

Introduction: Bipolar disorder (BD) is a serious and chronic mental disease of mood. Lithium is used for treatment and studies have demonstrated that it is the most efficient drug, reducing suicide risk in a high percentage of patients. However, this drug has well known side effects, such as kidney damage. Lithium could cause chronic kidney disease, specially with the presence of other risk factors.

Objectives: Observational and retrospective study of creatinine levels and glomerular filtration rates observed in blood analysis (follow-up period of 11 years). Sample size of 263 patients diagnosed of BD I and BD II in treatment with lithium. We used socio-demographic (age, sex) and clinic variables (diabetes mellitus, hypertension, use of nonsteroidal anti-inflammatory drugs (NSAIDs) and/or diuretics) to generate bivariate and multivariate analysis.

Methods: Our main objective is to analyze the deterioration of kidney function and the development of chronic kidney disease that chronic treatment with lithium can induce in patients with BD. Our secondary objective is to determine variables which could promote the development of chronic kidney disease, and to assess if these variables could be considered as risk factors during the treatment with lithium.

Results: 11,3 % of patients in our study developed chronic kidney disease during monitoring. The deterioration of GFR in patients in treatment with lithium was significantly associated with female sex and NSAIDs consumption. A trend towards statistical significance was found regarding the use of diuretics ($p=0,060$). No statistical significance was found between diabetes mellitus, hypertension or type of BD and the deterioration of kidney function in our sample. An inverse association was found between the GFR decline and the age but no statistical significance was demonstrated.

Conclusions: We conclude that female sex and use of NSAIDs are predicting factors of GFR decline in patients with BD in chronic treatment with lithium. We must take into account these drugs or even avoid concomitant treatment (lithium and NSAIDs) in order to prevent chronic kidney disease. In addition to it, we should recommend careful use of diuretics during treatment with lithium because of risk of dehydration. Diabetes mellitus and hypertension have universally been associated to increase risk of development of chronic kidney disease. However, we have not found statistical significance in our study. Therefore, research should be done in order to determine specific risk factors in this group of patients and, consequently, optimize their treatment.

Disclosure of Interest: None Declared

O0056

Meta-analysis of the variability in the individual response to pharmacological treatments for mania in bipolar disorder

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Introduction: Many studies have investigated whether there exist predictors of good response to antimanic drugs in bipolar disorder (BD). However, these factors predict response or only indicate benign illness course.

Objectives: To shed some light on the topic, we tested whether the response to antimanic drugs showed any variability beyond that expected by the effects of illness course and placebo.

Methods: We included all double-blind, placebo-controlled RCTs of oral pharmacotherapies targeting adult patients with acute bipolar mania from 1991 to 2020. The primary outcome was the variance of the improvement in manic symptoms in treated individuals compared to placebo. The effect size was the log variability ratio (logVR). We performed a random-effects meta-analysis, including assessments of heterogeneity, sensitivity/cumulative/subgroup analyses, and meta-regression.

Results: 42 RCTs (46 comparisons) from a total of 8,438 BD patients with acute mania (53.7% male, mean age=39.3; 5,563 treatment/2,875 control groups) were included in the analysis. Individuals in active treatment groups did not show variability in the response beyond that observed in individuals under placebo (VR=1; 95% C.I.=0.97,1.03; p -value=0.97). No heterogeneity was detected between the studies ($I^2=0\%$; $\tau^2=0\%$; $Q=29.21$; $df=45$; p -value=0.97). Results were similar in the leave-one-out/cumulative/subgroup analyses. Meta-regression did not show influences by age, sample size, sex, severity of manic symptoms at baseline, or clinical features (rapid cycling, mixed or psychotic features).

Conclusions: This meta-analysis shows no evidence of differences in the individual response to treatments. These findings suggest that the average treatment effect is a reasonable assumption for the individual BD patient with acute mania. The presented article adds evidence to the equivalent results in schizophrenia-spectrum disorders, clinical high-risk state for psychosis, and major depressive disorder, not supporting classification in responders vs. non-responders. However, these findings should be balanced with results from other fields supporting such classification.

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O0057

Mindfulness, Attention, and Impulsivity in Bipolar Disorder

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Introduction: Bipolar disorder (BD) is a chronic mental disorder characterized by mood instability¹. BD is further related to neurocognitive and functional disruptions that remain remarkably stable even when patients are euthymic, leading to poor well-being and quality of life. Mindfulness means paying attention on purpose, in the present moment, and involves different facets such as observing, describing, acting with awareness, non-judging and non-reacting of inner experience. It remains unclear whether mindfulness and its specific facets are differentially associated with different aspects of attention and trait impulsivity in individuals with BD.