

Image 2:

Figure 2: Forest plot for prevalence of respiratory disease in people with bipolar disorder

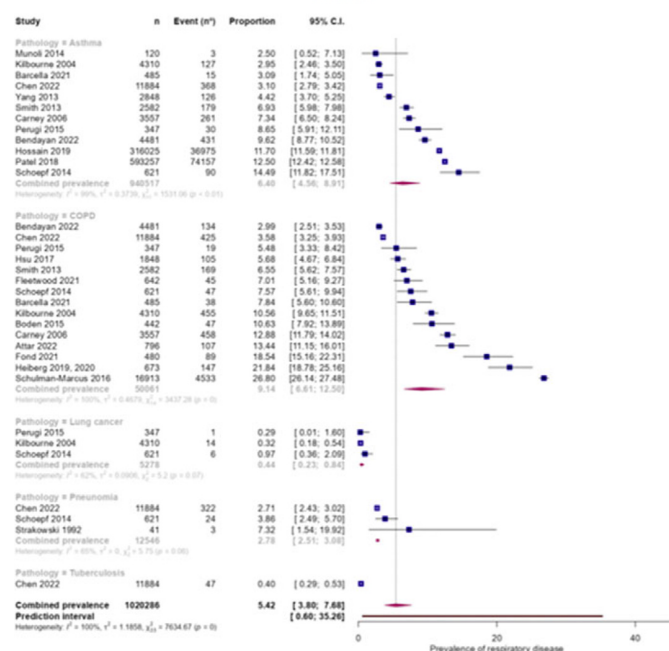
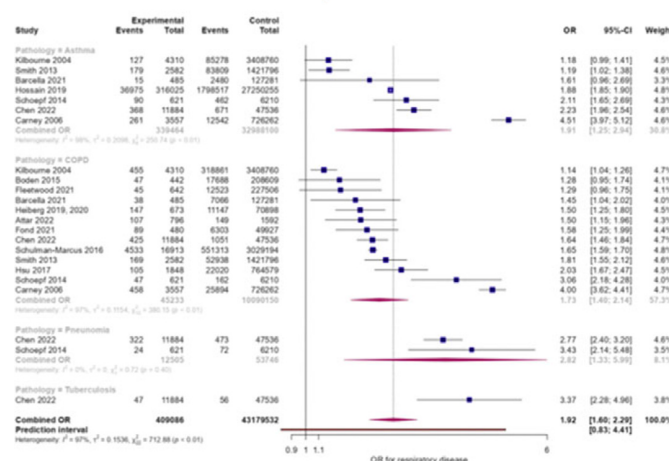


Image 3:

Figure 3: Forest plot for Odds Ratio of respiratory disease in people with bipolar disorder compared with controls



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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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.

Disclosure of Interest: None Declared

Philosophy and Psychiatry

EPP281

Convergence of Phenomenology and Neuroscience in Autism Therapy: A Case Study of Exchange and Development Therapy

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Introduction: This abstract explores the integration of phenomenology and neuroscience in understanding and managing Autism Spectrum Disorder (ASD) through Exchange and Development Therapy (EDT). EDT, developed by Professor Gilbert Lelord, focuses on restoring impaired functions in children with autism through principles of calm, receptiveness, and reciprocity.

Objectives: This study investigates the similarities between EDT principles and phenomenological concepts like intersubjectivity, intercorporeality, and intentionality, aiming to demonstrate the value of phenomenology in understanding autism.

Methods: The research involved a two-part approach:

1. Theoretical argumentation, explaining EDT principles and relevant phenomenological concepts in autism.
2. Phenomenological analysis of autobiographies of individuals with autism to identify recurring themes and align them with EDT principles.

Results: The study revealed a significant convergence between EDT principles and phenomenological concepts. Calmness in EDT aligns with intercorporeality, receptiveness with intentionality, and reciprocity with intersubjectivity. This convergence suggests that phenomenology is crucial for understanding the lived experiences of individuals with autism, which can inform and enhance neuroscience-based therapeutic approaches.

Conclusions: The integration of phenomenology and neuroscience offers a promising avenue for developing more effective and compassionate autism therapies. By incorporating the subjective experiences of individuals with autism, therapists can tailor interventions that resonate with their unique phenomenological worlds, leading to improved therapeutic outcomes. This research advocates for a more holistic and individualized approach to autism treatment, highlighting the indispensable role of phenomenology in contemporary psychiatry.

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Ethics and Psychiatry

EPP282

The right to mental health protection and its status in European Union primary law

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Introduction: Mental health is one of the fundamental personal values of every human being. Thus its protection should be one of the primary obligations of every state. To ensure common standards in aforementioned matter, it is necessary to exist an universal (supranational) grounds and rules for the protection of mental health, as well as the protection of people with mental disorders rights. Especially that, mental disorders are found all over the world, and in an age of globalisation and migration, borders are only a legal construct. In the Western European axionormative order, one of the factors shaping common normative standards is European Union law.

Objectives: The aim of this study is to identify the norms of European Union primary law from which the right to mental health protection can be derived (directly or indirectly), with a subsequent assessment of their adequacy.

Methods: The study is based on a dogmatic analysis of the primary legislation of the European Union (i.a. the founding Treaties or the Charter of Fundamental Rights of the EU - CFR) with analysis of the relevant literature of the subject and jurisprudence of the Court of Justice of the European Union.

Results: No provision of EU primary law explicitly statutes a 'right to mental health protection'. Currently, this right can be derived indirectly from norms relating to its particular aspects - e.g. the protection of mental integrity (Article 3 of CFR or Article 165 (2) of the Treaty on the Functioning of the European Union - TFEU), the removal of threats to mental health (Article 168 (1) TFEU) or the prohibition of discrimination on grounds of disability (Article 10 TFEU).

Conclusions: The current regulations are incomplete and therefore inadequate. The protection of mental integrity or the fight against discrimination are necessary for mental health (well-being) of entities, but do not fully cover the latter concept. The strengthening of the legal position of people with mental disorders requires the introduction into EU legislation of a comprehensive regulation that statutes the right to mental health protection, together with mechanisms for its enforcement against state authorities.

Disclosure of Interest: None Declared