

phase of illness, suggests that they might constitute a possible predictor of this tragic outcome.

Disclosure of Interest: None Declared

EPP0130

Factors associated with poor medication adherence in patients with Bipolar Disorders

H. Jemli^{1*}, M. Djelassi², Y. Zgueb² and R. Zaibi²

¹Psychiatry department A, Razi Hospital, Manouba, Tunisia and

²Psychiatry department A, Razi Hospital, Manouba

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.466

Introduction: Treatment adherence in patients living with Bipolar Disorders can influence prognosis and quality of life. It is associated with an increased morbidity and healthcare costs.

Objectives: The aim of our study was to evaluate treatment adherence in a sample of patients living with Bipolar disorders and to determine factors associated with poor adherence.

Methods: We conducted a cross sectional study where we included bipolar patients being treated in psychiatry department A. We developed a survey containing sociodemographic and clinical features. We used the medical adherence rating scale to evaluate treatment adherence.

Results: Our sample consisted of 100 patients with a mean age of 47,5 years old. Sixty seven patients were being treated for bipolar disorder type 1. Medication adherence rate was 64%.

Factors associated with poor medication adherence were being single, an early age of onset, comorbid substance abuse disorder, severe treatment side effects and poor insight.

Conclusions: Poor medication adherence is a major issue for people living with Bipolar Disorders. Clinicians should pay more attention to sociodemographic and clinical factors to predict and enhance treatment adherence.

Disclosure of Interest: None Declared

EPP0131

Lithium management in pregnant patients with bipolar disorder

I. Romero Gerechter*, M. Martín Velasco, A. Sanz Giancola, E. Arroyo Sánchez, C. Díaz Mayoral and P. Setien Preciados

Psychiatry, Hospital Universitario Príncipe de Asturias, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.467

Introduction: Women with bipolar disorder often ask their treating clinician for information about family planning, as they are concerned about the impact of their illness on offspring. Pregnancy places additional stress on patients, and physiological changes are particularly acute during postpartum. On the other hand, the risk of abnormalities and teratogenicity from psychotropic drugs is significant. The decision whether resuming or discontinuing lithium is discussed.

Objectives: We present a theoretical review on the topic.

Methods: A bibliographic review is presented.

Results: The choice to continue medication during pregnancy balances the risks of an untreated illness with the risks of medication exposure. Abrupt discontinuation of psychotropic medications is associated with an increased risk for illness recurrence. Women with BD who discontinue their medications before or during pregnancy have a 71% risk of recurrence with new episodes occurring most frequently in the first trimester. Recurrent illness during pregnancy is associated with a 66% increase in the risk of postpartum episodes. Untreated or under-treated BD during pregnancy is associated with poor birth outcomes independent of pharmacotherapy exposure, including preterm birth, low birth-weight, intra-uterine growth retardation, small for gestational age, fetal distress, and adverse neurodevelopmental outcomes. Women with untreated BD also have behavioral risk factors such as decreased compliance with prenatal care, poor nutrition, and high-risk behaviors. Impaired capacity to function may result in loss of employment, health care benefits, and social support. The biological and psychosocial risks of a BD episode are the justification for the risk of medication exposure.

Fetal exposure to lithium has been associated with an increased risk for cardiac abnormalities. The risk for Ebstein's anomaly with first trimester exposure is 1 (0.1%) to 2 in 1000 (0.2%), but the absolute risk remains low. Folate supplementation with 5 mg reduces the risk and severity of congenital heart disease. Lithium toxicity causes lethargy, hypotonia, tachycardia, coma, cyanosis, and chronic twitching in the newborn.

Strategies to minimize fetal exposure and maintain efficacy include using the lowest effective dose, prescribing lithium twice daily to avoid high peak serum concentrations, and regular monitoring of lithium serum concentrations. The effective serum concentration must be established before pregnancy. If a therapeutic concentration has not been established, the lithium dose is titrated to a concentration within the therapeutic range. Breast feeding is discouraged in women taking lithium because of the high rate of transmission to the infant.

Conclusions: Treatment decisions for pregnant women with mood disorders must weigh the potential for increased risks of lithium during pregnancy, especially during the first trimester, against its effectiveness at reducing relapse.

Disclosure of Interest: None Declared

EPP0132

Do prospective longitudinal studies of bipolar disorder support the hypothesis of neuroprogression?

I. Melle^{1*}, T. V. Lagerberg¹, B. Etain², S. H. Lyngstad³ and K. F. Wold⁴

¹Research and innovation, Oslo university hospital, Oslo, Norway;

²Centre Expert Trouble Bipolaire, Hôpital Lariboisière - F. Widal, Paris, France;

³Nydalen DPS, Oslo university hospital and ⁴Institute of clinical medicine, University of Oslo, Oslo, Norway

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.468

Introduction: Bipolar I disorder is a mental disorder with the risk of severe clinical outcomes. Bipolar disorder was initially defined based on having a better outcome than schizophrenia. However,