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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doi: 10.1192/j.eurpsy.2022.1032

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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doi: 10.1192/j.eurpsy.2022.1033

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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doi: 10.1192/j.eurpsy.2022.1034

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'