.
Objectives: Here, we report a familial Tunisian BSD follow-up study showing a very early onset of the BSD at the neonatal period.
Methods: A 28-year-old female and her 30-year old sister were referred for genetic and psychological assessments due to recurrent depressive episodes.
Results: Psychological assessment revealed a BSD type II with episodes of hypomania for both patients. The 30-year old sister presented a mixed form of BSD coupled with autistic traits, hypersomnia and obsessive-compulsive behaviors. Intellectual and cognitive abilities were without concerns. Familial history revealed BDS among paternal relatives including the brothers' and sisters'