Methods: Blood serum of 28 patients with bipolar disorder aged 49 years [33;52], 30 patients with recurrent depressive disorder aged 40 years [31; 51] and 130 patients with schizophrenia aged 38 years [31;49], as well as 20 mentally and somatically healthy individuals aged 35 years [31;40] was studied. The amount of Heat shock protein 1A (HSPA1A) and Transthyretin (thyroxine and retinol transport protein) was determined using a Enzyme-linked Immunosorbent Assay Kit from Homo sapiens (Cloud-Clone Corp). Statistical data processing was carried out in the Statistica 12.0 program.
Results: A statistically significant ($p = 0.016$) increase in the level of HSPA1A was found in patients with BD (0.84 [0.59; 1.09] ng/ml), compared with healthy individuals (0.61 [0.51; 0.77] ng/ml). HSPA1A **p**lays a pivotal role in the protein quality control system, ensuring the correct folding of proteins. It is known that this protein is involved in the embryonic development of the central nervous system, as well as in neuroprotection by preventing the death of neurons due to its anti-apoptotic properties. A statistically significant ($p = 0.047$) increase in the level of transthyretin was found in patients with BD 21.8 pg/ml, compared with healthy individuals 19.4 pg/ml. Transthyretin plays an important role in ensuring the normal state of the central nervous system and is involved in cognitive processes.
Conclusions: Thus, the HSPA1A and transthyretin are probably involved in the pathogenesis of BD and can be proposed as be proposed as an additional paraclinical criterion for differential diagnosis.
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Disclosure of Interest: None Declared

EPP0484

How Many Criteria Should be Required to Define the DSM-5 Mixed Features Specifier in Depressed Patients?

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Introduction: During the past 2 decades there has been intense interest in the clinical significance of the concurrence of manic symptoms in depressed patients. DSM-5 introduced a mixed features specifier for both bipolar depression and major depressive disorder. Studies of the DSM-5 mixed features specifier have generally found a low prevalence of mixed depression. One approach towards increasing the sensitivity of the DSM-5 mixed features criteria is to lower the classification threshold.
Objectives: In the present study we examine the impact of lowering the DSM-5 diagnostic threshold from 3 to 2 criteria on the prevalence and validity of the DSM-5 mixed features specifier for depression.
Methods: Four hundred fifty-nine psychiatric patients in a depressive episode were interviewed by a trained diagnostic rater who administered semi-structured interviews including the DSM-5 Mixed Features Specifier Interview. The patients were rated on clinician rating scales of depression, anxiety and irritability, and measures of psychosocial functioning, suicidality, and family history of bipolar disorder.
Results: If the DSM-5 diagnostic threshold is lowered from 3 to 2 symptoms, then the prevalence of mixed features based on the DSM-5 majority of episode time frame tripled from 3.9% to 13.1% (n=60). Based on a past week time frame prevalence more than doubled from 9.4% to 22.9% (n=105) going from the 2 and 3 symptom threshold, respectively. There was no difference between the patients with 2 mixed features and patients with 0 or 1 mixed features on family history of bipolar disorder, psychosocial impairment, presence of comorbid disorders, age of onset, history of suicide attempts or psychiatric hospitalization.
Conclusions: The results of the present study do not support lowering the DSM-5-TR diagnostic threshold for the mixed features specifier in depressed patients from 3 to 2.

Disclosure of Interest: None Declared

EPP0485

Understanding Lithium intoxication in Bipolar Disorder: a comparative analysis and clinical implications

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Introduction: Lithium treatment is a proven method for bipolar disorder management, but its narrow therapeutic range and the risk of severe side effects, including lithium intoxication, pose significant clinical hurdles. Lithium intoxication, a potentially life-threatening complication, can occur during treatment, raising ongoing questions about its clinical factors, risk elements, and best practices for management.
Objectives: Our objective is a comparative analysis between patients who have experienced lithium intoxication and those who have not, aiming to identify influencing factors and enhance clinical care.
Methods: We collected demographic data, age at lithium treatment initiation, treatment duration, therapeutic adherence, Mental Health consultations, and lithium level monitoring from 14 individuals requiring clinical attention due to lithium intoxication and 14 patients with similar gender, age, and diagnosis with lithium treatment but without intoxication during four years of follow-up.
Results: Regarding the results, the age of onset of lithium treatment in patients with lithium intoxication was 30.2 years (SD=8), and the duration of lithium treatment averaged 11.1 years (SD=8.8), which did not significantly differ from the control group with ages of onset at 38.1 years (SD=15.1) and treatment duration of 9.27 years (SD=8.8), respectively. Lithium intoxication patients developed severe complications, including hospitalizations in medical-surgical units, the necessity for dialysis, and death, one fatal case. Although therapeutic adherence to lithium, measured through pharmaceutical dispensation, exceeded 90% and was comparable in both groups, patients affected by lithium intoxication exhibited a significantly higher treatment discontinuation rate (OR 32.5; 95% CI, 3.1 to 337.8) during the follow-up period. Patients who experienced lithium intoxication had an average of psychiatric consultations every 11.2 months (SD=13.4), with 35.7% not attending at least once a year, while the control group had an appointment every 5.31 months (SD=2.7) ($p > 0.05$). Lastly,

despite both groups having a similar frequency of plasma lithium level monitoring, occurring approximately every 5.5 months (SD=2.6) and 7.8 months (SD=4.8), respectively, in 28.5% of those who suffered from lithium intoxication did not undergo any monitoring for periods exceeding 18 months ($p < 0.05$).

Conclusions: Our research highlights the significance of delivering thorough clinical care and continuous monitoring to patients receiving lithium treatment for bipolar disorder. Ensuring effectiveness therapeutic adherence and maintaining strict monitoring of lithium levels are critical factors that significantly enhance treatment safety. Appropriate management has the potential to improve the quality and safety of care for people with bipolar disorder who are dependent on lithium therapy.

Disclosure of Interest: None Declared

Child and Adolescent Psychiatry

EPP0486

Pharmacogenetic intervention in the Child and Adolescent Autism Day Therapeutic Unit

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Introduction: The ASD Therapeutic Day Unit is a tertiary care unit that consists of 20 beds, designed to facilitate the evaluation and treatment of children and adolescents with ASD who present high psychiatric comorbidity with behavioral problems, communication/language problems, sensory, and/or in the management of their repetitive and restricted interests. In addition to diagnosis and genetic counseling and clinical care, we offer the possibility of performing an individualized pharmacogenetic study in order to offer appropriate pharmacological treatment to patients with ASD and comorbidities.

Objectives: The objective is to promote pharmacological tolerability, avoid unwanted side effects, as well as avoid the use of polypharmacy, in children with a tendency to poor drug metabolism.

Methods: A review of the medical history of the patients included in the Blood Extraction Program of the ASD Day Therapeutic Unit is carried out during the year 2022. The existing medications at admission, the results of the pharmacogenetic analyzes carried out, and the pertinent changes in the pharmacological treatment of these children.

Results: 37 children were included in the program during 2022. The genes CYP1A2, CYP2C19, CYP2D6, CYP3A4 and 5-HTT were analyzed. The variant studied is described, as well as the observed genotype and the expected phenotype.

Of the 37 patients, 11 maintained the same pharmacological treatment as at the beginning of admission, 5 were not taking pharmacological treatment and 25 underwent a treatment modification.

The most frequently modified treatment was risperidone with aripiprazole (n=10), secondly risperidone with guanfacine (n=5), and thirdly fluoxetine with aripiprazole (n=2).

Furthermore, the degree of pharmacological polytreatment was reduced. 18 patients switched to a single drug, instead of 14. 11 patients 2 drugs (instead of 14), 3 patients 3 drugs instead of 4 and 5 patients remained without drug treatment.

Conclusions: Patients with ASD have worse tolerability to pharmacological treatments than other patients with severe mental disorders.

The use of pharmacogenetics allows improving the cost/effectiveness of medical prescription, avoiding undesirable side effects or lack of effectiveness in the treatment of patients with ASD.

Promoting the implementation of pharmacogenetics in patients with ASD (among others) would improve the clinical situation of these patients more effectively and would improve the economic expenditure derived from erroneous prescription and/or excessive polypharmacy.

Disclosure of Interest: None Declared

EPP0487

The uncharted territory of female adult ADHD: a comprehensive review

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Introduction: Attention-Deficit/Hyperactivity Disorder (ADHD), once considered a predominantly childhood condition, has increasingly gained recognition as a prevalent and clinically significant concern among adult women. They often display a distinctive symptom profile characterized by high levels of inattention, emotional dysregulation, and difficulties in executive functioning. Diagnosis of female adult ADHD is frequently complicated by gender bias in traditional diagnostic criteria, which may fail to account for the unique ways in which women manifest the disorder.

Objectives: This comprehensive literature review aims to characterize the unique symptomatology of female adult ADHD, including variations in inattention, hyperactivity, and impulsivity, as well as the presence of emotional dysregulation. It also seeks to explore the diagnostic challenges stemming from gender bias in diagnostic criteria and the role of comorbidity in diagnostic complexity. Additionally, the review assesses the broad spectrum of functional impairments experienced by adult women with ADHD, spanning academic, occupational, interpersonal, and emotional domains.

Methods: This literature review comprises a systematic examination of published research articles, clinical studies, and relevant academic literature addressing female adult ADHD. A comprehensive search strategy involving electronic databases, including PubMed, PsycINFO, and Google Scholar, was employed to identify peer-reviewed articles published between 2000 and 2023. The selected studies underwent critical appraisal for quality and relevance to the review's objectives.

Results: The synthesis of existing literature reveals that female adult ADHD presents a distinctive clinical picture characterized by a higher prevalence of inattention, emotional dysregulation, and comorbid conditions such as mood and anxiety disorders. Diagnostic challenges arise from gender bias in diagnostic criteria and