within a twelve-month period. Mood swings can appear rapidly. Approximately half of the people with bipolar disorder may develop rapid cycling at some point.
Objectives: Presentation of a clinical case about a patient with Bipolar Disorder with rapid cycling and poor response to treatment.
Methods: Review of the scientific literature based on a clinical case.
Results: 33-year-old male, single, living with his mother, under follow-up by mental health team since 2012. First debut of manic episode in 2010. The patient has filed multiple decompensations related to consumption of toxics (alcohol and cannabis). Currently unemployed. He attended to the emergency service in June 2022 accompanied by his mother, who reported that he was restless. The patient refers that he has interrupted the treatment during the vacations, having sleep rhythm disorder with abuse of caffeine drinks. Currently the patient does not recognize any consumption.The patient reports that during the village festivals he felt very energetic, occasionally consuming drinks rich in taurine and sugars, even having conflicts with people of the village. Finally, the patient was stabilized with Lithium 400 mg and Olanzapine. In September, the patient returned to the emergency service on the recommendation of his referral psychiatrist due to therapeutic failure. The only relevant finding we observed in the analytical determinations were low lithium levels (0.4 mEq/L). The transgression of sleep rhythms and the abuse of psychoactive substances required the admission of the patient to optimize the treatment (Clozapine, Lithium, Valproic Acid). At discharge, he is euthymic, has not presented behavioral alterations and is resting well. Finally, it was decided that the patient should go to the Convalescent Center to continue treatment and achieve psychopathological stability.
Conclusions: Bipolar disorder is an important mental illness, having an incidence of 1.2%, being responsible for 20% of all mood disorders. Therefore, it is important to perform an adequate and individualized follow-up of each patient. Treatment with mood stabilizers tries to improve and prevent manic and depressive episodes, improving chronicity and trying to make the long-term evolution as good as possible, being important psychoeducation and psychotherapy.

Disclosure of Interest: None Declared

EPV0114

Cyclothymia, bipolar disorder and multiple sclerosis: A case report

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Introduction: We present the case of a 49-year-old woman who was diagnosed with multiple sclerosis at the age of 19 and suffers from an affective disorder that has been evolving for years. This condition, for which she has been followed by psychiatry and psychology for more than ten years, consists of alternating periods of hypomania lasting weeks and phases in which frank depressive symptomatology predominates, with no phases of euthymia in between and with a predominance of severe deterioration of her functionality at both poles.
Objectives: (1) We will review the term cyclothymia and explore the concept of "cyclothymic temperament" advocated by some authors, in order to be able to understand the dimension of the present case and reformulate its approach.
(2) The relationship between multiple sclerosis and bipolar spectrum disorders will be covered, reviewing the current knowledge in this regard and relating it to the patient's symptomatology.
Methods: A review of the patient's clinical history will be carried out, taking into account her life history, the complementary tests performed as well as the multiple therapeutic approaches tried over the last few years.
Likewise, a bibliographic review of the available scientific literature will be carried out in relation to the diagnosis of cyclothymia or bipolar disorder type II, the controversial term "cyclothymic temperament", and the relationship that these diagnoses have with the diagnosis of Multiple Sclerosis.
Results: (1) Our patient could fit into what many authors define as a cyclothymic temperament, fulfilling, in certain episodes, the criteria that the manuals propose for bipolar disorder type II.
(2) 2.1 The prevalence of bipolar affective disorder in MS is approximately twice as high as in the general population (rates of 0.3-2.4%). **2.2** Patients with MS have higher scores in cyclothymic and hyperthymic temperament than the control group. **2.3** Certain drugs generally used in BD also seem to have a beneficial effect on MS.
Image:

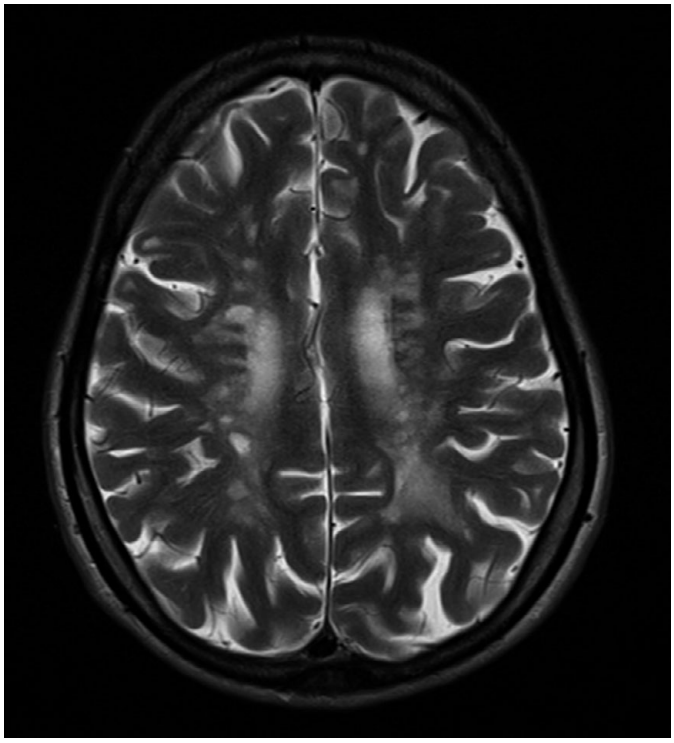
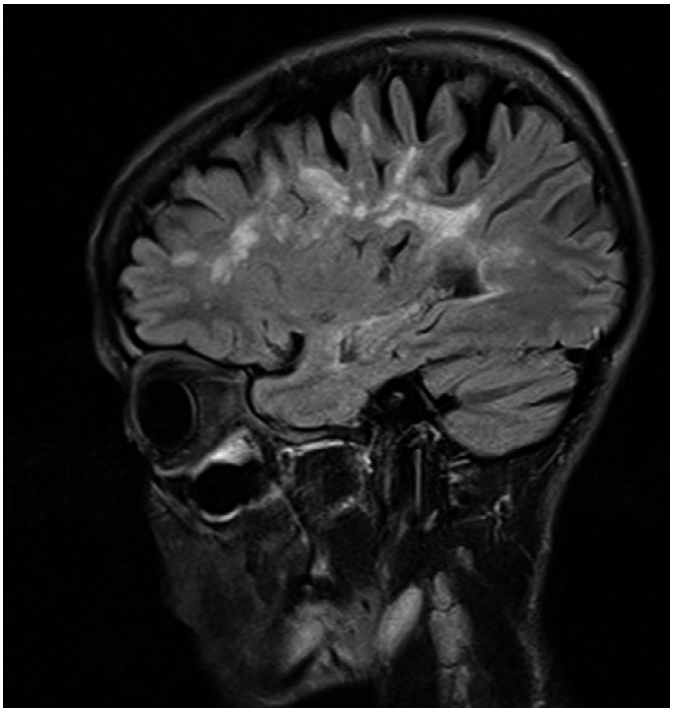


Image 2:



Conclusions: The reformulation of the concept of cyclothymia would allow us to recognize in our patient a basic temperament of long evolution that would be the substrate on which different factors have subsequently influenced, such as antidepressant drugs or multiple sclerosis. In addition, it is necessary to know the association between BD and MS, in order to be able to offer an adequate treatment, contemplating some pharmacological options such as Lithium or some Atypical Antipsychotics, given the beneficial effect both for the affective disorder and for the neurological process.

Disclosure of Interest: None Declared

EPV0115

Bipolar disorder and substance use: Risk factors and prognosis

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Introduction: Bipolar disorder comorbidity rates are the highest among the major mental disorders. In addition to other intoxicants, alcohol is the most abused substance because it is socially accepted and can be legally bought and consumed. Estimates are between 40-70% with male predominance, which further influences the severity with a more complicated course of both disorders.
Objectives: The objective of this article is to highlight the impact of substance use on the course and prognosis of bipolar disorder, as well as to make a differential diagnosis of a manic episode in this context.
Methods: Bibliographic review of scientific literature based on a relevant clinical case.
Results: We present the case of a 45-year-old male patient. Single with no children. Unemployed. History of drug use since he was young: alcohol, cannabis and amphetamines. Diagnosed with bipolar disorder in 2012 after a manic episode that required hospital admission. During his evolution he presented two depressive episodes that required psychopharmacological treatment and follow-up by his psychiatrist of reference. Since then, he has been consuming alcohol and amphetamines occasionally, with a gradual increase until it became daily in the last month. He went to the emergency department for psychomotor agitation after being found in the street. He reported feeling threatened by a racial group presenting accelerated speech, insomnia and increased activity.
Conclusions: The presence of substance abuse complicates the clinical presentation, treatment and development of bipolar disorder. It is associated with a worse prognosis with multiple negative consequences including worsening symptom severity, increased risk of suicide and hospitalization, increased medical morbidity and complication of social problems. In addition, this comorbidity delays both the diagnosis and treatment, by masking the symptoms, and making more difficult an adequate differential diagnosis.

Disclosure of Interest: None Declared

EPV0116

Combination therapy in patients with acute bipolar mania

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Introduction: Numerous guidelines are bending the rule of monotherapy as initial treatment of acute manic episodes and suggest the importance of polytherapy in maximising the treatment efficacy.
Objectives: To assess the polytherapy used in the management of acute manic episodes and the degree of conformity of our prescriptions with international guidelines.
Methods: A retrospective study was carried out for descriptive purposes, targeting the drugs prescribed among patients admitted for the first time for a manic episode within the psychiatry « C » department of Sfax, Tunisia between 2019 and 2022. Patients who received ambulatory care prior to the current episode were excluded.
Results: Our study included 50 male inpatients, with a median age of 31.8 years (min=18, max=62) at the moment of their hospitalisation. Nearly two thirds were single, 82% didn't get postsecondary education and 65.3% had a profession. The majority (73.5%)