

other people suffering from mental illness, must deal with their difficulty of integration which can influence their personal and professional life and consequently their quality of life (QOL).

Objectives: The aim of our study is to assess the QOL among working patients with BD.

Methods: A cross-sectional study was carried out in the occupational medicine department of the Charles-Nicolas hospital in Tunisia. Sociodemographic and occupational data were collected from the medical records of patients with bipolar disorder who consulted our department during the period 2022 to 2023. and a telephonic survey was carried out to complete the SF 12 international scale, which is a general health questionnaire that consists of 12 questions which investigates the patient's state of health via 8 different dimensions: General health perception, Physical health, Limited physical role function, Physical pain, Vitality, Mental health, Limited emotional role function and social functioning.

Results: We enrolled a total of 46 cases where 76% with BD type 1 with an average age of 43 ± 9 years. Most participants were female (76%) and the most frequent sectors of activity were healthcare and administration (80% and 12% respectively). BD was well balanced in 39% of cases with an average bipolar history of 7 years. The median annual absence due to psychiatric problems was 92 ± 61 days per year. The average score was 44 ± 18 for the General Health, 57 ± 35 for physical health and 67 ± 18 for mental health.

Conclusions: This study revealed that people living with BD's QOL seems to be altered. Clinicians need to be attentive to the QOL of their patients, its assessment, and its empowerment in their daily clinical practice. Future work is required to establish valid strategies to fight low QOL among patients suffering from BD.

Disclosure of Interest: None Declared

EPV0123

Diagnostic Challenges in Affective Disorders: Delirious Mania - A Case Report and Literature Review.

P. Herrero Ortega^{1*}, A. Oliva Lozano¹, J. Garde González¹ and M. A. Morillas Romerosa¹

¹Psychiatry, La Paz University Hospital, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.908

Introduction: Affective disorders exhibit diverse clinical manifestations, and one distinctive subtype is delirious mania. Despite its exclusion from formal diagnostic manuals, delirious mania frequently emerges in everyday clinical practice. Recognizing it within the realm of differential diagnosis is crucial. Delirious mania is characterized by acute onset of excitement, grandiosity, emotional lability, delusions, and insomnia typical of mania, combined with disorientation and altered consciousness characteristic of delirium. Some authors consider delirious mania as a variant of classic bipolar disorder, while others associate it with catatonia. Additionally, some link it to underlying medical or neuropsychiatric causes.

Objectives: To describe the clinical case of a patient with delirious mania and emphasize the importance of recognizing this as a potential diagnosis in patients with abrupt alterations in mental state.

Methods: Clinical case report and literature review.

Results: A 61-year-old female patient with a history of a unique depressive episode over 20 years ago, treated with Carbamazepine up to 750 mg, is admitted to the Emergency Room with acute symptoms consistent in global disorientation, aggressive behavior, mutism, bradyphrenic and repetitive incoherent speech, along with visual hallucinations, all of which had developed over a few days. The gradual withdrawal of Tegretol over an 8-month period preceded her admission to the ER.

Relevant medical tests, including cranial CT, EEG, blood tests, and urine analysis, were conducted during her ER stay, all of which yielded normal results. Neurological evaluation ruled out acute neurological pathology, leading to her subsequent admission to the Psychiatry department. Throughout her admission, the patient exhibited irritability and expressed derogatory comments filled with offensive language. She gradually became more expansive, with her thought content becoming megalomaniac in a delirious range. Her speech was incoherent, verbose and had loose associations.

Treatment was reintroduced with Carbamazepine up to 600 mg/day and Olanzapine up to 20 mg/day, resulting in a rapid and comprehensive improvement of her symptoms, ultimately leading to the complete resolution of her condition.

Conclusions: This case highlights the concept of delirious mania, characterized by alterations in attention, orientation, memory, confusion, behavioral and thought fluctuations, and psychomotor disturbances which can manifest abruptly, as observed in this patient. This clinical case underscores the significance of considering delirious mania in the differential diagnosis of patients with abrupt alterations in mental state, particularly those of advanced age with a history of affective episodes. A global understanding of this condition is essential for its timely recognition and appropriate management.

Disclosure of Interest: None Declared

EPV0124

Unipolar and Bipolar Depression : Which Differences?

M. Turki¹, A. Labyadh^{2*}, W. Abid¹, N. Halouani¹, S. Ellouzi¹ and J. Aloulou¹

¹Psychiatry B department and ²Psychiatry C department, Hedi Chaker Hospital, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.909

Introduction: Depression is a common mental disorder whose management remains delicate, given the trans-nosographic nature of this syndrome. Two common types of depression are bipolar and unipolar depression. Although they share many similar symptoms, several differences between the two pathologies are suggested in prior studies.

Objectives: We aimed to compare the disease characteristics and evolution of unipolar and bipolar depressed patients.

Methods: We conducted a retrospective descriptive and analytical study among medical records of 167 patients hospitalized for a depressive episode (DE) at the Psychiatry "B" Department, Hedi Chaker University Hospital (Sfax, Tunisia), during the period