The permanent sequelae, first recognized in the 1980s, are known as "Syndrome of Irreversible Lithium-Effectuated Neurotoxicity" (SILENT). SILENT is marked by irreversible neurological damage, including cerebellar dysfunction, dementia, parkinsonian syndromes, choreoathetosis, brainstem syndromes and peripheral neuropathies (Farouji et al. Cureus 2023;15).

Objectives: This case report aims to highlight the rare SILENT syndrome and underscore the importance of early diagnosis and management of lithium-induced neurotoxicity.

Methods: Case 1: A 61-year-old male with a long-standing diagnosis of bipolar disorder, managed since age 18, presented in 2022 with speech and gait disturbances while on lithium therapy. His lithium level was elevated (2.31 mmol/L), and he underwent emergency hemodialysis after the suspected interaction of NSAIDs with lithium. Despite normal brain imaging, the patient experienced persistent symptoms of postural instability, ataxic gait, dysarthria and tremor over two years. Subsequent imaging revealed cerebral atrophy and ischemic white matter changes. Neuropsychological testing showed frontal-type memory deficits, leading to a diagnosis of Syndrome of Irreversible Lithium-Effectuated Neurotoxicity.

Case 2: A 71-year-old male with a 40-year history of bipolar disorder presented with tremors, bradykinesia, dysarthria and anorexia. Blood tests showed renal impairment (creatinine 2.3 mg/dL) and elevated lithium levels (1.7 mmol/L), likely secondary to chronic kidney disease. Lithium was discontinued, and valproate was initiated. Nine weeks later, he returned with increased energy, insomnia, impulsivity, auditory hallucinations, temporal disorientation, perseverative speech, and gait instability. Examination revealed agitation, a blank stare, mild dysarthria and gait imbalance despite normal routine blood tests.

Results: Lithium poisoning is a common clinical issue. Elevated lithium levels can result from excessive intake, impaired excretion or drug interactions. SILENT syndrome, a rare complication of lithium therapy, leads to permanent neurological damage, including cerebellar dysfunction, ataxia, dysarthria and tremor (Konieczny *et al.* Alpha Psychiatry 2024; Mar.).

Conclusions: This emphasizes the importance of monitoring for drug interactions and conducting regular neurological assessments to detect and manage lithium-related complications early. The case underscores the need for heightened clinical awareness to prevent permanent lithium neurotoxicity.

Disclosure of Interest: None Declared

Comorbidity/Dual Pathologies

EPP551

People with severe mental illness are not adequately screened for non-communicable diseases: Findings of a multi-country cross-sectional study in South Asia

K. K. Appuhamy[1]*, F. Wiggins[1], A. Mitchell[1], H. U. Ahmed[2], M. Ashworth[3], F. Aslam[4], J. R. Boehnke[5], O. P. Garcia[6], R. I. Holt[7], R. Huque[8], K. P. Muliyala[9], P. Murthy[9], B. Perry[10], D. Shiers[11], N. Siddiqi[1], K. Siddiqi[1], A. Tamizuddin[4] and G. A. Zavala[1]

[1]Health Sciences, University of York, York, United Kingdom; [2]National Institute of Mental Health, Dhaka, Bangladesh; [3]School of Life Course and Population Sciences, King's College London, London, United Kingdom; [4]Institute of Psychiatry, Rawalpindi Medical University, Rawalpindi, Pakistan; [5]School of Health Sciences, University of Dundee, Dundee, United Kingdom; [6]Facultad de Ciencias Naturales, Universidad Autonoma de Queretaro, Santiago de Querétaro, Mexico; [7]Human Development and Health, Faculty of Medicine, University of Southampton, Southampton, United Kingdom; [8]ARK Foundation, Dhaka, Bangladesh; [9]National Institute of Mental Health and Neurosciences, Bangalore, India; [10]School of Psychology, University of Birmingham, Birmingham and [11]Psychosis Research Unit, Greater Manchester Mental Health NHS Trust, Manchester, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.789

Introduction: People with severe mental illness die 10-20 years earlier than the general population. This is largely due to non-communicable diseases (NCDs) such as hypertension, diabetes and hypercholesterolaemia increasing the risk of cardiovascular disease, which is the greatest contributor to the excess mortality seen. The effect of these NCDs is likely to be greater in low-and middle-income countries such as Bangladesh, India and Pakistan due to additional barriers to health care access, lack of resources and other sociodemographic variables.

Objectives: Our study aimed to estimate the proportion of individuals with SMI in Bangladesh, India, and Pakistan who were screened for NCDs and offered health risk modification advice. Furthermore, we also explored socio-demographic factors associated with the likelihood of being screened for NCDs within this demographic.

Methods: This cross-sectional study gathered data from three national mental health institutions in South Asia. Participants aged ≥18 years diagnosed with SMI were included. Data collection involved face-to-face interviews based on the World Health Organisation Stepwise (WHO-STEPS) approach to NCD risk factor surveillance, supplemented by anthropometric measurements and blood tests to confirm NCDs. The prevalence of screening, diagnosis, health risk modification advice, and treatment for diabetes, hypertension, and high cholesterol was assessed. A logistic regression model assessed the associations of sociodemographic characteristics with NCD screening.

Results: 3,989 participants were recruited. Screening prevalence varied by country and disease, with hypertension being the most commonly screened NCD (Bangladesh = 52.5% [50.0-55.1], India = 43.1% [40.3-45.9], Pakistan = 60.9% [58.2-63.5]), and cholesterol was the least common (Bangladesh = 4.1% [3.2-5.2], India = 14.8% [12.9-17.0], Pakistan = 9.6% [8.1-11.3]). Characteristics such as BMI, age and education level were positively associated with screening, and females were more likely to be screened than males. The provision of health risk modification advice was most common in India (diet = 66.7% [62.1-71.1], physical activity = 71.5% [67.0-75.6], smoking = 17.1% [13.8-21.0]), and least common in Bangladesh (diet = 17.8% [15.8-20.0], physical activity = 12.0% [10.3-13.8], smoking = 9.8% [8.3-11.5]).

Conclusions: There is a consistent gap in the screening of NCDs among individuals with SMI in South Asia, with marked sociodemographic disparities. There is a pressing need for standardised screening protocols and health risk modification interventions tailored to South Asian populations. Improving health literacy and implementing culturally sensitive, cost-effective prevention strategies could mitigate the increased risk of NCDs in South Asian individuals with SMI.

Disclosure of Interest: None Declared