

Conclusions: Lithium demonstrates complete placental passage. This finding is consistent with the results of others studies (Newport 2005; Molenaar 2021).

Disclosure: No significant relationships.

Keywords: Placental passage; Mother-infant pair; Lithium blood levels; Delivery

EPV0057

The effects of lithium and inflammation on the atherosclerosis of older bipolar patients at high risk for cardiovascular disease

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Introduction: Atherosclerosis can result in serious cardiovascular disease (CVD) and is associated with inflammation and psychopharmacological treatment in bipolar disorder.

Objectives: We attempt to investigate the effects of lithium and inflammation on the atherosclerotic development in older bipolar adults at high risk for cardiovascular disease.

Methods: The euthymic out-patients with bipolar I disorder aged over 45 years and concurrent endocrine or cardiovascular disease were recruited to measure their bilateral carotid intima media thickness (CIMT) and circulating levels of lithium, valproate, sTNF-R1, sIL-6R, and lipid profile. All clinical information were obtained by directly interviewing patients and reviewing all medical records.

Results: Forty eight patients with mean 48.3 years old and mean 27.2 years of age at illness onset were recruited. After controlling for the body mass index, multivariate regression analyses showed that older age, lower lithium level, and higher plasma sTNF-R1 level were associated with higher CIMT and collectively accounting for 33.1% of the variance in CIMT. Blood level of low density lipid or valproate has none relationship with CIMT.

Conclusions: Lithium treatment may protect older bipolar patient, even those at high risk for CVD, from atherosclerotic development. Furthermore, persistent inflammatory activation, particularly macrophage activation, may be associated with the accelerating development of atherosclerosis.

Disclosure: No significant relationships.

Keywords: Lithium; atherosclerosis; older bipolar patients; inflammation

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Clinical Correlates of Cardiac Conduction in Bipolar Disorder

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Introduction: Patients with bipolar disorder (BD) have an increased risk for cardiovascular morbimortality. Clinical risk factors, specifically for arrhythmias and sudden cardiac death remain understudied. **Objectives:** This study was conducted to assess differences in cardiac conduction among BD patients.

Methods: We included patients with BD in a cross-sectional design, confirmed by structured interview, age 18 through 80. Clinical characteristics were obtained using a structured questionnaire or medical records review. ECG intervals duration and morphology were manually assessed by cardiologists and compared among clinical subgroups using Chi-square, Mann-Whitney, and Kruskal-Wallis tests. Exploratory multivariable linear and logistic regression models were fitted to adjust for potential confounders.

Results: We included 117 patients (60.7% women, 76.9% bipolar I, 50% history of psychosis, 22.6% suicide attempts). We found a significantly longer QTc interval in BD patients with hypertension (difference: 9.5 ms, p=0.006), obesity (difference: 25 ms, p=0.001), and metabolic syndrome (difference: 13 ms, p=0.007). Hypertension remained a significant predictor of longer QTc after adjusting for age, gender, and antipsychotic use (estimate 17.718, p=0.018). We observed a significantly shorter PR interval in women (difference: 6 ms, p=0.029), early age of onset (difference 6 ms, p=0.025), non-users of lithium (difference 4 ms, p=0.002), and early trauma (difference 4 ms, p=0.038). Finally, we identified significant correlations between symptom severity, blood glucose and PR interval (r=0.298, p=0.001; r=0.278, p=0.003; respectively).

Conclusions: Patients with BD and hypertension may have an increased risk for QTc prolongation. Careful cardiovascular monitoring may be warranted.

Disclosure: No significant relationships.

Keywords: cardiovascular disease; electrocardiogram; QTc; bipolar disorder

EPV0059

Childhood trauma and comorbid anxiety disorders in patients with bipolar disorder

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Introduction: A history of childhood trauma and Comorbid anxiety disorders have each been identified as potential predictors of unfavorable outcomes in patients with bipolar disorder. Nevertheless, the relationship between these two prognostic features has been little studied.

Objectives: In the present study, we aim to explore the relationship between childhood trauma and comorbid anxiety disorders in bipolar patients.

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