Comorbidity/Dual Pathologies

EPP0654

Dual diagnosis of bipolar disorder and substance use disorder – type of substance used and its impact on treatment adherence and maintenance of abstinence

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Introduction: Substance use disorder is a common comorbidity with bipolar disorder, delaying its diagnosis and making treatment of both disorders more complex and challenging.
Objectives: We aim to analyze the types of substances used by patients with bipolar disorder and to find if there's a relationship between the substance used both with treatment adherence and maintenance of abstinence.
Methods: We collected, retrospectively, data from the hospital platform and analyzed it on SPSS Statistics 26, along with a literature review. Our study looks over 3 years, and all patients analyzed have a dual diagnosis of both bipolar disorder and substance use disorder and were hospitalized in the psychiatric ward of a tertiary university hospital.
Results: There were 2384 hospitalizations in the Coimbra's University Hospital psychiatric ward, and 88 hospitalizations were coded with a dual diagnosis of bipolar disorder and substance use disorder. Tobacco was the substance more consumed by the patients (53.4%), followed by alcohol (46.6%) and cannabinoids (30.7%). In 18.2% of the patients was identified consumption of cocaine and in 6.8% there was an abuse of opioids. It is important to highlight that 20.5% of the patients used 2 or more substances at the same time.

Regarding adherence to treatment for both their bipolar disorder and substance use disorder, in 25% of the patients, there wasn't a satisfactory compliance with the treatment prescribed.
In the group of patients with polydrug use, half of them didn't comply with the treatment. In the patients consuming only one substance, we found out that 30% of patients who use alcohol didn't adhere to the treatment, while around 13% of the patients using cannabinoids didn't comply with the suggested treatment.
The relationship between the type of substance used and treatment adherence was statistically significant with a $p=0.004$ (considering $p<0.05$).
Regarding abstinence from consumption, around 42% of the patients keep using at least one substance. In the group with polydrug use, around 65% of the patients were not abstinent in the last appointments, while in the cannabinoids users' group around 50% of them were still using the drug. In the group with patients using alcohol, around 43% of them are not abstinent.
The relationship between the type of substance used and maintenance of abstinence was found to be statistically significant with a $p=0.037$ (considering $p<0.05$).
Conclusions: Substance use disorder can have a huge impact on adherence to treatment, worsening the prognosis of the comorbid bipolar disorder. On the other hand, this dual diagnosis can impact the maintenance of abstinence.
Early detection of both diagnosis and simultaneous treatment from an early phase are essential to improve the prognosis of both diseases.

Disclosure of Interest: None Declared

EPP0655

Efficiency of vortioxetine in depressive symptoms in Parkinson's disease

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Introduction: Parkinson's disease (PD) is the most common serious movement disorder in the world, affecting about 1% of adults older than 60 years. The disease is attributed to selective loss of neurons in the substantia nigra, and its cause is enigmatic in most individuals. Patients with PD display both motor and non-motor symptoms. For some patients, the non-motor symptoms are more bothersome than the motor symptoms. One of the most common non-motor symptoms of PD is depression.
Objectives: Treatment of depression with antidepressant drugs is well established. In the last 20 years use of antidepressant has risen mainly due to the introduction of the selective serotonin reuptake inhibitors (SSRIs). Our primary aim was to demonstrate an improvement in depressive symptoms in patients who started treatment with vortioxetine. A secondary aim was to show those who was successfully treated with vortioxetine but was unresponsive to paroxetine and escitalopram without worsening the extrapyramidal symptoms of PD.

Methods: In collaboration with the Department of Neurology, we included patients who are being treated for Parkinson's disease and who meet the criteria for depressive disorder after a psychiatric examination. We divided the patients into two groups: those who had not previously taken any antidepressant drugs and those who were already on therapy with paroxetine and escitalopram but without the expected therapeutic response. All patients were prescribed vortioxetine in their treatment, and the Hamilton Depression Rating Scale (HDRS) was determined during their first meeting with the psychiatrist, and then again after 6 weeks of taking the medication. Also, we used Mini mental state examination (MMSE) to measure cognitive impairment.Our primary outcome measure was the number of patients in each treatment group who responded to treatment. Response was defined as the proportion of patients who had a reduction of at least 50% from the baseline score on the Hamilton Depression Rating Scale (HDRS)

Results: Our primary outcome measure was the number of patients in each treatment group who responded to treatment. Response was defined as the proportion of patients who had a reduction of at least 50% from the baseline score on the Hamilton Depression Rating Scale (HDRS)

Conclusions: In our research, vortioxetine has proven to be effective in treating depressive symptoms without worsening Parkinson's disease, unlike paroxetine and escitalopram, which resulted in partial effects.

Disclosure of Interest: None Declared

EPP0657

Emotional disorders in the structure of psychoorganic pathology in tumors of the diencephalon

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Introduction: The tumors of the diencephalon region (thalamic-hypothalamic-pituitary system) include a large group: pituitary adenomas, craniopharyngiomas, gliomas, and others. Tumors differ in the histological structure, and manifestations of the clinical symptoms; by hormonal data; by approaches and methods in treatment.

Psychic symptoms are revealed in disease in addition to cerebral, neuroendocrine symptoms, neurological disorders. Psychoorganic syndrome is represented by emotional, motivational, personal, cognitive impairments, inversion of the sleep-wake cycle, seizures. Disorders of mental activity are detected in all tumors of this localization in varying degrees, according to the different authors from 20 to 100%; affective pathology varies from 2 to 80% by the literature.

Objectives: To study the emotional disorders in the structure of psychoorganic pathology in tumors of diencephalon region

Methods: 290 patients (18-78 years old, mean age 38+2): pituitary adenomas (PA), as the most common – 170 (58,6%), craniopharyngiomas (CG), as with the most varied manifestation of mental symptoms – 120 (41,4%). Methods: psychopathological, data from endocrinological, neurological, neuroimaging methods.

Results: Emotional disorders were detected in patients from 30 to 68% of cases, depending on the histology of the tumours: PA with excessive secretion of growth hormone - emotional disorders are in 60%; PA with excessive secretion of adrenocorticotropic hormone - in 50%; PA with excessive secretion of prolactin - in 30%; with excessive secretion of thyroid-stimulating hormone - in 40%; non-functioning PA - in 16%; CG - in 68%.

Emotional disorders were more often represented by changeable mood, depression, apathy, sleep disturbance, and visceral symptoms. Symptoms differed depending on the histology of the tumor (type and level of hormones), the volume of the lesion and direction of growth, and concomitant hypertensive-hydrocephalic symptoms. Emotional disturbances often include memory impairment, personality and behavior changes.

Conclusions: Emotional disorders are detected in patients in 30-68% of cases in the structure of psychoorganic pathology with damage to the diencephalon region (in particular, with pituitary adenomas and craniopharyngiomas); are determined by the topography of the tumor and histology with the involvement of the corresponding structures and nuclei in the pathological process.

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EPP0658

Rapid cycling bipolar disorder and atypical anorexia nervosa: changes in drug metabolism

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Introduction: Bipolar disorder (BD) is a complex mental illness described by recurrent episodes of mania and depression. One subtype of the illness is rapid cycling BD, characterized by experiencing four or more extreme mood swings within a year. Diagnosing and treating BD can be complicated by comorbid conditions, such as atypical anorexia nervosa (AAN), marked by disordered eating and disturbing weight-related thoughts.

Objectives: To discuss the diagnosis and treatment plan of a patient with rapid cycling BD, who experienced adverse effects from prescribed medication and later was diagnosed with comorbid AAN.

Methods: We present a case of a 21 year-old man initially presenting with anxiety, low mood, and obsessive weight-related thoughts, ultimately diagnosed with major depression and mixed anxiety disorder.

Results: 21 year-old man was diagnosed with major depression and mixed anxiety disorder, initially treated with mirtazapine and fluoxetine (limited success), later attempting escitalopram and bupropion combination (partial remission). After 2 years the