

Conclusions: Lithium demonstrates complete placental passage. This finding is consistent with the results of others studies (Newport 2005; Molenaar 2021).

Disclosure: No significant relationships.

Keywords: Placental passage; Mother-infant pair; Lithium blood levels; Delivery

EPV0057

The effects of lithium and inflammation on the atherosclerosis of older bipolar patients at high risk for cardiovascular disease

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Introduction: Atherosclerosis can result in serious cardiovascular disease (CVD) and is associated with inflammation and psychopharmacological treatment in bipolar disorder.

Objectives: We attempt to investigate the effects of lithium and inflammation on the atherosclerotic development in older bipolar adults at high risk for cardiovascular disease.

Methods: The euthymic out-patients with bipolar I disorder aged over 45 years and concurrent endocrine or cardiovascular disease were recruited to measure their bilateral carotid intima media thickness (CIMT) and circulating levels of lithium, valproate, sTNF-R1, sIL-6R, and lipid profile. All clinical information were obtained by directly interviewing patients and reviewing all medical records.

Results: Forty eight patients with mean 48.3 years old and mean 27.2 years of age at illness onset were recruited. After controlling for the body mass index, multivariate regression analyses showed that older age, lower lithium level, and higher plasma sTNF-R1 level were associated with higher CIMT and collectively accounting for 33.1% of the variance in CIMT. Blood level of low density lipid or valproate has none relationship with CIMT.

Conclusions: Lithium treatment may protect older bipolar patient, even those at high risk for CVD, from atherosclerotic development. Furthermore, persistent inflammatory activation, particularly macrophage activation, may be associated with the accelerating development of atherosclerosis.

Disclosure: No significant relationships.

Keywords: Lithium; atherosclerosis; older bipolar patients; inflammation

EPV0058

Clinical Correlates of Cardiac Conduction in Bipolar Disorder

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Introduction: Patients with bipolar disorder (BD) have an increased risk for cardiovascular morbimortality. Clinical risk factors, specifically for arrhythmias and sudden cardiac death remain understudied.
Objectives: This study was conducted to assess differences in cardiac conduction among BD patients.

Methods: We included patients with BD in a cross-sectional design, confirmed by structured interview, age 18 through 80. Clinical characteristics were obtained using a structured questionnaire or medical records review. ECG intervals duration and morphology were manually assessed by cardiologists and compared among clinical subgroups using Chi-square, Mann-Whitney, and Kruskal-Wallis tests. Exploratory multivariable linear and logistic regression models were fitted to adjust for potential confounders.

Results: We included 117 patients (60.7% women, 76.9% bipolar I, 50% history of psychosis, 22.6% suicide attempts). We found a significantly longer QTc interval in BD patients with hypertension (difference: 9.5 ms, $p=0.006$), obesity (difference: 25 ms, $p=0.001$), and metabolic syndrome (difference: 13 ms, $p=0.007$). Hypertension remained a significant predictor of longer QTc after adjusting for age, gender, and antipsychotic use (estimate 17.718, $p=0.018$). We observed a significantly shorter PR interval in women (difference: 6 ms, $p=0.029$), early age of onset (difference 6 ms, $p=0.025$), non-users of lithium (difference 4 ms, $p=0.002$), and early trauma (difference 4 ms, $p=0.038$). Finally, we identified significant correlations between symptom severity, blood glucose and PR interval ($r=0.298$, $p=0.001$; $r=0.278$, $p=0.003$; respectively).

Conclusions: Patients with BD and hypertension may have an increased risk for QTc prolongation. Careful cardiovascular monitoring may be warranted.

Disclosure: No significant relationships.

Keywords: cardiovascular disease; electrocardiogram; QTc; bipolar disorder

EPV0059

Childhood trauma and comorbid anxiety disorders in patients with bipolar disorder

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Introduction: A history of childhood trauma and Comorbid anxiety disorders have each been identified as potential predictors of unfavorable outcomes in patients with bipolar disorder. Nevertheless, the relationship between these two prognostic features has been little studied.

Objectives: In the present study, we aim to explore the relationship between childhood trauma and comorbid anxiety disorders in bipolar patients.

Methods: We conducted a cross-sectional, descriptive, and analytical study. Sixty-one euthymic patients with bipolar disorder were recruited in the department of psychiatry B of Razi Hospital, during

their follow-up. We assessed history of childhood traumatic experiences with the Childhood Trauma Questionnaire (CTQ) and current diagnosis of anxiety disorders with the M.I.N.I. International Neuropsychiatric Interview.

Results: The mean age of patients was 43.4. The sex ratio was 2.4. Almost two-thirds of patients (64%) had experienced at least one type of childhood trauma. Twenty-one percent of participants had one anxiety disorder and 12% participants had two or more current anxiety disorders. Of the anxiety disorders, social anxiety disorder was significantly associated with emotional abuse subscale ($p=0.002$). Generalized anxiety disorder was significantly associated with the physical abuse subscale ($p=0.025$) and the number of severe childhood trauma per patient ($p=$). A statistically significant association was found between the number of current anxiety disorders and the emotional abuse sub score ($p=0.021$).

Conclusions: Exposure to childhood traumatic experiences is associated with more common comorbid anxiety disorders among bipolar patients. These prognostic features should systematically be a part of clinical assessment and taken into account in the management of these patients.

Disclosure: No significant relationships.

Keywords: Childhood Trauma; bipolar disorder; Anxiety disorders

EPV0060

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Introduction: NATSUKASHII: Japanese word that means happy nostalgia, it is the moment in which memory transports you to a beautiful memory that fills you with sweetness. NOSTALGY: (from the classical Greek [nóstos], “return”, and [algos], “pain”) feeling of sadness, suffering of thinking about something that has been had or lived in a stage and now not. In bipolar disorder, patients are more likely to complain of dysphoria than euphoria. Hypomanic periods often provide pleasant relief from depression. Patients experience this situation as pleasant, positive and longing once it has remitted, since they feel more creative, active and sociable.

Objectives: We intend to draw attention to the blurred limits of the state of euthymia, even when stable there is a sustained emotional hypersensitivity, which must be learned to identify and coexist. Behind the desire to be euthymic, in certain patients there is a desire to remain hypomanic and / or manic due to the fact that they have tasted absolute happiness.

Methods: After several interviews with stable patients, we have realized that a great majority want to re-experience the sensations of a hypomanic episode.

Results: After a bibliographic search we have realized that in the West there is no term in psychopathology that describes that longing that they verbalize as “manic lives happier”

Conclusions: Special attention must be paid to these patients since they have less adherence to treatment and risk of abandoning it.

Disclosure: No significant relationships.

Keywords: Psychopathology; bipolar disorder; NOSTALGY; euthymia

EPV0061

The impact of self-stigma on functioning among remitted patients with bipolar disorder

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Introduction: Self-stigma is widespread in patients with bipolar disorder, with many consequences for family, social and occupational functioning, as well as treatment adherence.

Objectives: The aim of this study was to evaluate self-stigma in remitted patients with bipolar disorder and to investigate its impact upon functioning.

Methods: We conducted a cross-sectional, descriptive, and analytical study of 61 patients with bipolar disorder. Euthymia was verified using the Hamilton scale for depression and the Young scale for mania. We used the Internalized Stigma of Mental Illness (ISMI) to evaluate self-stigma, the Functioning Assessment Short Test (FAST) to assess functioning.

Results: The mean age of patients was 43.4 years. The sex ratio was 2.4. The mean score on the ISMI was 2.36. More than half of our patients (59%) were self-stigmatized. Regarding functioning, a global impairment was noted in more than two thirds of the patients (71%). Occupational functioning was the most affected area (82%). Patients with higher self-stigma scores had significantly more impaired functioning ($p<10^{-3}$). To decompose the relationship between stigma and functioning into more specific spheres, we found that all scores on the different domains of functioning were associated with a significantly higher mean self-stigma score.

Conclusions: The relationship between self-stigma and functioning seems to be bidirectional. Therefore, improved social functioning could reduce self-stigma and improve self-esteem.

Disclosure: No significant relationships.

Keywords: functioning; bipolar disorder; self-stigma

EPV0063

Physical health profile and associated behaviour during the COVID-19 pandemic in patients with bipolar disorder

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Introduction: The COVID-19 pandemic has led to an increased psychological strain on public mental health and may impact behavioural, mental, and physical health, presumably with effects on patients with severe mental disorders.