EPV0044

Completed suicide in bipolar ii patients after their first hospitalization

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Introduction: Bipolar disorder, especially Bipolar II subtype, is a mental disorder that has one of the greatest risk of completed suicide (CS).
Objectives: Determine the rate and the risk factors of CS in a cohort of Bipolar II patients followed after their first hospitalization
Methods: We choose all Bipolar II patients (DSM-IV) who were hospitalized for first time in our Psychiatric unit between 1996 and 2016. We reviewed the charts of first hospitalization and recorded multiple baseline variables. In the follow-up we updated the database recording all patients who CS. We compared the different baseline variables between Bipolar II patients who CS and the rest
Results: Of a total of 59 bipolar II patients 6 (10 %) CS in the mean of 13 years of follow up (rate 120 times higher than General Population). The average age at CS was 45.3 years (range between 33 and 57 years old) so there was a 2 years gap on average between the first psychiatric hospitalization and suicide. CS was characterized by a violent act (5 out of 6 cases, 83 %). When we compared BP II patients who CS with the rest, only history of previous violent suicide attempt was detected as a risk factor significantly associated ($P<0.04$) with CS.
Conclusions: Bipolar II patients CS early after their first hospitalization and at very high rate (120 times than GP) almost always by violent method. History of previous violent suicide attempt is predictor of completed suicide

Disclosure: No significant relationships.
Keywords: bipolar II; Suicide; Hospitalization

EPV0045

Lithium intoxication and its implications, pertaining to a clinical case

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Introduction: Lithium is the most effective maintenance drug in Bipolar Disorder (BD), although it has a narrow therapeutic index, between 0.6 and 1.5 mEq/L; recommended doses for maintenance are 0.6-1.2 mEq/L.
Objectives: To describe a clinical case of lithium intoxication and discuss relevant literature.
Methods: Clinical examination of a patient and her medical records; non-systematic PubMed review on "lithium intoxication".
Results: A 73-year-old woman, diagnosed with BD, stabilized on lithium monotherapy for twenty-five years, was admitted to the Emergency Room (ER) with nausea, lethargy, drowsiness, confusion, cough, and fever. A respiratory tract infection is diagnosed, based on clinical presentation, x-ray and blood analysis. Blood tests also revealed a serum lithium concentration of 2.4 mEq/L and impairment of renal function, indicating lithium intoxication; hemodialysis was initiated, with lithium discontinuation. Over weeks, renal function and general state improved, and BD treatment was reinitiated, this time with valproic acid 800mg/day. Two weeks after discharge, she was admitted again at the ER, for an episode starting in the week prior, compatible with a manic episode; olanzapine 10mg was added to the prescription. A week after, the patient is admitted again in the ER, still in a manic episode.
Conclusions: There are no clear indications in the literature about reinitiating lithium on someone who had an intoxication. Given that lithium brings an unparalelled quality of life to BD patients, careful consideration about reintroduction, with close monitoring, should be made, but there is a critical need of more studies and guidelines to orient clinical practice.

Disclosure: No significant relationships.
Keywords: lithium; Intoxication

EPV0046

Inflammatory cytokines during a manic episode in bd patients and its correlation with cognitive and affective symptoms at follow-up

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Introduction: Bipolar Disorder (BD) is a severe recurrent disorder with a complex biogenetic and psychosocial etiology. The immune system cytokines in interaction with the CNS play a role in the pathophysiology.
Objectives: To compare inflammatory cytokines between BD patients and controls during the manic episode; additionally, compare these cytokines with psychiatric symptoms and cognitive performance during follow-up.
Methods: We recruited 25 BD patients in mania with paired controls. We measured baseline IL-2, IL-4, IL-8, IL-10, GM-CSG, TNF- α, and TNF- γ in plasma. We used U-Mann-Whitney for group comparison and Spearman correlation between sub-group follow-up assessments and cytokines.
Results: We found a significant difference in IL-6 between subjects and controls (figure 1). During the follow-up, we found a correlation with psychiatric symptoms, cognition, and cytokines during manic episodes (Table 1). Table 1. Follow-up Correlation with cytokines during a manic episode.

	Cytokine	MADRS	BPRS	SCIP-S	WMT-SCIP-S	PST-SCIP-S
BD follow-up N=8	IL-10		(-) Rho=-.957 (p=<0.001 R2=0.14).			
	IL-4	(+) Rho=.78 (p=0.02 R2=0.09)				
	INF- γ			(+) Rho=.73 (p=0.03 R2= 0.48)	(+) Rho=.751 (p=0.032 R2=0.53)	(+) Rho=.737 (p=.037 R2=0.40)
	INF- α				(+) Rho=.887 (p=.003 R2=0.53),	(+) Rho=.830 (p=0.011 R2=0.59)

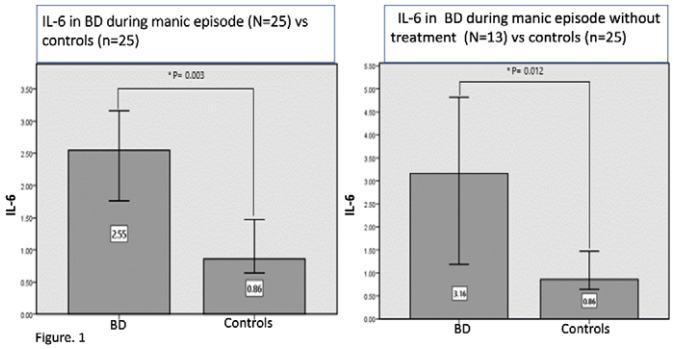

Figure. 1

(+): positive correlation; (-): negative correlation. WMT: working-memory test, PST: Processing-speed test.
Conclusions: IL-6 was significantly different in patients with BD during a manic episode regardless of the treatment they were taking. IL-10 at manic episode was negatively correlated to general psychiatric symptoms, IL-4 positive correlated to depressive symptoms, and cognitive performance was positively correlated to TNF-α and TNF- γ at follow-up.

Disclosure: No significant relationships.
Keywords: cytokines; manía; cognition; bipolar disorder

EPV0047

Psychogenic polidipsia in a patient with bipolar affective disorder (BAD)

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Introduction: A 49 y.o. male patient was admitted to the male PICU with a manic episode. Upon admission he presented with mood elation, pressured speech, lack of sleep, agitation and polydipsia.
Objectives: To investigate the symptom of psychogenic polydipsia in mental health patients presenting with severe mania.
Methods: The patient was assessed regularly by the psychiatric team consisting of a CT doctor and one General Adult Consultant. Appropriate psychological assessments for mania and laboratory investigations took place. There was a referral to Endocrinology for further investigation of the symptom.
Results: The patient initially scored above 40 in the Young Mania Rating Scale (YMRS), establishing a diagnosis of mania. Upon admission he was treated with Paliperidone 9mg OD and Sodium Valproate 1gr OD. The daily dose of the sodium valproate was increased. Concerning the polydipsia, the investigations by the Endocrinology department indicated the specific weight in urine within normal range. The mental health team proceeded in a cross-titration of Paliperidone to Aripiprazole. On the 10th day since admission the management of the manic symptoms was considered satisfactory. Nevertheless, the polydipsia continued to a certain extend.
Conclusions: After ruling out organic and pharmacological causes of the polydipsia, the mental health team wondered about the cause of the symptom. Further investigation is required in order to clarify whether the polydipsia could actually qualify as a symptom in severe mania.

Disclosure: No significant relationships.
Keywords: Polidipsia; manía

EPV0048

Treatment resistant manic episode with commorbidity with borderline personality disorder (BPD)

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Introduction: A 47 y.o. female patient was admitted to the female PICU with a manic episode. Upon admission she presented with mood elation, psychosis, pressured speech, lack of sleep and agitation.
Objectives: To investigate negative prognostic factors such as the co-morbidity with a personality disorder in patients presenting with severe mania.
Methods: The patient was assessed regularly by the psychiatric team consisting of a CT doctor and one General Adult Consultant. Appropriate psychological assessments for mania and laboratory investigations took place.
Results: The patient initially scored above 45 in the Young Mania Rating Scale (YMRS), establishing a diagnosis of severe mania. She was treated with Olanzapine titrated up to 20mg OD and augmentation with Lithium treatment. Lithium plasma levels were at 0,6. Due to the treatment resistant manic presentation a second anti-psychotic agent was administered and the patient was also treated with Zuclopenthixol depot 400mg every two weeks. Clinical improvement was observed after 16 days from admission.
Conclusions: The clinical team wondered about the clinical challenges of the case. According to the literature having a Personality Disorder diagnosis is a negative prognostic factor for patients with mania and this is relevant to this case as well.

Disclosure: No significant relationships.
Keywords: manía; BPD