

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

T. Coelho Rocha*, J. F. Cunha, S. Torres, J. Alves Leal, J. Carvalho Moura, D. Seabra, I. Monteiro Lopes, A. Lopes and G. Lima

Psychiatry and Mental Health Department, Centro Hospitalar Barreiro Montijo, Barreiro, Portugal

*Corresponding author.

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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.

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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

V. Martiadis^{1*}, E. Pessina², A. Martini², F. Raffone¹, P. Giunelli¹ and D. De Berardis³

¹Department of Mental Health, ASL Napoli 1 Centro, Napoli;

²Department of Mental Health, ASL Cuneo 2, Cuneo and

³Department of Mental Health, Asl Teramo, Teramo, Italy

*Corresponding author.

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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 consistent 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-LAI 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