EPV0103

Cushing's disease and bipolar disorder: study of medicopsychiatric intricacies from a clinical vignette

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Introduction: Cushing's syndrome is a relatively rare condition that results from chronic hypercortisolism. This syndrome is characterized by the presence of various psychiatric manifestations that can accompany it at all its stages of evolution. They can either inaugurate the clinical picture, or appear during the course of the disease, as they can persist even after the resolution of the syndrome. of Cushing. Through a clinical vignette, we report a case of Cushing's syndrome in a 52-year-old patient who presented with a picture of melancholic depression as part of a bipolar disorder and who had preceded the discovery of Cushing's disease.
Objectives: establish the relationship between Cushing's syndrome and bipolar disorder and identify the main pillars of care.
Methods: It was proposed to present the clinical case of a 52-year-old patient in whom psychiatric manifestations of the psychotic and thymic types preceded the discovery of Cushing's disease, to recall the main psychiatric symptoms that can be encountered during such endocrine disorders and their possible entanglement with psychiatric pathologies.
Results: Mrs. F. is 52 years old. married and mother of 3 children, without social security coverage for medullary carcinoma of the thyroid, having benefited from thyroidectomy with radiotherapy, admitted for treatment of paraneoplastic Cushing's syndrome. The beginning of his troubles goes back to 6 months before his consultation with psychiatry. The initial symptoms were typical of a progressive weight gain noticed by the entourage. There was the installation of thymic symptoms such as an elation of mood, self-esteem, multiple projects. One month before admission to the internal medicine department, the patient presented with a depressed mood, anhedonia , a disgust for life, and dark thoughts. She had stopped all drug treatment.
Cushing's disease is the most common cause of endogenous hypercortisolism (>85%). Corticotropic micro-adenomas , are the most frequently observed, i.e., in 90% of cases, and are sometimes not visible on magnetic resonance imaging . Its first-line treatment is neurosurgical with trans-sphenoidal excision. In its second intention, it uses drugs whose targets are pituitary or adrenal, as well as radiotherapy.
Conclusions: we present the case of a patient with a picture of bipolar mood disorder and Cushing's disease. Thymic and psychotic psychiatric symptoms preceded the discovery of endocrine disease whose symptoms were not apparent at first. The hypotheses of comorbidity or rather of the inauguration of the endocrine disease by a psychiatric picture, in particular bipolar mood disorder, remain advanced and the limits between

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THE RELATIONSHIP BETWEEN RESIDUAL MOOD SYMPTOMS, DISPOSITIONAL MINDFULNESS, AND QUALITY OF LIFE IN BIPOLAR DISORDER

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Introduction: Bipolar disorder (BD) is a chronic and recurrent mental condition characterized by mood fluctuations between hypomania or mania and depression, with high level of burden and mortality rates (Hayes et al., 2015). Subsyndromal mood symptoms, including residual depression, mania and/or anxiety, are major risk factors for episodic relapses after mood stabilisation (Samalin et al., 2016). A psychological protective mechanism against the occurrence of these maladaptative mood symptoms is dispositional mindfulness (DM). DM refers to paying purposeful attention to present moment experiences with a curious, non-judgmental and accepting attitude (Radford et al., 2014). DM has been barely assessed in BD and there is very little evidence on the relationship between DM, residual mood symptoms and quality of life
Objectives: To explore associations between DM, residual mood symptoms and quality of life in individuals with BD
Methods: After informed consent, a total of 94 adults (Mean age= 45.57 years, 41.50% Male) with diagnosis of BD according to DSM-5 criteria, in full or partial remission,were recruited from the Bipolar and Depressive Disorders Unit at the Hospital Clinic of Barcelona. The ethical committee approved this study. Dispositional mindfulness was assessed using the Mindfulness Attention Awareness Scale (MAAS).The presence of residual depressive symptoms was assessed with the Hamilton Depression Rating Scale (HDRS), residual mania symptoms were assessed with the Young Mania Rating Scale(YMRS), and anxiety symptoms were assessed with the Hamilton Anxiety Rating Scale (HAM-A). The subjective quality of life was assessed with the Quality of Life in Bipolar Disorder Questionnaire (QoL-BD). Pearson correlations were carried out and the level of significance was set at $p<0.05$
Results: DM was negatively related to residual depressive symptoms ($r= -0.283$; $p=0.009$) and to anxiety symptoms ($r=-0.345$; $p<0.001$), and positively related to quality of life ($r=0.433$; $p<0.001$), but not related to residual manic symptoms in BD
Conclusions: Our preliminary data suggest that BD patients with higher levels of DM may experience less depressive and anxiety subsyndromal symptoms and perceived higher quality of life. No associations were detected regarding mania symptoms. These findings support the use of mindfulness training as an adjunct therapy to pharmacotherapy to reduce residual mood symptoms and improve quality of life in patients with BD

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