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doi: 10.1192/j.eurpsy.2025.584

Introduction: Research on temperament in individuals with familial high risk for psychosis (FHR-P) and bipolar disorder (FHR-BD) suggests that specific temperament patterns may mirror characteristics of the associated disorders. Terms such as schizotaxia and cyclotaxia describe these patterns: schizotaxia is linked to traits such as cognitive disorganization and social withdrawal seen in those at risk for psychosis, while cyclotaxia involves emotional instability and reactivity associated with bipolar disorder.
Objectives: This study aims to investigate the relationship between temperament traits associated with psychosis and bipolar disorder as suggested in the concept of schizotaxia and cyclotaxia.
Methods: We recruited a total of 94 participants, comprising 29 people at familial high risk for psychosis (FHR-P), 41 people at familial high risk for bipolar disorder (FHR-BD), and 24 controls (HC). Participants from familial high-risk groups were identified through patient records or outpatient settings at Dokuz Eylül University. Several self-report measures are selected to investigate the temperament traits of schizotypy and cyclothymia. Those measures listed as; the Schizotypal Personality Questionnaire (SPQ), Behavioral Inhibition System/Behavioral Activation System (BIS/BAS) Scale, Temperament Evaluation of Memphis, Pisa, Paris and San Diego-auto questionnaire version (TEMPS-A), Pittsburgh Sleep Quality Index (PSQI), Barratt Impulsiveness Scale (BIS). One-way ANOVA is used to analyze the data using Jamovi Version 2.6.2.0.
Results: FHR-P individuals, but not FHR-BD, had significantly higher scores of depressive($p<.001$), cyclothymic ($p=.005$) and anxious($p=.002$) temperament than HC in TEMPS-A subscales. Both familial groups had significantly higher scores in activation($p=.001$) but not in inhibition in BIS/BAS. Moreover, they had worse sleep quality indicated by significantly higher PSQI ($p=.014$) scores. BIS scores and SPQ total scores do not significantly differ across groups however, FHR-P had significantly higher scores in negative subscores($p=.032$) of SPQ than HC.
Conclusions: Our findings show significant differences in the FHR-P group across most temperament scores, indicating a greater vulnerability to schizotypal and cyclothymic traits. This may result from various factors, such as participants being recruited from outpatient psychiatric settings. Both familial groups also demonstrated lower educational levels and premorbid IQ scores on the WAIS, with more pronounced differences in the FHR-P group compared to the FHR-BD group. Additionally, the unequal sample sizes among the groups could affect the results. Therefore, further research is needed to account for the influence of common psychiatric conditions associated with participants' help-seeking behaviour and to ensure better educational matching with healthy controls.

Disclosure of Interest: None Declared

EPP279

Risk of Respiratory Disease in people with Bipolar Disorder: A Systematic Review and Meta-Analysis.

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doi: 10.1192/j.eurpsy.2025.585

Introduction: People with bipolar disorder (BD) have an increased risk of premature mortality, and the respiratory mortality rate is higher than those of the general population. However, the evidence on respiratory disease in this population has not been meta-analyzed.
Objectives: To systematically review and meta-analyze the frequency of respiratory diseases in patients with BD and to compare prevalence and Odds Ratio (OR) with the general population.
Methods: A systematic literature search was conducted in Pubmed, PsycINFO, Scielo and Scopus from inception to June 2, 2023, and a snowball search of reference and citation lists was conducted. Inclusion criteria were studies reporting diagnoses of respiratory diseases (asthma, chronic obstructive pulmonary disease (COPD), pneumonia, lung cancer and tuberculosis) in people with BD according to operationalized criteria and where possible, control group. This study followed Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) and MOOSE reporting guidelines. A pair of reviewers independently extracted data using a predefined data extraction form and a senior co-author was consulted in cases of disagreement. The risk of bias and methodological quality was assessed using the adapted Newcastle-Ottawa scale.
Results: Of the 2,158 articles screened, 20 including 962,352 people with BD and 37,340,405 control group, met the inclusion criteria (see Figure 1). Prevalence and OR of respiratory disease in people with BD was the main outcome as percentage point estimates with corresponding 95% CIs. In people with BD, the prevalence of COPD was 9.14% (95%CI: 6.61%-12.5%), asthma 6.4% (95%CI: 4.56%-8.91%), pneumonia 2.78% (95%CI: 2.51%-3.08%) and lung cancer 0.44% (95%CI:0.23%-0.84%) (see Figure 2). Compared to the general population (see Figure 3), people with BD had significantly higher rates of COPD (OR: 1.73; 95% CI: 1.40-2.14), showing an increased rate in younger and female patients; asthma (OR: 1.91, 95% CI: 1.25-2.94), with a greater rate in younger patients; and pneumonia (OR: 2.82, 95% CI: 1.33-5.99).

Image 1:

Figure 1: Study screening and selection flowchart

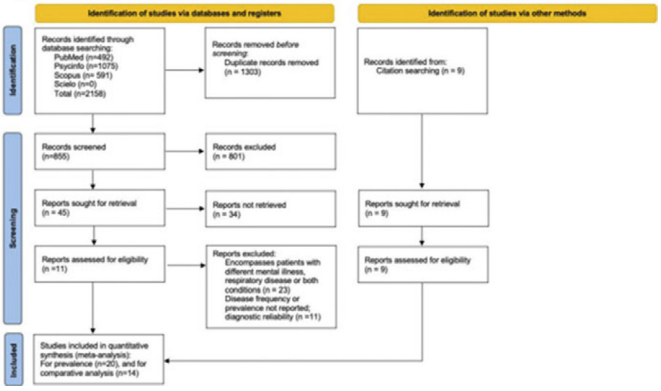


Image 2:

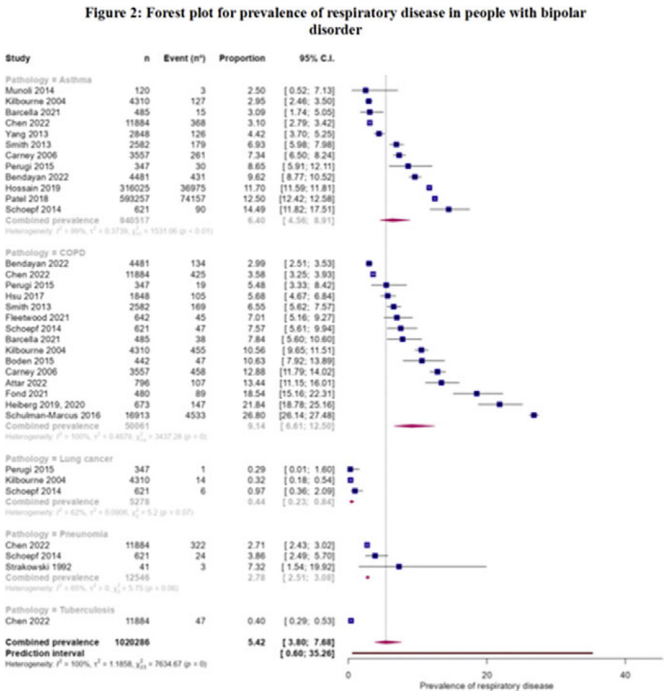
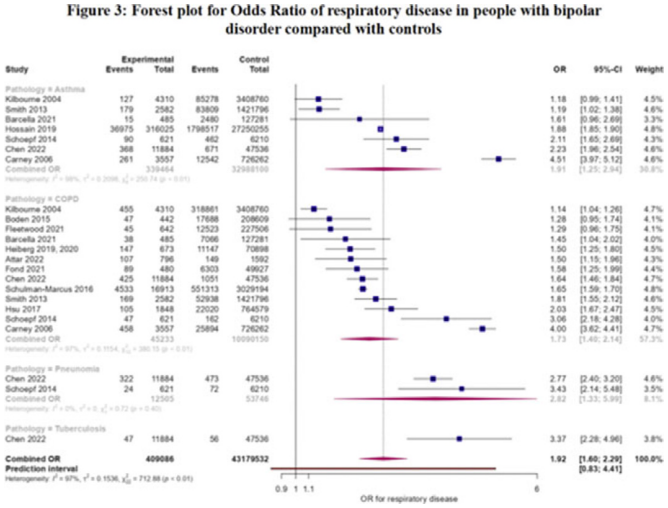


Image 3:



Conclusions: In the first meta-analysis on the topic, BD was associated with an increased risk of respiratory illness versus the general population. In COPD and asthma, young people and women are at particular risk. Prevention programs are urgently needed.

Disclosure of Interest: None Declared

EPP280

Prevalence of Dermatologic Side Effects of Mood Stabilizers in Bipolar Disorder: A Systematic Review and A Meta-Analysis

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doi: 10.1192/j.eurpsy.2025.586

Introduction: Bipolar disorder (BD) is a chronic illness affecting approximately 2-3% adults worldwide. Mood stabilizers, such as lithium, valproate, carbamazepine, and lamotrigine are mainstays of the treatment. Despite their benefits, mood stabilizers carry a risk of side effects, which can lead to treatment discontinuation and non-adherence rates ranging from 10 to 60% in BD patients (Dols *et al.* Int Clin Psychopharmacol 2013; 28, 287-296). Dermatologic side effects, also known as cutaneous adverse drug reactions, are particularly distressing, often impacting patients' self-esteem and social interactions, and contributing to non-compliance. These reactions can range in severity from mild rashes, acneiform eruptions, hair loss and psoriasis to severe, life-threatening conditions like Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) (Mitkov *et al.* Psychosomatics 2014; 55, 1-20).
Objectives: Despite the well-documented association between mood stabilizers and dermatologic adverse effects (AE), the overall prevalence of these reactions across mood stabilizers remains unclear. This systematic review and meta-analysis aims (1) to estimate the prevalence of dermatologic AE associated with mood stabilizer (lithium, valproate, carbamazepine and lamotrigine) use in patients with BD, and (2) to summarize the available evidence on the onset and timing of these reactions.
Methods: We searched Ovid MEDLINE®, Embase, Cochrane Library, Web of Science, Scopus, and PsycINFO from 1970 onward for studies on dermatologic AEs in BD patients treated with lithium, valproate, carbamazepine, or lamotrigine (CRD42022357268). Study selection, data extraction, and bias risk assessment were performed by two reviewers. Meta-analyses were conducted to estimate the prevalence rates for dermatologic AEs.
Results: The initial database searches yielded 5,354 studies. 47 articles were deemed relevant and included in this systematic review. Study designs included 16 randomized controlled trials, 10 non-randomized open-label trials, 12 cohort studies, and 9 cross-sectional studies.
Lithium was associated with acneiform eruptions in 4.4% (95% CI: 1.0-17.0%), rash in 1.8% (95% CI: 0.7-4.8%), and hair loss in 1.7% (95% CI: 0.4%-6.4%) of patients. For valproate, hair loss was observed in 4.6% of patients (95% CI: 3.0-6.7%) and rash in 2.9% (95% CI: 1.6-5.3%). Carbamazepine was associated with rash in 6.0% of patients (95% CI: 4.4-7.6%), but severe reactions such as SJS and TEN were not reported. Lamotrigine had the highest rash prevalence with 9.2% (95% CI: 7.2-11.8%), while severe reactions were rare (0.04%, 95% CI: 0.00-0.63%).
Conclusions: Mood stabilizers showed varying levels of dermatologic AEs, but severe reactions were rare. Future studies should explore factors influencing these outcomes, their impact on quality of life and treatment participation, and potential management strategies.