

EPV0094

Aggression and its association with childhood trauma in euthymic bipolar disorder patients

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Introduction: Aggression and negative behaviours are used to be present in individuals with bipolar disorder, who are sensitive to life events. Thus, many studies investigated the emergence of impulsivity and aggression in the developmental process and revealed its relationship with childhood adversities.

Objectives: The aim of this study was to determine the relationship between childhood trauma and aggressive behaviour in euthymic patients with bipolar disorder.

Methods: It was a cross-sectional descriptive and analytical study involving patients diagnosed with bipolar disorder and followed in the psychiatric department at the University Hospital of Sfax (Tunisia).

All subjects completed the Childhood trauma questionnaire (CTQ) and the Buss–Perry Aggression Scale (BPAS). Euthymia was defined as a score on the Montgomery–Åsberg Depression Rating Scale (MADRS) not higher than 14 and by a score on the Young Mania Rating Scale (YMRS) not higher than seven.

Results: We included 35 patients. Their mean age was 46.69 ± 12.01 years with a sex ratio (M/F) = 0.45. Most of them lived in urban areas (91.42%) and had a moderate socioeconomic level (88.57%).

The most frequent trauma type was physical neglect with 74.28%, followed by emotional abuse (42.85%), emotional neglect (42.85%), physical abuse (37.14%) and sexual abuse (31.42%).

The mean score of CTQ was 58.57 ± 9.51 . The average total score of BPAS was 82.26 ± 14.57 .

The mean scores of subscales of BPAS were 25.49 ± 4.59 for physical aggression, 13.74 ± 3.51 for verbal aggression, 19.14 ± 6.22 for anger and 23.89 ± 5.57 for hostility.

A statistically significant and positive correlation was determined between CTQ and BPAS ($p=0.011$). The score of BPAS was significantly correlated with physical abuse ($p=0.003$) and physical neglect ($p=0.014$).

Conclusions: The relationship between CTQ and BGHA scores suggests the possibility that childhood trauma may be one determinant of aggression in patients with bipolar disorder. Considering the childhood trauma history in the evaluation of these patients may prevent their aggression and thus their psychosocial functioning.

Disclosure of Interest: None Declared

EPV0095

Therapeutic compliance of bipolar women during the perinatal period

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Introduction: Bipolar disorder (BD) is a chronic and disabling disease. Its prognosis is largely conditioned by treatment adherence. The pregnancy and post partum are considered as a period of high vulnerability and risk of relapse. According to the literature, no study has investigated treatment adherence in this population.

Objectives: The purpose of this study was to compare medication adherence among 3 groups of bipolar patients: in the postpartum period, one year before the conception, and outside the perinatal period. As a secondary objective, we compared intentional and unintentional adherence among these three groups of patients, as well as adherence dimensions related to behaviors, attitudes and tolerance.

We also studied concerns and perceived need for treatment and the presence of potential confounders.

Methods: This is a post hoc study conducted using a research protocol entitled RsBip, (NCT03595670), descriptive, mono-centric and open. Patients with a diagnosis of bipolar disorder established by a psychiatrist, having a pregnancy project, pregnant, or having given birth since less than one year, and their age-matched controls were included in analysis. All the patients are recruited within the expert center for bipolar disorders in the University Hospital of Marseille. Standardized and validated questionnaires such as the MARS, the BMQ and the HADS were used.

Results: 112 patients participated in the RsBip study. After exclusion of men, women over 50 years of age and women who did not answer the gynecological history questionnaire, 46 patients with a diagnosis of bipolar disorder were included in our study. Among them, 12 patients had a pregnancy plan within the year, 3 patients were pregnant at the time of inclusion, 8 patients had given birth within the year, and 23 patients constituted the “control” group. The characteristics of the population were similar. Our main hypothesis was partly confirmed since compliance with treatment decreases in the postpartum period, and more precisely intentional compliance and dimensions related to behaviors and attitudes.

Conclusions: Post-partum period is associated with low adherence in BD. The implementation of a specific therapeutic education for patients and the promotion of a shared medical decision as soon as the pregnancy is planned could be proposed.

Disclosure of Interest: None Declared

EPV0096

Case report: Improvement of chronic mania after Steven-Johnson syndrome

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Introduction: Stevens-Johnson Syndrome is a rare life-threatening condition characterized by severe mucocutaneous epidermal necrolysis and detachment of the epidermis. The condition centers around a delayed-type hypersensitivity reaction with a complex etiology stemming from a variety of causes.

Objectives: To present the case of a patient with a diagnosis of intellectual disability, bipolar disorder and epilepsy who, 14 days

after starting treatment with Cariprazine, presented with pseudo-vesicular skin lesions suggestive of Steven-Johnson syndrome.

Methods: A non-systematic literature review on PubMed database on Steven-Johnson syndrome and other autoimmune processes in patients with bipolar disorder, and the impact on the affective symptoms of the former, was conducted. The clinical case report was prepared through the review of clinical records of the patient.

Results: The authors present the case of a 50-year-old woman, undergoing psychiatric follow-up for more than 30 years with a diagnosis of bipolar disorder. She has a moderate intellectual disability and generalized epilepsy diagnosed at the age of 13. Since the age of 20, the patient has presented clinical manifestations compatible with bipolar disorder.

On a dermatological level, the patient had medical records of hypersensitivity reaction to amoxicillin-clavulanic acid, intolerance to carbamazepine; and toxicoderma and hepatitis after treatment with Lamotrigine, compatible with DRESS syndrome.

At the time of the study, psychopharmacological treatment consisted in valproic acid, lithium and cariprazine (the latter being introduced 14 days earlier). Pseudovesicular and papular skin lesions were observed, with a dianiform appearance and central necrosis.

Prior to the debut of the dermatological condition, the patient showed a decompensation of her bipolar disorder, with escalating irritability, soliloquies, verbosity and hostility towards her parents, with episodes of psychomotor agitation.

After the appearance of the skin lesions, a striking clinical change was observed, with an almost complete remission of affective symptoms, temporally coincident with DRESS syndrome and cariprazine withdrawal.

Conclusions: In recent years, research on autoimmune diseases and their relationship with mental disorders, such as bipolar disorder, schizophrenia and depression, has become increasingly abundant. The conclusions point to the fact that both disorders could be interrelated even at an etiopathogenic level. In this case report, we discuss a patient with a diagnosis of bipolar disorder with an important component of autoimmune response to different drugs, which seems to have influenced the clinical course of the mental illness.

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EPV0097

Secondary mania related to acquired immunodeficiency syndrome (AIDS). Case report

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Introduction: Neuropsychiatric manifestations in human immunodeficiency virus (HIV) infection are uncommon but salient once they emerge to the surface. These symptoms can be the result of direct or indirect effects of the virus on the central nervous system (CNS). In particular, HIV related mania can complicate

any stage of the infection but increases its frequency with the progression of HIV infection to the final stage.

Objectives: The objective of this case report is to raise awareness about secondary mania due to HIV infection and the importance of etiological treatment in mental disorders.

Methods: We herein report the case of a 27-year-old, male patient, who was admitted to our Psychiatric Clinic I Cluj-Napoca, with a 3-week history of typical manic symptoms such as: elated mood, alternating with episodes of irritability, talking too much, familiarity, multiple future plans, hypersexuality, social disinhibition and decreased need for sleep. Throughout the hospitalization, the course of the manic symptomatology did not improve, additionally the patient started to exhibit neurological symptoms accompanied by complex visual hallucinations. Prior to this episode he reported depressive symptoms, predominantly anhedonia, apathy, and social withdrawal but without meeting the clinical severity threshold. The patient had no family history of a mental disorder. A psychopharmacological treatment was initiated (atypical antipsychotic Quetiapine XR 300 mg/day initially, and then switched to Olanzapine 10 mg/day, mood stabilizer Valproic Acid 1,5 g/day), but he developed significant extrapyramidal side effects.

Results: Blood tests revealed: leukopenia, lymphopenia, thrombocytopenia, subsequently hepatic cytolysis, and high CRP. Psychometric evaluation revealed: Young Mania Rating Scale (YMRS) score 33/60 – moderate mania, Positive and Negative Syndrome Scale (PANSS)- total score 51 (16/49 Positive; 7/49 Negative; 28/112 General Psychopathology). MRI: T2 and FLAIR hyperintense extended areas in the bilateral periventricular white matter and in the internal capsule. The anamnesis, heteroanamnesis, paraclinical investigations led us to a diagnosis of secondary mania related to HIV infection. The patient was transferred to the Infectious Diseases Clinical Hospital for a targeted antiretroviral therapy (Raltegravir 800 mg/day, Emtricitabine/Tenofovir disoproxil 200mg/245 mg).

Conclusions: Recognizing and controlling HIV secondary mania should be of high importance given its association with heightened sexual behavior and substance abuse which can result in an elevated risk of transmitting the infection to other people.

Disclosure of Interest: None Declared

EPV0098

Effectiveness of mood stabilizers in prophylactic treatment of bipolar disorder

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Introduction: Prophylactic treatment during bipolar disorder aims to prevent recurrences and to improve the functional level.

Objectives: Our aim was to compare the clinical effectiveness of lithium versus sodium valproate in the prophylactic treatment of bipolar disorder type 1

Methods: Retrospective, longitudinal, comparative study conducted among 162 patients followed for bipolar disorder type 1 hospitalized at the Psychiatry A department of Razi Hospital. The Alda scale and time to recurrence were used to compare the clinical effectiveness of the mood stabilizers.