EPP0107

Clinical Features of Bipolar Disorder Patients with Metabolic Syndrome: A Cross Sectional Clinic Based Study

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Introduction: Metabolic Syndrome (MS) is highly prevalent in patients with bipolar disorder(BD), and may affect the functionality of this population.The increased rate of MS in BD might be due to poorer access to physical health care, unhealthy lifestyle related with psychiatric symptoms and adverse effects of pharmacological treatments.
Objectives: We sought to compare differences in clinical features of patients with Bipolar Disorder Type 1 (BPD-1)with and without MS in euthymic period.
Methods: This study included 67 euthymic BPD-1 patients without MS and 33 age- and sex-matched BPD-1 patients with MS. All participants completed a sociodemographic form; took the Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI) and Young Mania Rating Scale score. MS was diagnosed according to the International Diabetes Federation (IDF) criteria.
Results: Age at onset of disease was significantly lower in BPD-1 group with MS than without MS (p < 0.05). Number of suicide attempts, psychiatric hospitalisation, was significantly higher in BPD-1 group with MS than without MS (p < 0.05). Catatonic and melancholic depression were significantly more prevalent in the BPD-1 with MS than without MS (p < 0.05). Having history of comorbid psychiatric diseases, mixed episodes, are significantly more prevalent in the BPD-1 with MS than without MS (p < 0.05). There was not significant difference between groups in terms of the medication between groups (p>0.05)
Conclusions: Our findings suggest that MS might have an effect on the course of BD patients. The development and testing of interventions for preventing and treating the MS and its components in patients with BD might be important .

Disclosure: No significant relationships.
Keywords: metabolic syndrome; bipolar disorder; diabetes

EPP0106

The potentially protective effect of lithium on the risk of osteoporosis: A nationwide study of 22,912 patients with bipolar disorder

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Introduction: Osteoporosis, a systemic skeletal disorder associated with substantial morbidity and mortality, has been suggested to be particularly common among individuals with bipolar disorder. Lithium, a mood-stabilizer used as first-line treatment for bipolar disorder, may have bone-protecting properties.
Objectives: We aimed to subject both of these hypotheses to further examination in a nationwide register-based study.
Methods: We compared the incidence of osteoporosis, identified via hospital discharge diagnoses and prescribed medications, between all individuals diagnosed with bipolar disorder and age- and sex-matched controls from the general population (earliest start of follow-up at the age of 40 years) using Cox regression. Subsequently, we followed the patients with bipolar disorder and identified all prescriptions for mood-stabilizing medications. Using Cox regression, we compared the incidence of osteoporosis for patients using lithium, antipsychotics or anticonvulsants, respectively, with that of patients not using these medications.
Results: We followed 22,912 patients with bipolar disorder (median age 50.4 years, 43.4% men) and 114,560 matched controls for 1,215,698 person-years. The incidence of osteoporosis per 1,000 person-years was 8.70 (95%CI:8.28-9.14) among patients with bipolar disorder and 7.84 (95%CI:7.67-8.01) among controls, resulting in a hazard rate ratio (HRR) of 1.15 (95%CI:1.09-1.21). Lithium treatment was associated with reduced risk of osteoporosis (HRR=0.62; 95%CI:0.53-0.72) in a treatment-duration-response-like manner. Treatment with antipsychotics and anticonvulsants was not associated with reduced risk of osteoporosis.
Conclusions: This is the first longitudinal study to show that the risk of osteoporosis is elevated among patients with bipolar disorder, and that treatment with lithium is associated with reduced risk of osteoporosis.

EPP0107

Hyponatremia from oxcarbazepine: A case report

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Introduction: Oxcarbazepine (OXC) is an antiepileptic drug used as a mood stabilizer in patients diagnosed with bipolar disorder (BD). OXC has been reported as a source of hyponatremia in its use in both epilepsy and BD.
Objectives: We present the case of a 53 year-old male patient diagnosed with Schizoaffective disorder, bipolar type who developed hyponatremia during his treatment with OXC.
Methods: The patient's treatment was desvelafaxine 100 mg, Paliperidone depot 150 mg, Oxcarbazepine 600 mg which he had maintained for at least one year. He began to manifest headache, asthenia and mild confusion gradually, with morning predominance, without being clearly suggestive of an acute worsening.

Results: In control analysis, the existence of sodium leveles of 127 and low osmolarity was observed. Therefore it was decided to suspend furosemide, close monitoring of water intake in order to rule out primary polydipsia and extra salt was introduced into the diet. Given the persistence of the symptoms, laboratory abnormalities and ruled out the existence of primary polydipsia, it was decided to suspend treatment with oxcarbazepine. After the discontinuation of the aforementioned drug the analytical findings went back to normal ranges and the symptoms disappeared.

Conclusions: Carrying out control tests in patients with psychiatric pathology and multiple psychiatric treatments is essential to be able to rule out analytical alterations which could be asymptomatic or with nonspecific symptoms that could be attributed to the underlying pathology. The easy reversal of symptoms encourages us to emphasize the study and differential diagnosis of each case.

Disclosure: No significant relationships.
Keywords: hyponatremia; Schizoaffective disorder; oxcarbazepine

EPP0109

Impact of childhood trauma on impulsivity in patients with bipolar disorder

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Introduction: Childhood trauma has been demonstrated to be associated with several indicators of worse course in bipolar disorder (BD). Links between early adversity and the complexity of the disorder might be mediated by various dimensions of psychopathology, such as impulsivity.

Objectives: The aim of this study was to investigate the impact of traumatic childhood experiences on impulsivity in individuals with bipolar disorder.

Methods: We conducted a cross-sectional, descriptive, and analytical study. Sixty-one euthymic patients with bipolar disorder were recruited in the department of psychiatry B of Razi Hospital, during their follow-up. The Childhood Trauma Questionnaire (CTQ) and the Barratt Impulsiveness Scale-11 (BIS-11) were used to assess childhood traumatic experiences and impulsivity.

Results: The mean age of patients was 43.4. The sex ratio was 2.4. The mean score obtained on the Bis-11 scale was 74.8. More than half of patients (53%) had high levels of impulsivity. Almost two-thirds of patients (64%) had experienced at least one type of childhood trauma. Higher scores on the various dimensions of childhood trauma apart from physical neglect, were significantly associated with higher total BIS-11 score as well as with all its subscales. Linear regression with the CTQ total score as the independent variable showed a statistically significant effect of childhood trauma score on attentional impulsivity.

Conclusions: Our findings suggest that interventions that target impulsive behavior in individuals with bipolar disorder should pay particular attention to traumatic childhood experiences. Furthermore, early identification and management of childhood trauma may reduce levels of impulsivity and thus improve the outcome and prognosis of bipolar disorder.

Disclosure: No significant relationships.
Keywords: bipolar disorder; Childhood Trauma; Impulsivity

Consultation Liaison Psychiatry and Psychosomatics 01/ Classification of Mental Disorders

EPP0110

Kappa accuracy of prototypical diagnosis and ICD-10 criteria for mental disorders: A cross-sectional study in a real-life setting

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Introduction: The use of "operational criteria" in DSM-III was proposed as a solution to low reliability among psychiatrist's diagnosis. It is considered a turning point in the psychiatric classification and diagnostic process, furtherly adopted in ICD. However, the utility of using such criteria in everyday clinical practice is still not clear.

Objectives: To measure agreement between prototypical and ICD-10 categorical diagnosis.

Methods: In IPUB's outpatient clinics, psychiatry residents work in a real-life clinical scenario, attending patients from Rio de Janeiro/ RJ-Brazil. Although regularly trained in ICD criteria, it is not usual to check every criterion in their daily practice. Thus, patients are diagnosed with a prototype-based disorder, not necessarily strictly attached to ICD criteria. We propose a cross-sectional study, where psychiatry residents check their clinical diagnosis according to ICD criteria and compare its agreement with kappa statistics.

Results: Three of thirty residents joined the study, providing diagnosis for 146 patients under their care. Forty-five diagnoses were obtained before and 51 after ICD-10 criterion application. Diagnoses were grouped under 8 groups (Organic, Schizophrenia Spectrum Disorders, Bipolar Affective Disorder, Depression, Anxiety-Related Disorders, Personality Disorders, Neurodevelopmental Disorders), and kappa agreement obtained using ICD-10 diagnosis as the gold standard against prototypical diagnoses. Overall kappa was 0.77 (IC - 0.69 - 0.85), ranging from 0.58 (Personality Disorders) to 0.91 (Schizophrenia Spectrum Disorder). These findings also were reflected as high sensibility, specificity, Positive Predictive, and Negative Predictive values in all groups.

Conclusions: Prototypical diagnostic elaboration, while probably based on previously learned, but not applied operational criteria, was equivalent to diagnostic obtained through ICD-10 categories.

Disclosure: No significant relationships.
Keywords: reliability; psychiatry; diagnosis; validity