

Methods: Case report and brief literature review.

Results: A 41-year-old patient with a diagnosis of bipolar disorder, previously on lithium 900mg/day, was admitted to the emergency department with symptoms suggestive of a manic episode. One month prior, the patient had discontinued treatment with lithium due to her desire to pursue pregnancy and interrupt treatment while trying to conceive. The patient had a history of postpartum psychosis followed by various depressive and manic episodes with psychotic symptoms, leading to a bipolar disorder diagnosis and commencing treatment with lithium. Her consultant psychiatrist had informed her of the individualised risks of interrupting treatment with lithium and had advised to continue treatment alongside frequent follow-up due to the high-risk of relapse. Despite her consultant's recommendation, she decided to interrupt treatment and hence a personalised lithium tapering regime and advice to continue treatment with quetiapine 200mg/day was given.

During the ED stay, treatment with olanzapine was introduced which helped to stabilise her symptoms. Lithium levels were subtherapeutic (lithium serum level 0.11 mmol/L). Inpatient psychiatric admission was avoided due to rapid symptom improvement, strong social support in the community and her preference for ambulatory care. Lithium was gradually reintroduced and antipsychotic treatment was adjusted at follow up appointments, which ultimately led to the resolution of symptoms and stabilisation.

Conclusions: This case highlights the significance of considering continuing lithium treatment in bipolar disorder during pregnancy planning. Decisions about medication in pregnancy are multifaceted, making appropriate risk stratification imperative in order to inform individualised care plans to minimise the risk of relapse in these patients.

Disclosure of Interest: None Declared

EPV0098

Neuropsychiatric symptoms and arachnoid cysts: tracing the association regarding a case report

C. Regueiro Martín-Albo*, F. M. Sanabria, E. E. Durán, M. F. Fariña and N. R. Criado

Hospital Clínico San Carlos, Madrid, Spain

*Corresponding author.

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Introduction: In the review of recent literature, we found very few presentations of case reports in which the presumed association between psychiatric disorders and arachnoid cysts is discussed. Arachnoid cysts are rare brain tumors with little apparent symptomatic impact and in most cases, they are diagnosed incidentally. We present the case of a 15-year-old adolescent with a personal history of a previous severe depressive episode, as well as suspicion of serious mental pathology in the family. It presents a subacute onset episode, in the context of regular cannabis consumption, consisting of intense emotional lability and psychomotor restlessness, a tendency toward irritability, decreased sleep needs, and the appearance of delusional ideas of harm and self-referential interruption. During the study of the case, and incidentally, the cranial magnetic resonance imaging revealed the presence of an arachnoid

cyst located in the left frontotemporal location, approximately 4 cm in diameter.

Objectives: (1) To describe the clinical particularities of this case, focusing on the diagnostic difficulties we faced. (2) To review current scientific evidence regarding the possible association between neuropsychiatric symptoms and arachnoid cysts.

Methods: A review of the patient's clinical history was carried out and complementary tests were performed. Likewise, a review of the available scientific literature was also performed in relation to the appearance of neuropsychiatric symptoms associated with the presence of arachnoid cysts.

Results: The literature regarding the possible association between psychosis and arachnoid cysts is scarce. However, it is proposed that arachnoid cysts may be associated with various neuropsychiatric alterations, such as affective alterations, schizophrenia-like psychosis or amnesic symptoms. The atypicality in the symptoms sometimes leads us to suspect an organic origin of the condition, with some features such as associated memory deficits, emotional incontinence, movement disorders or neurological focal data; some of which are present in the case at hand.

Conclusions: There is controversy among different sources regarding the role of the cyst in the development of symptoms or, on the contrary, its presentation only as a chance finding. Further investigation focusing on clinical observations and neuroimaging is needed.

Disclosure of Interest: None Declared

EPV0099

Lithium nephropathy in Bipolar Disorder: a clinical challenge

C. Alario-Ruiz*, B. Arribas-Simon, P. Martinez.Gimeno, M. Calvo-Valcarcel and O. Martin-Santiago

Hospital Clínico Universitario, Valladolid, Spain

*Corresponding author.

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Introduction: Lithium nephropathy can occur in long-term lithium-treated bipolar disorder patients. Key risk factors include duration of lithium exposure, cumulative dose, acute intoxication episodes, advanced age, and comorbidities such as hypertension, diabetes mellitus, hyperparathyroidism, and hyperuricemia, along with concurrent use of antipsychotics. The clinical presentation is gradual, with mild proteinuria, often accompanied by arginine vasopressin resistance. Histological studies show a correlation between interstitial fibrosis and cumulative lithium duration. Approximately 15 to 25 per cent of exposed patients may experience a gradual decline in glomerular filtration rate. The outcome after lithium discontinuation varies.

Objectives: This case study aims to analyze and document the clinical presentation, diagnosis, and management of lithium nephropathy in a patient with Bipolar Disorder.

Methods: We gathered data on the medical history, lab results, and treatment approach for a patient with Bipolar Disorder.

Results: The patient, a 50-year-old woman, had been under the care of Psychiatry since 2008 due to a diagnosis of Bipolar Disorder Type I. During this time, she had experienced depressive and manic episodes but had not presented significant symptom

decompensation for the past 14 years, successfully managed with lithium at a current dose of 600 mg per day. However, on this occasion, the patient sought hospitalization due to recent behavioural disturbances, including restlessness, disinhibition, abrupt changes in behaviour, pressured speech, sleep problems, agitation, and aggression. The patient also reported an increased sense of polyuria and polydipsia. Evaluation in the emergency department revealed elevated lithium levels of 1.47 mmol/L and hypokalemia, that justified lithium withdrawal. After lithium levels decreased, an estimated glomerular filtration rate remained low. She was diagnosed with lithium nephropathy, an adverse effect of long-term lithium therapy. Treatment with lithium changed to sodium valproate. Treatment with asenapine started and sustained for two months. Over the following two years, the patient experienced four additional hospital admissions in Psychiatry due to manic episodes.

Conclusions: Long-term lithium therapy can lead to lithium nephropathy with symptoms such as polyuria, polydipsia, and acute kidney failure. Consistent monitoring of patients receiving lithium is crucial to detect potential adverse effects. This case highlights the challenges in managing bipolar patients, as discontinuing lithium exacerbated symptoms despite switching to sodium valproate for nephropathy prevention. Long-term lithium treatment, while effective for bipolar disorder, poses significant renal risks. We emphasize continuous renal function monitoring and assessing the risk-benefit of lithium treatment while actively researching lithium nephropathy and its impact on glomerular function.

Disclosure of Interest: None Declared

EPV0103

Childhood trauma in bipolar disorder: experience of Arrazi hospital

H. Boukidi*, H. Ballouk, M. Sabir, N. Ait bensaid and F. Elomari
Arrazi psychiatry hospital, Sale, Morocco

*Corresponding author.

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Introduction: Bipolar disorder is a chronic, recurrent, and disabling condition that typically begins in late adolescence or early adulthood. It is characterized by alternating phases of depression, mania, or hypomania. Childhood traumas are more frequently found in adults with bipolar disorder, suggesting their contribution to its development. They are also associated with more severe and complex clinical forms and a less favorable prognosis.

Objectives: Our objective is to assess the prevalence of childhood trauma rates in adults with bipolar disorder and to study the impact of childhood traumas on the clinical course of bipolar disorder, in comparison with a group of patients with bipolar disorder who did not experience trauma during their childhood.

Methods: This is a descriptive cross-sectional study using a questionnaire comprising sociodemographic criteria and the Childhood Trauma Questionnaire Short Form (CTQ-SF) to evaluate the connection between physical and psychological traumas during childhood and bipolar disorder. The study also examines the types of these traumas and their impact on the course of bipolar disorder in these categories.

Results: Data were collected from 54 patients with bipolar disorder at Ar-Razi Psychiatric University Hospital. Among this sample, 60% were female and 40% were male. The age of the participants in our study ranged from 18 to 54 years. According to the Childhood Trauma Scale, approximately one-third of patients with bipolar disorder had experienced childhood trauma. Moreover, most participants who had survived childhood trauma experienced more relapses than patients who had not experienced traumatic incidents during their childhood.

Conclusions: Childhood traumas and bipolar disorder appear to have a significant causal association, both in the development of the disease and its course. The results of our study support evidence published in articles to better clarify the nature of this association. However, our study has several limitations, including a limited sample size and difficulties in long-term follow-up during the disease. Therefore, further studies exploring this subject are desirable for better management of this condition.

Disclosure of Interest: None Declared

EPV0105

Difficulties in assessing the medical fitness of workers with mood disorders : A study of 101 cases

S. Chemingui¹, D. Brahim², M. Mersni², N. Mechergui², M. METHNI^{1*}, H. Ben Said², I. Youssef², G. Bahri², I. YAICH³, C. Ben Said³, N. BRAM³ and N. Ladhari²

¹Occupational pathology and fitness for work department, Charles Nicolle Hospital; ²Occupational pathology and fitness for work department Charles Nicolle Hospital, tunis, Tunisia and ³Forensic Psychiatry department, Razi Hospital, La Manouba, Tunis, Tunisia
*Corresponding author.

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Introduction: Assessing the medical fitness of workers with mood disorders remains a topical issue, because of its organizational, socioeconomic and professional impact.

Objectives: To assess the medical and occupational characteristics of workers with mood disorders.

To evaluate the impact of these psychiatric disorders on the medical decision of fitness for work.

Methods: Descriptive and retrospective study, over six years (January 1, 2018 to August 30, 2023) including all medical records of workers with mood disorders (bipolar disorder, anxiety disorder, and depression), referred to the occupational department of the Charles-Nicolle Hospital in Tunis for a medical fitness for work.

Results: The study included 101 patients, mostly female (sex ratio = 0.4), with a mean age of 43.3 ± 9.2 years. The most represented sector of activity was health care. The participants were mainly nurses (25%), followed by technicians (22%) and workers (21%). The mean job seniority was 16.5 ± 9.3 years. A pathological history was found in 74.3% of cases, of which 47.5% were psychiatric disorders. Mood disorders identified in our population were: bipolar disorder (53.5%), anxiety disorder (43.5%), and depression (3%). After medical examination and the decision of treating physician, 39% of the patients (N=39) were declared fit for work, and 31.4% (N=32) were fit with ergonomic adjustments. These accommodations consisted mainly of night shift exemptions in 75% of cases. Temporary unfitness was declared in 24 patients (23.6%).