EPP548

COURSE AND SEVERITY OF BIPOLAR DISORDER DETERMINING TGF-BETA

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Introduction: Bipolar Disorder (BD) is a severe and chronic psychiatric condition, with complicated course and substantially reduce psychosocial functioning. Alterations in immune response are considered to be one of the major factors underlying the etiopathogenesis of BD, causing alterations in neurotransmitter systems, neuroendocrine systems, neurotrophic factors, and producing oxidative stress. Inflammatory cytokines have potential value for the clinical diagnosis and prognosis of BD.
Objectives: The primary aim of the study was to assess the effect of disease course and clinical-characteristics on alterations of transforming growth factor-beta (TGF-beta), in BD.
Methods: This cross-sectional study included 82 patients with BD in remission. Multivariate linear regression with TGF-beta value as an outcome, and duration of illness, number of hospitalizations, residual symptoms estimated as Brief Psychiatric Rating Scale (BPRS) score, gender, and age, was used to produce the model.
Results: The explored linear regression model was significant, explaining 39.4% of the variance ($p<0.001$). Higher TGF-beta was predicted by less previous hospitalizations ($p<0.001$) and lower BPRS score (0.034), while longer duration of illness was almost significant predictor ($p=0.054$). Age and gender showed no predictive effect in the model.
Conclusions: The study points out to the better course of BD characterized by less episodes and less residual symptoms in determining the TGF-beta levels, potentially creating a more favorable immunological state. The importance of neuroprotective and neurodegenerative balance of immune mediators, their interplay and relation to chronicity and severity of BD should be further explored.

Disclosure of Interest: None Declared

EPP549

The Evolution and Impact of Mixed Mood States: From Ancient Observations to Modern Understanding

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Introduction: Mood disorders with mixed features, characterized by the concurrent presence of manic and depressive symptoms, represent a complex and significant area in psychiatric research. Historically, the recognition of such mixed states traces back to ancient Greek scholars, with evolving understanding through the 19th century. This evolution reflects substantial contributions from early thinkers to modern psychiatric frameworks.
Objectives:
1. To trace the historical development of the concept of mixed mood states from ancient Greece to the 19th century.
2. To analyze the contributions of key figures such as Areteo of Cappadocia, Wilhelm Griesinger, Jean-Pierre Falret, Emil Kraepelin, and Wilhelm Weygandt in shaping the understanding of mixed states.
3. To evaluate the impact of Kraepelin's and Weygandt's work on contemporary classifications of mood disorders.

Methods: A historical review of primary and secondary sources, including classical texts and psychiatric literature, was conducted. The analysis focused on the contributions of significant historical figures, examining their theories and classifications of mood disorders. Key publications, such as Kraepelin's treatises and Weygandt's monographs, were scrutinized to assess their influence on modern psychiatric nomenclature.
Results: The study highlights the foundational observations of mixed mood states by ancient Greek scholars, particularly Areteo, who first proposed that mania and melancholia were facets of the same condition. The 19th-century revival of interest in these states saw important contributions from Griesinger and Falret, with Kraepelin's systematic framework in his 1899 treatise integrating mixed states into a unified concept of manic-depressive insanity. Weygandt's 1899 monograph further refined the understanding of mixed states, reflecting a collaborative intellectual effort with Kraepelin.
Conclusions: The historical evolution of mixed mood states demonstrates a significant advancement in psychiatric theory. Kraepelin's comprehensive framework, supported by Weygandt's detailed analysis, laid the groundwork for contemporary classifications of mood disorders. Recognizing the collaborative nature of these developments underscores the importance of shared intellectual contributions in the advancement of psychiatric science.

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EPP550

The Syndrome of Irreversible Lithium-Effectuated Neurotoxicity: A Report of Two Cases

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Introduction: Lithium is a widely used treatment for mood disorders, particularly bipolar disorder, but its narrow therapeutic range often leads to toxicity. A major complication is lithium-induced neurotoxicity, which is generally reversible with dose adjustment or discontinuation. However, symptoms persisting beyond two months after cessation are deemed irreversible and may result in permanent neurological damage(Verdoux *et al.* Encephale 1991;17:221-4).

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

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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.

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