onset and the favorable evolution after discontinuation of the incriminating treatment. Moreover, this undesirable effect is well described in the literature.
Hence the contraindication to further use of carbamazepine in Mr. AD.
In addition, the patient was put on sodium valproate with good tolerance.
Conclusions: Each prescribed drug must be considered as potentially capable of causing cutaneous reactions as an adverse effect. Both the prescriber and the patient must be made aware of this phenomenon. The attitude can be modulated on a case-by-case basis, after specialist advice, depending on the severity of the rash and the disease to be treated.

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EPV0112

Exploring maladaptive early schemas in adults with bipolar disorder

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Introduction: Bipolar disorder is a severe and chronic mental pathology, with an estimated prevalence of 1% in the general population. It is a complex pathology, encompassing a wide variety of severe and contradictory symptoms, with harmful repercussions on the patient's personal, emotional, social, professional and conjugal life, precipitating relapse. By improving our knowledge of bipolar disorder, we can support and accompany patients, helping them to understand their illness, to be able to manage it, to resolve the problems that may arise from it, and to prevent relapses and the occurrence of further episodes.
Objectives: The aim of our work is to explore maladaptive early patterns in people with bipolar disorder in the intercritical period in relation to their symptomatology and functional disability, given that consideration of maladaptive early patterns (IAPs) could lead to better identification, understanding and management of bipolar disorder.
Methods: We conducted a cross-sectional, descriptive and analytical study. The sample in our study consisted of 40 bipolar adults and 40 control adults, recruited from the various inpatient and outpatient departments of our hospital. They were all university graduates, aged between 20 and 60, followed for at least 06 months and stabilized on treatment. After collecting the various sociodemographic and clinical data, we used the Young schema questionnaire-short form (YSQ-S1).
Results: Our study sample seemed to be characterized by certain specificities: high "self-sacrifice", "high demands" and "exaggerated personal rights". Feelings of dependence and incompetence were also high among our patients, especially those with type I bipolar disorder, leading to a marked decline in self-esteem and autonomy.
Conclusions: The data we have retained from this work show us the importance of drug, psychotherapeutic and family management in achieving thymic stability and psychological and relational well-being.

Disclosure of Interest: None Declared

EPV0114

Corticosteroid-induced mania, review and case report

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Introduction: Corticosteroid treatment has been associated with the appearance of psychiatric symptoms such as depression, mania or psychosis. It is believed that manic symptoms appear with lower doses than psychotic ones. Furthermore, manic symptoms are usually associated with brief treatments against depressive ones that often appear with chronic administration of corticosteroids. The symptoms can persist for to 2 months, with an average duration of 3 weeks. The prognosis is favorable with a complete remission of symptoms in more than 90% of patients. Treatment initially consists in reducing or removing corticosteroids. However, sometimes symptomatic treatment with antipsychotics or mood stabilizers is necessary.
Objectives: To review about corticosteroid-induced mania
Methods: We carry out a literature review about corticosteroid-induced mania, accompanied by a clinical description of one patient previously diagnosed of bipolar disorder who presents a manic episode after corticosteroids treatment.
Results: A 25-year-old male was admitted to the short-term hospitalization unit from the emergency department due to manic symptoms. He had a previous diagnosis of attention deficit hyperactivity disorder sin adolescence and also a diagnosis of bipolar disorder established 7 years ago. During the last year he had received treatment with asenapine 10 mg and lamotrigine 200 mg, with good response. Several weeks before his admission he received corticosteroid treatment during several days, due to an respiratory infection. In this context he appeared more nervous, dysphoric, hyperthymic, impulsive, with increased speech pressure, insomnia and tachypsychia. Despite the withdrawal of corticosteroid treatment, manic symptoms persisted. During admission, asenapine´s dose was increased with a complete remission of the manic symptoms.
Conclusions: Corticosteroids are associated in a high percentage with the appearance of manic symptoms. The prognosis is usually favorable after the withdrawal of corticosteroid treatment. However, sometimes the symptoms do not disappear despite withdrawal - mainly due to individual vulnerability - or this one is not possible. In these cases, treatment with antipsychotics or mood stabilizers is indicated.

Disclosure of Interest: None Declared