

**Introduction:** Lithium was the first mood stabilizer and today continues to be a first-line treatment in the treatment of bipolar disorder despite its adverse effects, which make it important to monitor blood levels and control kidney function.

**Objectives:** Presentation of a case of lithium withdrawal and relapse in bipolar disorder. Literature review relating to the risk of relapse when lithium treatment is interrupted.

**Methods:** We present a clinical case of a patient who suffers a deterioration in renal function that requires the withdrawal of lithium and who consequently suffers a relapse. We conducted a bibliographic research of articles in Pubmed on this topic.

**Results:** A 49-year-old male, with a history of multiple admissions to UHB since the age of 18 with a diagnosis of bipolar disorder and treatment with lithium. Decompensations towards the manic pole have always been related to interruptions in lithium treatment. On several occasions when the patient was feeling well emotionally, he believed himself to be "cured" and abandoned the treatment, triggering a manic episode, showing verbal aggression, increased self-esteem and delusional ideation of harm. Remission was usually achieved with the reintroduction of lithium and the addition of high-dose quetiapine. Between episodes, constant overvalued ideas of economic scarcity seemed to persist, which were accentuated in the form of delusional ideas of ruin in depressive decompensations. After 7 years of stability, control analysis showed blood litemia of 2.2 mEq/L with deterioration of kidney function and generalized tremor was observed, without improvement after serum therapy. He was admitted for dialysis and lithium was suspended. Treatment with valproate was started and a consultation scheduled in a week to adjust the dose. The patient did not attend that consultation and was admitted three days later to Psychiatry Hospitalization showing a challenging attitude, evident dysphoric mood, accelerated speech, with derailments and echolalia. Delusional ideation of harm with auditory hallucinations. Insomnia and hyporexia. Chronic renal failure persisted.

**Conclusions:** Lithium is a very effective drug but with a narrow therapeutic range that requires adequate monitoring due to the possible consequences of its use at different organs and systems of the body. when lithium is found in the blood at toxic levels with deterioration of kidney function and glomerular filtration fails to recover, lithium treatment should be suspended. Sudden withdrawal of lithium significantly increases the risk of relapse due to rebound effect. More than 50% of patients experience a recurrence within 10 weeks of withdrawal.

**Disclosure of Interest:** None Declared

## EPV0094

### Factors influencing stigma in bipolar disorder type I

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**Introduction:** Given the recurrence of mood episodes, with their negative repercussions such as high suicidal risk, significant cognitive decline and the persistence of residual signs with a negative impact on the patient's family, social and professional functioning,

Bipolar Disorder is a mental disorder with a significant social stigma.

**Objectives:** Identify the socio-demographic and clinical factors that may influence the experience of stigma in bipolar disorder type I

**Methods:** We conducted a cross-sectional, comparative study over a six-month period at the aftercare unit of Razi Hospital's psychiatric ward "A", including patients treated for TB I according to DSM 5 criteria and stable on treatment.

The study was conducted in two stages: first, sociodemographic and clinical characteristics were collected using a pre-established form. The DISCUS scale, validated in Arabic, was then administered.

**Results:** We included 100 patients (60 men and 40 women) with a mean age of 43.55 years.

The median DISCUS stigma score was 6 (0-19).

The mean value of the DISCUS scale was high for patients of urban origin ( $p=0.042$ ), with a low socioeconomic level ( $p=0.001$ ), and poor family dynamics ( $p<0.001$ ).

The presence of a comorbid personality disorder was significantly associated with stigma ( $p=0.006$ ). The DISCUS scale was positively associated with the number of years of follow-up, the number of hospitalizations, the number of manic episodes, the number of depressive episodes and the number of episodes with psychotic or melancholic features.

**Conclusions:** This stigma can have a negative impact on patients' quality of life in a whole range of ways, including limiting their opportunities for education, employment and housing.

Intensive therapeutic interventions should be considered for vulnerable patients to limit the consequences.

**Disclosure of Interest:** None Declared

## EPV0097

### The Dilemma of Lithium Discontinuation in Bipolar Disorder During Pregnancy Planning: A Case Report and Literature Review

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**Introduction:** Lithium is considered the gold standard mood stabiliser for bipolar disorder, yet its use during pregnancy remains controversial, demanding careful consideration of potential risks and benefits. Classically, it has been associated with an increased risk in congenital heart defects, however, recent studies point towards a much lower absolute risk than was previously believed. Furthermore, discontinuation of lithium before or during pregnancy poses a high risk of destabilisation and lithium has been shown to reduce the risk of relapse both in pregnancy and in the postpartum period. Hence, treatment planning is of the utmost importance in this patient group and individual risk stratification should be undertaken for patients to make informed decisions about their treatment.

**Objectives:** To describe the case of a patient with bipolar disorder who discontinued lithium treatment while attempting to conceive and subsequently presented with a manic episode and to expand the scientific knowledge on this topic.