

achieving an adequate response to these mood states remains a challenge.

Objectives: In relation to a case of a patient with pediatric bipolar disorder who received treatment with SSRIs in the CABS program, we reviewed the existing literature regarding the efficacy, safety, and tolerability of antidepressant medications in the pediatric population with bipolar disorder.

Methods: We conducted a literature review of studies published in the past five years. We searched PubMed using the keywords “antidepressant,” “pediatric bipolar depression,” and “bipolar disorder.” We discuss the case of a 17-year-old patient undergoing treatment in the CABS program with a diagnosis of bipolar I disorder.

Results: Studies have found that antidepressants are generally safe and well-tolerated. However, in bipolar disorders, antidepressants should be used in combination with mood stabilizers to reduce the risk of manic or hypomanic switching, especially in bipolar I disorder. The combination of olanzapine and fluoxetine has been found to be effective and has been approved by the FDA for both adults and adolescents with bipolar depression. SSRIs have shown effectiveness for pediatric bipolar depression in some studies, although the level of evidence is low. They are mainly used in cases of bipolar depression with comorbid anxiety. Bupropion is used off-label for ADHD in both pediatric and adult populations and is often prescribed for depression associated with bipolar disorder in adults. It is considered to have a lower risk of manic or hypomanic switch. Evidence for the use of ketamine in bipolar depression in adults remains unclear, particularly regarding long-term effects.

We present the case of a 17-year-old male with a diagnosis of bipolar I disorder who is undergoing treatment in the CABS program. He has a history of two hospitalizations and is currently being treated with aripiprazole. Escitalopram was added after he reported anxiety symptoms that aripiprazole was not addressing, resulting in a favorable response with no reported side effects.

Conclusions: Antidepressants may play a role in some cases of pediatric bipolar depression, especially when anxiety symptoms are also present and do not respond to psychotherapeutic approaches. It is important to balance the risks and benefits of using antidepressants in this population. Close monitoring is recommended to assess response and possible side effects. Further research regarding the treatment of pediatric bipolar depression is needed.

Disclosure of Interest: None Declared

EPV0203

Exploring the relationship between seasonal changes and bipolar disorder relapses

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Introduction: Bipolar disorder (BD) is a mental health disorder characterized by episodes of mania or hypomania alternating with depression, and it is known that seasonal changes can have an impact on the risk of relapse. Circadian rhythm - which works as an internal biological clock that regulates sleep-wake cycles, hormone production and mood stability -, plays a crucial role in the

course of the disease, and it is likely that it influences relapse during seasonal changes, through mechanisms not entirely understood.

Objectives: Review the relationship between seasonal changes and bipolar disorder relapse, focusing on circadian rhythm disruption, including possible pathophysiological pathways and treatment options.

Methods: Narrative review of articles published on Pubmed's database using the following keywords and their combinations: *bipolar disorder*, *circadian rhythms*, *seasonal* and *sleep disturbances*, screening for relevance.

Results: Several studies show us that manic episodes are associated with transition into spring and summer and depressive ones with transition into autumn and winter. Seasonal changes result in alterations in daylight exposure, which in turn, through the cardinal role of the suprachiasmatic nuclei in the hypothalamus, lead to disruptions in sleep-wake cycles, impacting melatonin and cortisol levels, which can contribute to mood instability. These hormones are also subjected to changes by other shifts in biological rhythms such as body temperature regulation, that come with seasonal transitions. On the other hand, light exposure also influences neurotransmission, particularly of serotonin and dopamine, with consequences on energy, mood and reward processing and arousal. There might also be a role for genetic polymorphisms like CLOCK, BMAL1 and PER, that influence sleep patterns and hormonal regulation, and therefore can predispose some people to mood disorders. Furthermore, there are important social factors related to seasonal changes, such as increases or decreases in social activities, that can impact mood. Therapeutic approaches that target circadian rhythm, such as light therapy and chronotherapy (including options like sleep deprivation and phase advance therapies), can be useful in decreasing relapse episodes. Additionally, simple psychoeducation on the matter, regarding maintenance of regular sleep schedules and social activities, might be helpful in preventing or, at the very least, decreasing relapses.

Conclusions: Seasonal changes play a relevant role in both manic and depressive relapses in BD through their role in circadian rhythm disruption, by way of a myriad of mechanisms. Future investigation should focus on these mechanisms and others that might possibly be involved, allowing us to reach more targeted treatment and even preventative measures to diminish relapse episodes in BD.

Disclosure of Interest: None Declared

EPV0204

Treating Bipolar II Depression: a preliminary open-label investigation of a five-day, accelerated repetitive Transcranial Magnetic Stimulation (rTMS) protocol

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Introduction: Bipolar disorder is a complex psychiatric condition marked by severe mood swings, including prolonged depressive episodes that constitute approximately 50% of the illness duration. While there is substantial evidence supporting interventions for manic and hypomanic episodes, therapeutic options for bipolar depression remain insufficient and often ineffective. Accelerated repetitive transcranial magnetic stimulation (arTMS) has emerged as a promising treatment modality with the potential to address these gaps. arTMS offers rapid antidepressant effects comparable to traditional repetitive transcranial magnetic stimulation (rTMS) protocols while maintaining a favorable safety and tolerability profile.

Objectives: This prospective, open-label, multicenter study investigates the efficacy and safety of arTMS in treating bipolar II disorder during depressive phases.

Methods: The study enrolled 20 patients who underwent a five-day, four-times-daily arTMS protocol targeting the left dorsolateral prefrontal cortex (DLPFC). The primary outcome measure was the Montgomery-Åsberg Depression Rating Scale (MADRS), assessed at baseline, immediately post-treatment, and at one- and three-month follow-ups. Secondary outcomes included safety and tolerability, with a focus on the risk of manic or hypomanic switches as measured by the Young Mania Rating Scale (YMRS).

Results: Results indicated a significant reduction in MADRS scores from baseline to immediately post-treatment, with a mean difference of -9.80 (Cohen's $d=1.065$, $p<0.001$). Continued improvements were observed at one month (-15.60, $d=1.695$, $p<0.001$) and three months (-19.70, $d=2.140$, $p<0.001$), with response rates increasing from 15% immediately after treatment to 60% at three months, and remission rates rising from 5% to 55% over the same period. Importantly, arTMS did not result in any significant increase in YMRS scores, indicating no emergence of manic symptoms, and no hypomanic switches were reported.

Conclusions: The findings underscore the rapid onset and sustained effectiveness of arTMS for bipolar depression, with improvements observed immediately after treatment and continuing over the subsequent months. The progressive rise in response and remission rates suggests that therapeutic benefits may become more pronounced over time, highlighting the importance of considering delayed treatment responses. Moreover, the lack of adverse effects on mood polarity supports arTMS as a safer alternative compared to traditional pharmacological treatments, which are often associated with a risk of manic episodes. Future research should include larger, randomized, sham-controlled trials to validate these findings and further explore the neurobiological mechanisms underlying arTMS's rapid antidepressant effects.

Disclosure of Interest: None Declared

EPV0205

On Being and Having: A Qualitative Study of Self-Perceptions in Bipolar Disorder

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Introduction: Bipolar disorder (BD) is a chronic and often severe mental illness. Yet despite the well-documented complexities in its diagnosis and treatment, little research has been dedicated to understanding the complex inner landscape experienced by those living with BD. Even as qualitative research has explored the lived experience of BD across a variety of perspectives, i.e., what BD *looks like*, there is a lack of research exploring what BD *means* to those living with the condition.

Objectives: We aimed to understand how people with BD perceive their condition, construct the meaning of their illness, and view BD in relation to their sense of self.

Methods: We conducted individual, semi-structured interviews with 20 adults with clinically stable BD. We coded the transcripts according to the principles of thematic analysis and analyzed the data using an interpretative phenomenological analysis approach.

Results: We identified three overarching domains: (1) *Benefit or burden*: a dialectic through which participants weighed the valence of their illness over time; (2) *Self or other*: the internal or external locus through which they experienced BD; and (3) *From ineffability to meaning making*: the process of naming, understanding, and incorporating BD into their life's whole. Within each domain, themes and subthemes outline nuanced and often conflicting perspectives of participants' illness experiences.

Conclusions: Our work provides a framework of three domains central to the inner reality of lived bipolar experience. Thoughtful understanding of patients' experiences, perspectives, and desires within these three domains may aid clinicians and loved ones alike in more sensitively and effectively addressing the unique individual needs of those living with BD. By exploring patients' perspectives in each of the three domains we identified, those caring for people with BD may be better positioned to help identify the inner work and practical interventions needed to achieve a rich, meaningful life with BD.

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EPV0206

Seasonality in bipolar disorder, analysis of an inpatient unit

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Introduction: Bipolar disorder is a chronic mental health condition characterized by alternating periods of mania, depression, and mixed states. The timing and recurrence of these mood episodes may be influenced by external factors, including seasonal variations. Previous research has highlighted potential seasonal patterns in the onset of manic episodes, with environmental factors such as changes in light exposure, temperature, and circadian rhythms playing a role. Comprehending these temporal patterns is paramount, as they provide critical insights into the underlying mechanisms of mood dysregulation and can inform the development of more targeted and effective clinical interventions for individuals with bipolar disorder.

Objectives: The primary objective of this study is to determine whether manic and mixed episodes in bipolar disorder show a