seasonal pattern. Specifically, this study aims to investigate whether specific times of the year are associated with a heightened incidence of hospitalizations for manic or mixed episodes.
Methods: A retrospective analysis was conducted on patient records from an inpatient psychiatric unit over four years. Inclusion criteria were a primary diagnosis of bipolar disorder and admission due to a manic or mixed episode. Data were categorized by month and season of hospitalization, and statistical analyses were performed to assess for significant seasonal variations.
Results: Our study revealed a significant increase in hospitalizations for manic episodes during the spring and summer months, with 58% of manic episodes occurring during this period, and a secondary peak in autumn. Mixed episodes demonstrated less pronounced but still observable seasonal variation. Statistical analysis confirmed the presence of seasonality, with manic episodes more likely to occur during periods of increased daylight, while mixed episodes appeared more distributed across the year.
Conclusions: The findings indicate that manic episodes in bipolar disorder follow a distinct seasonal pattern, peaking in spring and summer. Although mixed episodes are less strongly correlated with seasonality, some seasonal trends were observed. These results highlight the significance of considering environmental and seasonal factors in the management of bipolar disorder. Further investigation into the underlying mechanisms of these patterns could improve preventative care and inform the development of personalized treatment strategies.

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EPV0208

Manic episodes triggered by weight loss in a patient with bipolar disorder: the importance of integrated lifestyle interventions in psychiatric care

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Introduction: Worldwide, obesity has become a major public health issue, affecting over 650 million people, and individuals with severe mental disorders (SMD) are disproportionately affected by higher rates of obesity and metabolic syndrome (MetS). These patients often face significant barriers to improving their lifestyle, including the metabolic side effects of psychiatric medications, which are associated with weight gain, insulin resistance, and dyslipidemia. Moreover, psychiatric patients frequently encounter challenges when seeking care, often due to the stigma surrounding mental illness. This can lead to inadequate medical attention for physical health issues, further exacerbating the vicious cycle between physical and mental health. For these reasons, attention to the physical health of patients with SMD has been increasing in the recent years. However, the attempts to improve physical health can be a trigger by the exacerbation of psychiatric symptoms in more vulnerable patients.
Objectives: The report aims to highlight the reciprocal influence between psychiatric symptoms and physical health, emphasizing the importance of lifestyle interventions in patients with severe mental disorders.
Methods: In this case report, we present a 57-years-old patient with Bipolar I Disorder and class 3 obesity (BMI: 47.689) who experienced recurrent manic episodes triggered by past weight loss attempts, including one involving the use of liraglutide, a glucagon-like peptide-1 (GLP-1) receptor agonist.
Results: To prevent a new manic episode, the patient was admitted to our in-patient ward after he started to take orally liraglutide, a novel drug to treat obesity. As we expected, during hospitalization the patient experienced a manic episode and dysphoric mood, tachypsychia, and sleep disturbance emerged. After a treatment with a combination of valproic acid, risperidone, and gabapentin, the manic episode resolved at time of discharge, but despite the administration of liraglutide, no significant change in body weight was observed.
Conclusions: This case emphasizes the need for a tailored, integrated approach to lifestyle interventions in psychiatric care, in alignment with the "One Health" concept, which highlights the interconnection between physical and mental well-being. However, some patients may require the assistance of a mental health professional while attempting to change their lifestyle during their lifestyle improvement and weight loss attempts, as even modern pharmacological interventions for obesity can act as a psychopathological trigger.

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EPV0212

Differential diagnosis between late-onset bipolar disorder vs. behavioral profile frontotemporal dementia: a diagnostic challenge

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Introduction: Maniform symptoms for the first time after the age of 50 are not common, although we can find it in our clinical practice due to the increasing aging of the world's population.
Objectives: We present a clinical case of a patient with manifest behavioral symptoms where a differential diagnosis is made between Late-onset bipolar disorder vs Frontotemporal dementia with a behavioral profile (FTD)
Methods: 62-year-old male with a history of type II diabetes, hypertension and L4-L5 disc herniation. Psychiatric history of recurrent depressive disorder and dysfunctional personality. Treated with venlafaxine 150 mg and gabapentin 600 mg DMD. He was on sick leave from his company due to lower back pain. Married with two children, dysfunctional relationship with them. He was admitted to Psychiatry for the first time in February 2024 due to behavioral disturbances of 5 days' duration. He was verbose, irritable and described "being better than ever". A few days earlier he took a Tadalafil tablet, an event that he related to the onset of the condition. Since then, there has been an increase in psychomotor activity, disinhibition and exalted mood. He reported having contact with high-ranking political figures. Upon discharge from hospital, he was diagnosed with an Unspecified Manic Episode and was