Methods: A total of 82 adult psychiatric inpatients diagnosed with affective disorders (depressive disorders and bipolar affective disorders) and borderline disorders participated in this study. They completed HCL-32, MDQ and PHQ-9 questionairres. The average age of the sample is 43.9 years. A total of 76.8% were women in the sample.
Results: 72.8% of respondents achieved a score above 14 on the HCL-32 questionnaire and thus met the criteria for possible hypomania. All three criteria for mania on the MDQ questionnaire were satisfied by 27.5% of respondents. 68% of respondents have moderate or severe symptoms of depression according to PHQ-9.
Conclusions: The results confirmed our assumption about the lack of recognition and diagnosis of bipolar affective disorder type II. Only 5 respondents (6.1%) were diagnosed with BAP II upon arrival. After the research, 73% of them met the criteria for diagnosing BAP II. As a correctly established diagnosis affects the selection of adequate therapy, we have tried to emphasize the importance of correct recognition of BAP II.

Disclosure of Interest: None Declared

EPV0132

Bipolar disorder and cannabis abuse. A clinical case report

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Introduction: Cannabis or marijuana is a common substance of abuse. Its active compounds are Delta-9-tetrahydrocannabinol (Δ9-THC or THC), cannabidiol or nabiximol. The last two ones might have a therapeutic effect in some mental disorders. THC is a toxic substance that has euphoric, sedative and antalgic effects. It is the third most consumed psychoactive substance in the world, with 10% of people consuming it with an abusive patron.
The comorbidity of Bipolar Disorder (BD) and the cannabis abuse takes place in a 20% of the patients in some series. This has been related with a worse prognostic for the BD, being especially related to apparition of more episodes of mania.
We did a review of both disorders due to a case of a patient we had admitted to the psychiatry department of the Bellvitge Universitary Hospital with a debut of hippomania and history of cannabis consumption.
Objectives: To expose a clinical case and to do a review of the literature related to BD and cannabis abuse.
Methods: It is a one patient report of a 35 year old male that was a habitual consumer of cannabis. He achieved a consume of 1g per day. He began consuming it on December 2020, until 4-5 days before the hospitalisation on March 2022. His hospital admittance was due to a debut with hippomania clinical features.
Review of various scientific articles related to both disorders.
Results: Our case clinical features were mainly an alteration in his conduct right after cannabis withdrawal. It consisted in mental hyper clarity, increased speed of his thought, insomnia, inadequacy, hyperactivity and increased energy; hipersexuality and wellness feeling.
His development was favourable with an olanzapine based treatment, later switched to aripiprazole. After the hospitalisation, his symptoms have been mainly related to the anxiety spectrum, due to a basal neurotic personality. He presented some depressive symptoms, but not with entity of decompensation. He hasn't consumed cannabis since the admittance.
It's been described that substance abuse is related to retardation on the diagnosis. Also, this comorbidity is related to a worse development in both disorders. In the case of BD, cannabis consumption has been related to more episodes of mania.
Lithium is the only treatment proved to improve both disorders at the same time.
Comorbidity for affective disorders with substance abuse has been described as a risk factor for suicide, overdose and homicide.
Conclusions: Cannabis seems directly related with the onset and the exacerbation of a BD. This relation seems bilateral, since an untreated mania might result in a cannabis abuse disorder. Worse prognosis for BD might be because comorbidity with cannabis abuse is related with worse adherence to treatment and more decompensations. Also, the abuse of substances can provoke retardation in the diagnosis. By now, lithium seems to be the only treatment with proved efficacy treating comorbidity of both disorders.

Disclosure of Interest: None Declared

EPV0133

The effect of pandemic as a trigger for first episode bipolar disorders

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Introduction: The traumatic effects of COVID-19 pandemic is well studied in community and fragile groups. The association between COVID-19 infection and development of severe mood disorders have not well studied.
Objectives: Nonetheless the casual relation or stressor effects of Covid-19 pandemic on chronic psychiatric illness is not known yet. The present study is aimed to investigate the effects of pandemic as a triggering factor in first episode Bipolar disorder (BD) patients that onset after pandemic.
Methods: The study included a total sample of 55 patients diagnosed with first episode BD according to DSM-5 criteria.
The two groups of patients that illness onset was before (BP)and after pandemic (AP), were investigated and compared for psychopathology and life evet stressors. Impact of Event Scale-Revised (IES-R) for PTSD symptoms, Generalize Anxiety Disorder scale for anxiety symptoms, The Montgomery–Åsberg Depression Rating Scale (MADRS) to examine depressive symptoms; and Young Mania rating Scale (YMRS) for manic symptoms, Brief Psychiatric Rating Scale-18 (BPRS) was used for psychotic symptoms.
Results: The statistical analyses were performed using the Statistical Package for Social Science, version 26. Thirty-five patients that illness onset before pandemic and 20 patients that illness onset after pandemic were compared.

The significant differences were come up in some clinical features between the two groups. The alcohol and substance abuse were higher in AP group. The severity of psychotic and manic symptoms were higher in AP group. The hospitalization was higher in AP group. The number of stressor events was higher and PTSD symptoms was more severe in the AP group also.

Conclusions: The effects of Covid-19 pandemic seems have a triggering role in onset of first episode BD. This effect whether cause biological or psychological stress in onset of illness is not known yet. The casual phenomenon of Covid-19 pandemic should be investigated for chronic psychiatric illness as BD in future studies.

Disclosure of Interest: None Declared

EPV0134

LAMOTRIGINE INDUCED LEUCOPENIA IN A PATIENT WITH TYPE 2 BIPOLAR DISEASE

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Introduction: Lamotrigine(LTG) is a widely used medication for bipolar disorder(BD) maintenance treatment, bipolar depression, epilepsy, trigeminal neuralgia.[1]The well-known common side effects of LTG are rash,fatigue, gastrointestinal symptoms,dizziness,headache,insomnia.[2]While one of the most refrained side effects of LTG is Steven Johnson's syndrome, there have been reports of blood dyscrasia,such as agranulocytosis, neutropenia, pancytopenia.[3,4]Unfortunately, the exact mechanism of the blood dyscrasias isn't fully explained.Here we report a case of LTG-induced leucopenia in a patient with BD type 2 patient.We obtained the patient's consent.

Objectives: We report a case of a 56-year-old female patient, brought to the emergency unit with complaints of feeling unhappy, hopeless,having trouble sleeping and suicidal thoughts for two months.She attempted suicide a few days ago,had multiple suicide attempts in the last two years.She had 3 psychiatric hospitalizations due to depressive episodes and 1 hypomanic episode.Her mood was depressed.She had psychomotor retardation,no psychotic feature.Due to active suicidal ideation,we admitted her to the inpatient unit with the diagnosis of BD type 2.

Routine blood tests were within the normal range.We increased quetiapine XR 300 mg and venlafaxine 300 mg,which she had already taken;discontinued her aripiprazole treatment and added LTG 25 mg/d. 8 after initiation of LTG,there was a decrease in white blood coun(WBC) from a baseline level of $5.18x10^9$/L to $3x10^9$/L,while neutrophil count decreased from $3.8x10^9$/L to $1.15x10^9$/L in 12 days.Her medical records showed no sign of leucopenia.No pathology was detected in the peripheral smear or ultrasonography performed with the haematology consultation.Considering leucopenia might be an adverse drug reaction associated with LTG, we discontinued LTG treatment on the 9th day of administration. 9 days after discontinuation WBC was up to $4.22x10^9$/L,neutrophil count was $2.78x10^9$/L. We started valproate 500 mg/d and on the 27th day of her stay, she was discharged with a euthymic mood, having no depressive symptoms or suicidal thoughts.Her last treatment was venlafaxine 225 mg, quetiapine XR 300 mg, quetiapine IR 100 mg, valproate 500 mg, lorazepam 1 mg daily.

Methods: It is a retrospective review.

Results: In this LTG naive patient,the WBC values were within the normal range at admission.There was a significant temporal relationship between the initiation of the LTG and the decrease in WBC values.The absence of other factors in the laboratory tests and examinations,the rapid increase of WBC levels after the LTG was discontinued suggests the observed effect may be a side effect of LTG.

Conclusions: Blood dyscrasies aren't a very common side effect of LTG, but it might be helpful to see CBC, especially in older populations, on patients with polypharmacy regimens and with severe mental illness that may interfere with patient's ability to express any subtle side effect.

Disclosure of Interest: None Declared

EPV0135

Predictors of psychosocial functioning in euthymic patients with bipolar disorder

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Introduction: Functional impairment is a major target in the treatment of bipolar disorder (BD), but the magnitude and type of functional difficulties differ across patients.

Objectives: The aim of this study was to assess functioning and identify factors associated with global functioning in euthymic patients.

Methods: It was a descriptive cross-sectional study. The population study consisted of patients diagnosed with BD (DSM 5), who were euthymic and followed up at the psychiatry department of CHU Hedi Chaker.

The Hamilton Depression Scale (HAM-D), the Young Mania Rating Scale (YMRS) and the Functioning Assessment Short Test (FAST) were used to assess depressive, manic symptoms and the functional impairment in bipolar patients respectively. All statistical analyses were performed using the SPSS software package v 18.

Results: We collected 40 patients. They had an average age of 36 years and the sex ratio (M/F) was 1.

They had an educational level not exceeding primary studies in 46% of cases.

The average scores of HAM-D and YMRS were 4.57 ± 4.58 and 3.43 ± 2.89 respectively.

The average total functioning score of our patients was 19.13 ± 16.5. Functional impairment was noted in 60% of them. The domains most affected were: occupational activity (62%), cognitive functioning (63%) and autonomy (50%). Fonctional impairement was associated with residual depressive and manic symptoms ($p=0.013$)