The significant differences were come up in some clinical features between the two groups. The alcohol and substance abuse were higher in AP group. The severity of psychotic and manic symptoms were higher in AP group. The hospitalization was higher in AP group. The number of stressor events was higher and PTSD symptoms was more severe in the AP group also.

Conclusions: The effects of Covid-19 pandemic seems have a triggering role in onset of first episode BD. This effect whether cause biological or psychological stress in onset of illness is not known yet. The casual phenomenon of Covid-19 pandemic should be investigated for chronic psychiatric illness as BD in future studies.

Disclosure of Interest: None Declared

EPV0134

LAMOTRIGINE INDUCED LEUCOPENIA IN A PATIENT WITH TYPE 2 BIPOLAR DISEASE

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Introduction: Lamotrigine(LTG) is a widely used medication for bipolar disorder(BD) maintenance treatment, bipolar depression, epilepsy, trigeminal neuralgia.[1]The well-known common side effects of LTG are rash,fatigue, gastrointestinal symptoms,dizziness,headache,insomnia.[2]While one of the most refrained side effects of LTG is Steven Johnson's syndrome, there have been reports of blood dyscrasia,such as agranulocytosis, neutropenia, pancytopenia.[3,4]Unfortunately, the exact mechanism of the blood dyscrasias isn't fully explained.Here we report a case of LTG-induced leucopenia in a patient with BD type 2 patient.We obtained the patient's consent.

Objectives: We report a case of a 56-year-old female patient, brought to the emergency unit with complaints of feeling unhappy, hopeless,having trouble sleeping and suicidal thoughts for two months.She attempted suicide a few days ago,had multiple suicide attempts in the last two years.She had 3 psychiatric hospitalizations due to depressive episodes and 1 hypomanic episode.Her mood was depressed.She had psychomotor retardation,no psychotic feature.Due to active suicidal ideation,we admitted her to the inpatient unit with the diagnosis of BD type 2.

Routine blood tests were within the normal range.We increased quetiapine XR 300 mg and venlafaxine 300 mg,which she had already taken;discontinued her aripiprazole treatment and added LTG 25 mg/d. 8 after initiation of LTG,there was a decrease in white blood coun(WBC) from a baseline level of $5.18x10^9$/L to $3x10^9$/L,while neutrophil count decreased from $3.8x10^9$/L to $1.15x10^9$/L in 12 days.Her medical records showed no sign of leucopenia.No pathology was detected in the peripheral smear or ultrasonography performed with the haematology consultation.Considering leucopenia might be an adverse drug reaction associated with LTG, we discontinued LTG treatment on the 9th day of administration. 9 days after discontinuation WBC was up to $4.22x10^9$/L,neutrophil count was $2.78x10^9$/L. We started valproate 500 mg/d and on the 27th day of her stay, she was discharged with a euthymic mood, having no depressive symptoms or suicidal thoughts.Her last treatment was venlafaxine 225 mg, quetiapine XR 300 mg, quetiapine IR 100 mg, valproate 500 mg, lorazepam 1 mg daily.

Methods: It is a retrospective review.

Results: In this LTG naive patient,the WBC values were within the normal range at admission.There was a significant temporal relationship between the initiation of the LTG and the decrease in WBC values.The absence of other factors in the laboratory tests and examinations,the rapid increase of WBC levels after the LTG was discontinued suggests the observed effect may be a side effect of LTG.

Conclusions: Blood dyscrasies aren't a very common side effect of LTG, but it might be helpful to see CBC, especially in older populations, on patients with polypharmacy regimens and with severe mental illness that may interfere with patient's ability to express any subtle side effect.

Disclosure of Interest: None Declared

EPV0135

Predictors of psychosocial functioning in euthymic patients with bipolar disorder

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Introduction: Functional impairment is a major target in the treatment of bipolar disorder (BD), but the magnitude and type of functional difficulties differ across patients.

Objectives: The aim of this study was to assess functioning and identify factors associated with global functioning in euthymic patients.

Methods: It was a descriptive cross-sectional study. The population study consisted of patients diagnosed with BD (DSM 5), who were euthymic and followed up at the psychiatry department of CHU Hedi Chaker.

The Hamilton Depression Scale (HAM-D), the Young Mania Rating Scale (YMRS) and the Functioning Assessment Short Test (FAST) were used to assess depressive, manic symptoms and the functional impairment in bipolar patients respectively. All statistical analyses were performed using the SPSS software package v 18.

Results: We collected 40 patients. They had an average age of 36 years and the sex ratio (M/F) was 1.

They had an educational level not exceeding primary studies in 46% of cases.

The average scores of HAM-D and YMRS were 4.57 ± 4.58 and 3.43 ± 2.89 respectively.

The average total functioning score of our patients was 19.13 ± 16.5. Functional impairment was noted in 60% of them. The domains most affected were: occupational activity (62%), cognitive functioning (63%) and autonomy (50%). Fonctional impairement was associated with residual depressive and manic symptoms ($p=0.013$)

and manic/hypomanic or depressive episodes with mixed features (p=0,005).
Conclusions: Greater efforts should be directed toward targeting functioning in patient care, as it constitutes the most meaningful endpoint of response to treatment, especially with occupational and cognitive rehabilitation, thus allowing patients to overcome the course of illness and carry fulfilling lives.

Disclosure of Interest: None Declared

EPV0136

Life stress and Bipolar Disorder: regarding a clinical case

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Introduction: Research on life stress in bipolar disorder largely fails to account for the possibility of a dynamic relationship between psychosocial stress and episode initiation. The kindling hypothesis states that over the course of recurrent affective disorders, there is a weakening temporal relationship between major life stress and episode initiation that could reflect either a progressive sensitization or progressive autonomy to life stress.
Objectives: To explore the concept of the Kindling model applied to bipolar disorder and to present a clinical case of a bipolar patient whose latter mood episodes were caused by adverse life events.
Methods: We performed a non-systematic literature review using the most relevant papers found on the database PubMed with the keywords “kindling effect”, “allostatic load”, “bipolar disorder” and “prevention”. Description of the clinical case report.
Results: The phenomenon of kindling was first discovered by Goddard in 1967 who described it in epilepsy. Later, Post applied it to the bipolar disorder, arguing that the initial episodes of both unipolar and bipolar affective disorders are often precipitated by psychosocial stressors, but after multiple recurrences, not only do precipitated episodes continue to occur, but so do spontaneous ones as well. We present the case report of a 62 years old woman, divorced, diagnosed with type 1 bipolar disorder since she was 20 years old. She always have had poor adherence to her medication and follow-up with Psychiatry consultation, with a non-containing sociofamily environment that does not promote clinical stability. Over the time, her admissions on the Psychiatry ward were more frequent and precipitated by adverse life events, mainly caused by the deteriorated relationship with her children.
Conclusions: The kindling model clarifies aspects of the longitudinal course of episode development, recurrence, and progression to spontaneity, as well as further conceptual and theoretical rationales for intervention in order to prevent illness progression.

Disclosure of Interest: None Declared

EPV0137

LAI-2 adjunctive treatment for type I Bipolar patients with comorbid Obsessive Compulsive Disorder: preliminary data from a real-world multi-centric Italian clinical experience

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Introduction: Comorbidity with Obsessive Compulsive Disorder (OCD) in patients with bipolar disorder (BD) affects from 10 to 20% of the clinical samples considered. The pharmacological treatment of these patients emphasizes the clinical issue of the use of serotonergic anti-obsessive agents, which may increase the risk of manic/mixed episodes or may accelerate a rapid cycle course. In some cases, the addition of a second stabilizer drug results in improvement in both mood disorder and comorbid obsessive psychopathology. Although off-label, the use of II generation long-acting injectable antipsychotics (LAI-2) in type I BD is widespread in clinical practice but data regarding their efficacy in improving obsessive symptoms of the eventual comorbid disorder are still lacking.
Objectives: The aim of this open-label naturalistic study was to evaluate the efficacy and safety of adjunctive treatment with LAI-2 monthly paliperidone palmitate (PP1M-LAI) and monthly aripiprazole (ARI-LAI) in 24 bipolar type I BD patients with OCD comorbidity, in a real-world clinical setting of 3 outpatient services located in the 3 macro-areas of Northern, Central and Southern Italy.
Methods: Twenty-four patients diagnosed with type I BD and comorbid OCD were recruited and observed over a 24-week period after the add-on of PP1M-LAI or ARI-LAI to stabilizing therapy. Psychopathology assessment was performed by means of Yale-Brown Obsessive Compulsive Scale (YBOCS), Hamilton Depression Rating Scale (HDRS), Brief Psychiatric Rating Scale (BPRS), Young Mania Rating Scale (YMRS), Hamilton Anxiety Rating Scale (HARS). The mean PP1M-LAI dosage was 117.8 mg/month while that of ARI-LAI was 400 mg/month.
Results: At the end of the observation period, all patients who completed the study demonstrated a consisten reduction in obsessive symptoms while maintaining effective mood stability in the absence of signs of hypomanic/manic change (YBOCS mean reduction 24,5 to 16,2, GLM r.m. $p<0.001$; HDRS mean reduction 19 to 10, GLM r.m. $p<0.001$; YMRS mean reduction from 23,2 to 6,3, GLM r.m. $p<0.001$). The relatively small number of patients recruited did not allow to detect significant differences in the performance of PP1M and ARI-LAI. Overall tolerability was good for both treatments, in line with the tolerability profiles of each drug.
Conclusions: While considering the limitations of the relatively small sample and the open-label design, the results of this study indicate that the two LAI-2, PP1M and ARI-LA,I can be considered an effective and well-tolerated treatment in type I BD patients with OCD comorbidity, confirming efficacy in mood stabilization and reducing obsessive symptoms. Further studies on larger samples will be needed to confirm these preliminary findings and to detect any performance difference between the two antipsychotics.

Disclosure of Interest: None Declared