interval [CI] 1.37–2.74) after adjusting for sex, age, and comorbid diseases. Other significant risk factors were age (per year, HR 1.03, 95% CI 1.02–1.04), initial eGFR (per mL/min/1.73 m^2, HR 0.92-0.96, 95% CI 0.90–0.99), presence of diabetes (HR 1.73, 95% CI 1.15–2.48) and history of AKI (HR 1.89, 95% CI 1.32–2.70). When compared to the control group not exposed to lithium, the risk (HR) of CKD was 1.24 (95% CI 0.81–1.89), 2.88 (95% CI 1.97–4.20) and 5.23 (95% CI 3.31-8.26) for groups with a mean lithium concentration of 0.3-0.59, 0.6-0.79 and 0.8-0.99 mmol/L, respectively.
Conclusions: Long-term lithium therapy seems to increase the risk of CKD in a concentration-dependent manner in individuals with bipolar and unipolar mood disorders. To mitigate this risk, it is essential to monitor blood levels carefully and use doses of lithium as low as possible for adequate mood stabilization and treatment.

Disclosure of Interest: None Declared

EPP0361

Bipolar Disorder due to Cushing's Disease, with manic characteristics. Regarding a clinical case.

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Introduction: The increase in cortisol can be exogenous or endogenous. As etiologies of endogenous increase we find: Cushing's disease, 68% of cases, generally due to an ACTH-producing pituitary tumor; Adrenal Cushing syndrome (17%); Ectopic Cushing syndrome (15%) due to lung tumor most frequently. It is relevant since among its symptoms one of the most notable are the psychiatric alterations it produces, among them mood disorders, depression being the most common, as well as psychotic symptoms, delirium and anxiety disorder.
Objectives: To carry out a correct differential diagnosis of the pathologies that could present with symptoms of a manic episode.
Methods: Clinical case description of a 52-year-old woman, who presented with manic symptoms in 2020, requiring hospitalization. Upon discharge from the acute care unit, she consulted with the endocrinologist due to weight gain, revealing an increase in abdominal diameter, hyperpigmentation, a moon-like face, and a hump. Free cortisol was measured in 24-hour urine, with a high result, followed by brain MRI, and pituitary microadenoma was confirmed.
Results: The patient underwent surgical resection of the microadenoma, which was partially effective, so she maintained high cortisol levels, even despite oral retreatment. In 2023 she had a new manic episode, with a cortisol value of approximately 300 nmol/day.
Conclusions: The importance lies in the correct diagnosis to provide appropriate treatment and avoid the chronicity of the disease and the patient psychiatrization. In this case and as in many other diseases, which present with psychiatric symptoms, it is important to differentiate whether it is a primary psychiatric disorder or are component symptoms of another disease that, upon receiving treatment, would resolve the psychiatric symptoms.

Disclosure of Interest: None Declared

EPP0362

Affective temperament and emotional dysregulation in cyclothymia and adult ADHD: differential characteristics and clinical implications.

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Introduction: Emotional dysregulation is central to the problem of the overlap between attention-deficit/hyperactivity disorder (ADHD) and cyclothymia.
Objectives: We aimed to compare clinical characteristics, psychiatric comorbidity, affective temperament, and emotional dysregulation among subjects with attention-deficit/hyperactivity disorder (ADHD) and cyclothymia.
Methods: In this cross-sectional study, 187 participants were consecutively recruited between January 2018 and December 2019 at the outpatient clinic of the 2nd Psychiatry Unit of the University Hospital of Pisa. Eighty-one subjects were diagnosed with ADHD, 62 with cyclothymic disorder, and 44 with both conditions. Participating psychiatrists collected socio-demographic and clinical data, psychiatric comorbidities according to DSM-5 criteria, familiarity for psychiatric disorders, and any previous responses to antidepressant drug therapy. To study the temperamental characteristics of the participants, the short version of the Memphis, Pisa, Paris and San Diego Temperament Assessment (Brief-TEMPS-M) was administered, while emotional dysregulation was measured through the Reactivity, Intensity, Polarity, Stability questionnaire (RIPoSt-40).
Results: Cyclothymic subjects, both with and without ADHD, were more often female ($p<0.001$) than subjects with ADHD. Participants with ADHD showed significantly lower educational attainment than subjects without ADHD ($p<0.001$). In addition, participants with ADHD alone showed comorbid substance use disorder more frequently ($p<0.001$) than subjects with cyclothymia alone. On the other hand, the latter showed higher rates of eating disorders ($p=0.033$) and familiarity for major depressive disorder ($p=0.009$) and panic disorder ($p=0.029$). Depressive and anxious temperament was significantly more represented in cyclothymic subjects without ADHD, as was negative emotionality, while hyperthymic temperament showed an opposite trend. No significant differences were observed between groups for cyclothymic temperament and overall negative emotional dysregulation, but patients comorbid with both conditions had the highest scores in these subscales.
Conclusions: ADHD and cyclothymia show high and overall similar levels of emotional dysregulation. However, cyclothymic patients may be more prone to negative emotionality ("dark cyclothymia"). It is possible that individuals with "sunny" cyclothymic features may escape clinical attention if ADHD is not present in comorbidity.

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