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. Djelassi[2], Y. Zgueb[2] and R. Zaibi[2]

[1]Psychiatry deparment A, Razi Hospital, Manouba, Tunisia and [2]Psychiatry deparment 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 wether resuming or discontinuating 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, intrauterine growth retardation, small for gestational age, fetal distress, and adverse neurodeve- lopmental 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. Lagerberg[1], B. Etain[2], S. H. Lyngstad[3] and K. F. Wold[4]

[1]Research and innovation, Oslo university hospital, Oslo, Norway; [2]Centre Expert Trouble Bipolaire, Hôpital Lariboisière - F. Widal, Paris, France; [3]Nydalen DPS, Oslo university hospital and [4]Institute 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,

while recent longer-term findings in schizophrenia do not support neuroprogression, bipolar disorder is increasingly depicted as having neuroprogressive elements. There are, however, remarkably few prospective longitudinal studies of representative bipolar I cohorts followed from the first treatment.
Objectives: To study the clinical development of a representative cohort of bipolar disorder patients recruited at their first treatment.
Methods: Patients with DSM-IV Bipolar I or Bipolar NOS were consecutively recruited from in-and outpatient units in the larger Oslo area during their first treatment year and extensively clinically characterized at baseline. They then participated in personal one- and ten-year follow-ups.
Results: Sixty-nine patients participated in the 10-year follow-up. Age at follow-up was 39.0 (+ 9.6) years, 59% were females. A total of 12% had unipolar mania, 58% had psychotic bipolar disorder, and 20% had experienced rapid cycling. At follow-up, 75% were in full affective remission, 60% had regained full functioning, and 54% were in stable full recovery.
Mood episode relapses clustered around the first episode. Despite occasional relapses, 2/3 were mainly euthymic during the follow-up period. A small sub-group was highly affected from the first 2-3 years of treatment, but there were no apparent signs of kindling effects or indications of neuroprogression
Conclusions: The follow-up of this cohort of first-treatment Bipolar I patients does not support the hypothesis of neuroprogression.

Disclosure of Interest: None Declared

EPP0133

Elevated versus irritable mood: is illness severity any different?

J. T. Coelho*, A. S. Machado, F. Andrade, A. Vieira, S. Timóteo and A. Silva

Department of Psychiatry and Mental Health, University Hospital Center of São João, Porto, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.469

Introduction: Recent studies reported substantive clinical differences in those with a bipolar disorder who evidence elevated or irritable mood during a manic episode, which may have treatment and prognosis implications.
Objectives: We aim to compare sociodemographic and clinical characteristics of inpatients admitted for bipolar mania with elevated vs. irritable mood.
Methods: Retrospective observational study of inpatients admitted between January 1st 2018 and July 31st 2022 in a psychiatry inpatient unit of a tertiary hospital. Descriptive analysis of the results was performed using the SPSS software, version 26.0.
Results: Our sample included 143 inpatients, 39,9% (n=57) with elevated mood. When compared with those with irritable mood, euphoric patients had 2.765 more odds of having previous psychiatric hospitalizations ($x2(1, N = 143) = 4.93$; $p = 0.026$). Interestingly, 78.4% of inaugural manic episodes (n=19) presented with irritable mood ($x2(1, N = 143) = 3.447$; $p = 0.063$). We also found that a patient with euphoric mood has 2.575 greater odds of being under a mood stabilizer ($x2(1, N = 143) = 5.026$; $p = 0.025$) before admission. More specifically, there is a significantly higher proportion of euphoric patients that were prescribed with valproic acid as mood stabilizer (57.9% vs 37.2%; $x2(1, N = 143) = 5.016$; $p = 0.015$). This association was not found with lithium. We found no statistically significant differences regarding the sociodemographic characteristics, previous long acting injectable antipsychotic or antidepressant treatment and psychotic symptoms during manic episode between the two groups.
Conclusions: Patients with elevated mood are more likely to have a previous bipolar disorder diagnosis, which may reflect an observer bias due to the fact that diagnosis is already known.
The use of valproic acid as mood stabilizer may be a protective factor to irritable mood, since it's currently prescribed in those with bipolar disorder who have more depressive or mixed instead of manic episodes. However, future studies are essential to understand the impact of mood stabilizer on these two contrasting phenotypic expressions.
Differences related to disease severity or sociodemographic characteristics were not found.

Disclosure of Interest: None Declared

EPP0134

Substance use disorders in bipolar patients with a painful expression

J. Chabert[1]*, R. Icick[2], J. Cabé[3], M.-C. Patoz[1], X. Moisset[4], O. Godin[5], S. Gard[6], J. Loftus[7], V. Aubin[8], R. Belzeaux[9], C. Dubertret[10], Y. Lestrat[10], N. Mazer[10], A. De Premorel[10], P. Roux[11], M. Polosan[12], T. Schwitzer[13], B. Aouizerate[14], B. Isabelle[15], B. Etain[2], R. Moirand[16], E. Olié[17], E. Haffen[18], M. Leboyer[19], P. Courtet[20], P.-M. Llorca[4], G. Brousse[4] and L. Samalin[4]

[1]CHU Clermont-Ferrand, Université Clermont Auvergne, Institut Pascal, Clermont Ferrand; [2]CHU Lariboisière-Fernand Widal, INSERM UMRS 1144, Université de Paris Cité, Paris; [3]CHU Clermont-Ferrand, University of Clermont Auvergne, Institut Pascal; [4]CHU Clermont-Ferrand, Université Clermont Auvergne, Institut Pascal, Clermont-Ferrand; [5]Fondamental Fondation, Créteil; [6]Hospitalier Charles Perrens, INRAE UMR 1286, University of Bordeaux, Bordeaux, France; [7]Center Hospitalier Princesse Grace, Monaco; [8]Centre Hospitalier Princesse Grace, Monaco; [9]AP-HM, INT-UMR7289, Aix-Marseille Université, Marseille, France; [10]Université de Paris, INSERM UMR1266, Hôpital Louis Mourier, Colombes; [11]Equipe DisAP-PsyDev, Université Versailles Saint-Quentin-en-Yvelines - Paris-Saclay, Villejuif; [12]Université Grenoble Alpes, CHU Grenoble, Grenoble Institut des Neurosciences (GIN) Inserm U 1216, Grenoble; [13]Université de Lorraine, Inserm U 1254, CHU Nancy, Laxou; [14]Hospitalier Charles Perrens, INRAE UMR 1286, Université de Bordeaux, Bordeaux; [15]CHU Lariboisière-Fernand Widal, Paris; [16]INSERM U1028; CNRS UMR5292; University Lyon 1, Villeurbanne,. ΨR2 Team, CH Le Vinatier, Bron; [17]Lapeyronie CHU Montpellier, Institut de Génomique Fonctionnelle, Université de Montpellier, Montpellier; [18]CIC-1431 INSERM, CHU de Besançon, Besançon; [19]CHU Henri Mondor, Université Paris Est Créteil, INSERM U955, Créteil and [20]Lapeyronie CHU Montpellier, Montpellier, France
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.470

Introduction: Bipolar Disorder (BD) is a common psychiatric disease. It has been demonstrated a long time ago that bipolar patients are more painful than the healthy subjects. Substance use