

after starting treatment with Cariprazine, presented with pseudo-vesicular skin lesions suggestive of Steven-Johnson syndrome.

Methods: A non-systematic literature review on PubMed database on Steven-Johnson syndrome and other autoimmune processes in patients with bipolar disorder, and the impact on the affective symptoms of the former, was conducted. The clinical case report was prepared through the review of clinical records of the patient.

Results: The authors present the case of a 50-year-old woman, undergoing psychiatric follow-up for more than 30 years with a diagnosis of bipolar disorder. She has a moderate intellectual disability and generalized epilepsy diagnosed at the age of 13. Since the age of 20, the patient has presented clinical manifestations compatible with bipolar disorder.

On a dermatological level, the patient had medical records of hypersensitivity reaction to amoxicillin-clavulanic acid, intolerance to carbamazepine; and toxicoderma and hepatitis after treatment with Lamotrigine, compatible with DRESS syndrome.

At the time of the study, psychopharmacological treatment consisted in valproic acid, lithium and cariprazine (the latter being introduced 14 days earlier). Pseudovesicular and papular skin lesions were observed, with a dianiform appearance and central necrosis.

Prior to the debut of the dermatological condition, the patient showed a decompensation of her bipolar disorder, with escalating irritability, soliloquies, verbosity and hostility towards her parents, with episodes of psychomotor agitation.

After the appearance of the skin lesions, a striking clinical change was observed, with an almost complete remission of affective symptoms, temporally coincident with DRESS syndrome and cariprazine withdrawal.

Conclusions: In recent years, research on autoimmune diseases and their relationship with mental disorders, such as bipolar disorder, schizophrenia and depression, has become increasingly abundant. The conclusions point to the fact that both disorders could be interrelated even at an etiopathogenic level. In this case report, we discuss a patient with a diagnosis of bipolar disorder with an important component of autoimmune response to different drugs, which seems to have influenced the clinical course of the mental illness.

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EPV0097

Secondary mania related to acquired immunodeficiency syndrome (AIDS). Case report

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Introduction: Neuropsychiatric manifestations in human immunodeficiency virus (HIV) infection are uncommon but salient once they emerge to the surface. These symptoms can be the result of direct or indirect effects of the virus on the central nervous system (CNS). In particular, HIV related mania can complicate

any stage of the infection but increases its frequency with the progression of HIV infection to the final stage.

Objectives: The objective of this case report is to raise awareness about secondary mania due to HIV infection and the importance of etiological treatment in mental disorders.

Methods: We herein report the case of a 27-year-old, male patient, who was admitted to our Psychiatric Clinic I Cluj-Napoca, with a 3-week history of typical manic symptoms such as: elated mood, alternating with episodes of irritability, talking too much, familiarity, multiple future plans, hypersexuality, social disinhibition and decreased need for sleep. Throughout the hospitalization, the course of the manic symptomatology did not improve, additionally the patient started to exhibit neurological symptoms accompanied by complex visual hallucinations. Prior to this episode he reported depressive symptoms, predominantly anhedonia, apathy, and social withdrawal but without meeting the clinical severity threshold. The patient had no family history of a mental disorder. A psychopharmacological treatment was initiated (atypical antipsychotic Quetiapine XR 300 mg/day initially, and then switched to Olanzapine 10 mg/day, mood stabilizer Valproic Acid 1,5 g/day), but he developed significant extrapyramidal side effects.

Results: Blood tests revealed: leukopenia, lymphopenia, thrombocytopenia, subsequently hepatic cytolysis, and high CRP. Psychometric evaluation revealed: Young Mania Rating Scale (YMRS) score 33/60 – moderate mania, Positive and Negative Syndrome Scale (PANSS)- total score 51 (16/49 Positive; 7/49 Negative; 28/112 General Psychopathology). MRI: T2 and FLAIR hyperintense extended areas in the bilateral periventricular white matter and in the internal capsule. The anamnesis, heteroanamnesis, paraclinical investigations led us to a diagnosis of secondary mania related to HIV infection. The patient was transferred to the Infectious Diseases Clinical Hospital for a targeted antiretroviral therapy (Raltegravir 800 mg/day, Emtricitabine/Tenofovir disoproxil 200mg/245 mg).

Conclusions: Recognizing and controlling HIV secondary mania should be of high importance given its association with heightened sexual behavior and substance abuse which can result in an elevated risk of transmitting the infection to other people.

Disclosure of Interest: None Declared

EPV0098

Effectiveness of mood stabilizers in prophylactic treatment of bipolar disorder

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Introduction: Prophylactic treatment during bipolar disorder aims to prevent recurrences and to improve the functional level.

Objectives: Our aim was to compare the clinical effectiveness of lithium versus sodium valproate in the prophylactic treatment of bipolar disorder type 1

Methods: Retrospective, longitudinal, comparative study conducted among 162 patients followed for bipolar disorder type 1 hospitalized at the Psychiatry A department of Razi Hospital. The Alda scale and time to recurrence were used to compare the clinical effectiveness of the mood stabilizers.

Results: A difference between the two groups of patients was noted for some variables. Lithium prescription was associated with educational level, number of depressive episodes, suicide attempts, previous prescription of other thymoregulators, depressive polarity of the index episode and use of atypical antipsychotics.

The prescription of Valproate was associated with educational level, unipolar mania, manic predominant polarity, manic polarity of the index episode, presence of psychotic features, prescription of long acting antipsychotics and higher doses of antipsychotics.

The study of response by Alda scale showed no significant difference in the mean score of the scale nor in the rate of responders. We noted a higher rate of recurrence in patients on Valproate considering the whole duration of the study. The recurrence rate after one year was higher in patients on Lithium, the recurrence rate after two years was comparable in both groups. Survival curves showed earlier recurrences in patients on Lithium.

Conclusions: The efficacy of the two mood stabilizers was comparable. The recurrences occurred earlier under Lithium.

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EPV0099

Cardiovascular risk in patients with bipolar disorder in Tunisia

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Introduction: Bipolar disorder (BD) is a multisystemic disorder affecting not only thymic regulation but also immunologic function and cardiovascular status. In fact, BD itself appears to confer risk for cardiovascular disease independent of treatments used to manage the disorder, which results in an increase in risk of morbidity and mortality compared to the general population. Indeed, according to the literature, the life expectancy of patients with BD is reduced by eight to ten years, and particularly, cardiovascular events are two to three times more frequent and occur earlier.

Objectives: The objectives of our study were to determine the prevalence of cardiovascular risk factors in patients with BD in remission and to compare it to a control sample.

Methods: This was a case-control study that took place over an 18-month period, from January 2, 2020 to June 30, 2021, in RAZI hospital, in Tunisia. Statistical analysis was performed by SPSS 26.0.

Results: Sixty patients in remission and sixty healthy controls were included in this study.

The mean age was 42.5 ± 11.1 years with extremes of 20 and 60 years in the case group, while the mean age was 42.7 ± 10.2 years with extremes of 20 and 63 years in the control group.

At least one cardiovascular risk factor was found in 91% of patients with BD vs 78% of controls, and 92% of patients were smokers vs 68% of controls, with a significant difference between the two groups ($p=0.041$ and $p=0.001$), respectively.

Conclusions: Given the high risk of cardiovascular disease, rigorous cardiovascular risk assessment is critical for patients with

BD. Psychiatrists should be aware of this problem and carefully monitor these patients for cardiovascular risk factors, including smoking, as part of their standards of care.

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EPV0100

Long-acting new generation antipsychotics in the maintenance treatment of bipolar disorders

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Introduction: Maintaining remission, preventing from future episodes, better treatment adherence and improving the quality of life are main aims of long-term treatment in bipolar disorders (BD). In recent years, new generation long-acting injectable (LAI) antipsychotics have been frequently used in maintenance treatment for bipolar disorders.

Objectives: We aimed to review socio-demographic and clinical characteristics of bipolar patients taking LAI treatment for maintenance treatment.

Methods: Clinical records of 56 bipolar patients who are on LAI treatment and followed in Mazhar Osman Mood Clinic (MOMC) of Selcuk University Medical Faculty were evaluated. Descriptive statistical analysis was performed with Statistical Package for the Social Sciences (SPSS).

Results: Nearly half of the patients were male ($n:29$, 52%). 49,1% of the patients were married. The mean age was 37.1 ± 12.2 years and the mean duration of education was 11.1 ± 4.2 years. All of the patients were diagnosed with bipolar 1 disorder. Most of the patients (64,7%) was on aripiprazole LAI while remaining was receiving paliperidone LAI for maintenance treatment. We found a significant reduction in the number of manic episodes after long-acting treatment ($p<0.001$), but we could not find any difference for depression. Ten of the patients discontinued the treatment due to the side effects, extrapyramidal side effects were the most common side effects. Eight of the patients were switched from paliperidone treatment to aripiprazole treatment due to side effects, especially hyperprolactinemia. Relapse was observed in 46,4% of the patients and there was no difference between aripiprazole and paliperidone in terms of relapse rate.

Conclusions: LAI new generation antipsychotics are taking place in long-term treatment of bipolar disorder via improving treatment adherence. Side effect profile of aripiprazole and paliperidone are different. However, we could not find any difference between two drugs in terms of side effects and relapse rates. Small sample size and shorter duration of follow-up should be considered as limitations.

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