

**Table 2.** The severity of aggressiveness in unipolar and bipolar depression.

BDHI subscale	Bipolar Depression	Unipolar Depression	p (U-test)
Aggressiveness index	19 (13; 24)	18.5 (12; 24)	0.745
Hostility index	9 (7; 13.75)	9 (7; 11)	0.139
Assault Hostility	4 (2; 6)	4 (2; 6)	0.618
Indirect Hostility	5 (5; 6)	4 (4; 6)	<b>0.015</b>
Irritability	6 (4; 8)	5 (3; 7)	0.081
Negativism	2 (1; 4)	2 (1; 4)	0.262
Resentment	5 (4; 6)	5 (3; 6)	0.113
Verbal Hostility	7 (6; 8)	6 (5; 8)	<b>0.008</b>

As a result of the study, no statistically significant correlations were found ( $p > 0.05$ , Spearman's test).

**Conclusions:** The conducted research did not yield convincing data that would allow us to make judgments about specific clinical patterns in the course of unipolar and bipolar depression. Thus, the problem of searching for unique biological markers of the courses of affective disorders remains relevant. Support by the Russian Science Foundation grant No. 23-75-00023.

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## EPV0108

### Neuropsychiatric symptoms in Multiple Sclerosis (MS): Case Report of a First Manic Episode in a Patient with Suspected MS

M. A. N. C. Pais<sup>1\*</sup>, T. M. F. Fernandes<sup>1</sup> and M. Cagigal<sup>2</sup>

<sup>1</sup>Department of Psychiatry, Centro Hospitalar e Universitário de Coimbra, Coimbra and <sup>2</sup>Department of Psychiatry, Centro Hospitalar e Universitário de Coimbra, Coimbra, Portugal

\*Corresponding author.

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**Introduction:** Multiple Sclerosis (MS) is an inflammatory disease affecting primarily the central nervous system, characterized by focal lesions of white-matter demyelination. It can present with a variety of neurological symptoms, including monocular vision loss, sensory loss, paresthesias, limb weakness, ataxia and bladder dysfunction, and has a typically chronic and progressive course. Neuropsychiatric manifestations including depressive or manic symptoms, anxiety disorders and psychosis, are also frequently observed, and are of particular importance to mental health practitioners.

**Objectives:** To describe a case of a 45-year-old female patient with a history of suspected MS presenting with manic symptoms, and to discuss the possible neuropsychiatric manifestations of Multiple Sclerosis.

**Methods:** Clinical case report and literature review.

**Results:** A 45-year-old woman was brought to the emergency department presenting with severe acute agitation, irritable mood, rapid speech and persecutory delusions. She had no prior history of neuropsychiatric symptoms, but her medical history was notable for a suspected diagnosis of MS, having suffered an episode of optic neuritis 16 years before the present episode. Magnetic

Ressonance Imaging performed 3 months before emergency admission documented non-specific white-matter lesions presenting as hyper-intense in long TR sequences, as well as a cervical lesion of atypical characteristics, representing possible spondylo-lytic myelopathy or demyelination. A head CT performed at emergency admission did not reveal relevant acute findings. The patient was hospitalized and initiated risperidone and valproic acid therapy. She responded favorably to medication, with progressive stabilization of mood and remission of delusional ideas over three weeks.

**Conclusions:** Neuropsychiatric symptoms are a common and concerning manifestation of Multiple Sclerosis. The present case illustrates that clinicians should be on alert for signs of mood and psychotic symptoms in patients with suspected or confirmed MS, as these can manifest at any point during the disease course.

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## EPV0109

### Our old friend lithium and encephalopathy: a case report

M. P. Cameira<sup>1\*</sup>, C. F. dos Santos<sup>2</sup>, M. Pereira<sup>1</sup>, M. V. Lisboa<sup>1</sup>, M. R. Soares<sup>1</sup> and P. Abreu<sup>1</sup>

<sup>1</sup>Psiquiatria and <sup>2</sup>Centro Hospitalar Psiquiátrico de Lisboa, Lisbon, Portugal

\*Corresponding author.

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**Introduction:** Lithium is a well-established mood stabilizer used in the management of bipolar disorder, that is generally well-tolerated; however, it is associated with rare but potentially severe neurological side effects. Lithium-induced encephalopathy is characterized by a spectrum of symptoms, ranging from subtle cognitive deficits to severe manifestations such as altered mental status to overt delirium, seizures and coma. Risk factors include advanced age, concomitant medication and underlying renal impairment. This symptoms do not consistently correlate with lithium concentrations.

**Objectives:** This abstract aims to provide an overview of the clinical characteristics, underlying mechanisms, and management of lithium-induced encephalopathy.

**Methods:** We discuss a case of a 62-years-old woman diagnosed with bipolar disorder under treatment with lithium and olanzapine, without recent changes of posology. She presented to emergency department with subacute and fluctuating neuropsychiatric symptoms, including confusion, disorientation in time and space, complex visual hallucinations, delusional ideas, alteration in memory and logic thinking, dysarthria and dyspraxia. Neuroimaging showed no structural abnormalities, blood tests were normal and serum lithium levels were within the therapeutic range (0.8 mEq/L). Upon discontinuation of lithium, the patient exhibited a gradual resolution of symptoms. We conducted a comprehensive search of medical databases, including PubMed, to identify relevant articles related to lithium encephalopathy published up to September 2023.

**Results:** This case challenges the conventionally established threshold of elevated serum lithium levels in the development of encephalopathy. The underlying pathophysiology is complex and multifactorial, with proposed mechanisms including alterations