

300 mg at 9:00 and 21:00 for 5 days. Exclusion criteria included conditions affecting salivation, pregnancy, and medications that alter lithium levels. Lithium concentrations in saliva, plasma, and erythrocytes were collected at 9:00, 10:00, 11:00, 12:00, 15:00, and 20:00. Samples were processed and analyzed using a spectrophotometric method.

Results: To assess the correlation between lithium concentrations in saliva, plasma, and erythrocytes, linear regression analysis was conducted. The results indicated a statistically significant correlation between lithium levels in saliva and plasma ($p < 0.01$). However, no significant correlations were observed between lithium concentrations in saliva and erythrocytes ($p > 0.01$) or between plasma and erythrocytes ($p > 0.01$).

Conclusions: Aforementioned finding suggest that saliva could be used for lithium monitoring. Utilizing saliva could significantly enhance treatment options for patients with mood disorders while contributing to treatment efficacy, patient safety, and adherence.

Disclosure of Interest: None Declared

EPP086

Effects of Lithium Treatment in Pediatric Patients with Conduct Disorder: A Systematic Review and a Single-Arm Meta-Analysis

D. S. Lima¹, L. R. Campos², G. D. L. Dantas Henrique³, A. V. de Vasconcelos⁴, L. M. Barbosa⁵, B. G. Fragoso Dantas⁶, A. B. Cavalcanti Petrucci³, A. L. Lima Larcipretti⁷ and G. C. Carpi^{8*}

¹Health Sciences, University Franciscana, Santa Maria-RS; ²Health Sciences, University of Ribeirão Preto, Ribeirão Preto-SP; ³Health Sciences, Federal University of Paraíba, João Pessoa-PB; ⁴Health Sciences, Afya College of Medical Sciences of Santa Inês, Santa Inês - MA; ⁵Health Sciences, Federal University of Minas Gerais, Belo Horizonte-MG; ⁶Health Sciences, University Center of João Pessoa, João Pessoa-PB; ⁷Health Sciences, Federal University of Ouro Preto, Ouro Preto-MG and ⁸Health Sciences, Porto Alegre Clinics Hospital, Porto Alegre-RS, Brazil

*Corresponding author.

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Introduction: Conduct disorder (CD) is a behavior disorder mostly presented during childhood and adolescence, with a lifetime prevalence between 2 and 10%. Atypical antipsychotics are considered the most effective pharmacotherapy for CD, nonetheless, they are associated with sedation and extrapyramidal side effects. The pediatric use of lithium is well-documented for managing bipolar disorder; however, its efficacy in treating conduct disorders in children remains uncertain.

Objectives: In this study, the authors evaluate the adverse effects of lithium in pediatric patients with conduct disorder.

Methods: We systematically searched PubMed, Embase, and the Cochrane Library for randomized controlled trials and controlled observational studies in pediatric patients with conduct disorder,

following the PRISMA protocol. The search strategy included the following keywords: “Pediatric Population”, “Conduct disorder”, and “Lithium”. Review Manager 5.4 and Inverse Variance Random Effects were used for statistical analysis and heterogeneity was examined with the Cochran Q test and I^2 statistics.

Results: From the search of the databases, 1,258 articles were found. After removing duplicates and ineligible studies, 3 articles were included in this study according to the inclusion criteria. We included 161 patients from 3 non-randomized trials. (Figure 1) A total of 136 (84.5%) patients were male. The mean ages between studies ranged from 5.2 to 14.2 years. Only the outcome of adverse effects related to the study population could be found in the 3 studies, and this was used to carry out the single-arm meta-analysis. The pooled proportion of adverse events was 68% (95% CI; 0.30-1.00; $I^2 = 98\%$; $p < 0.01$). (Figure 2) Adverse events included: decreased appetite, stomachache, nausea, vomiting, headache, dizziness, pallor, and fatigue, among others.

Image 1:

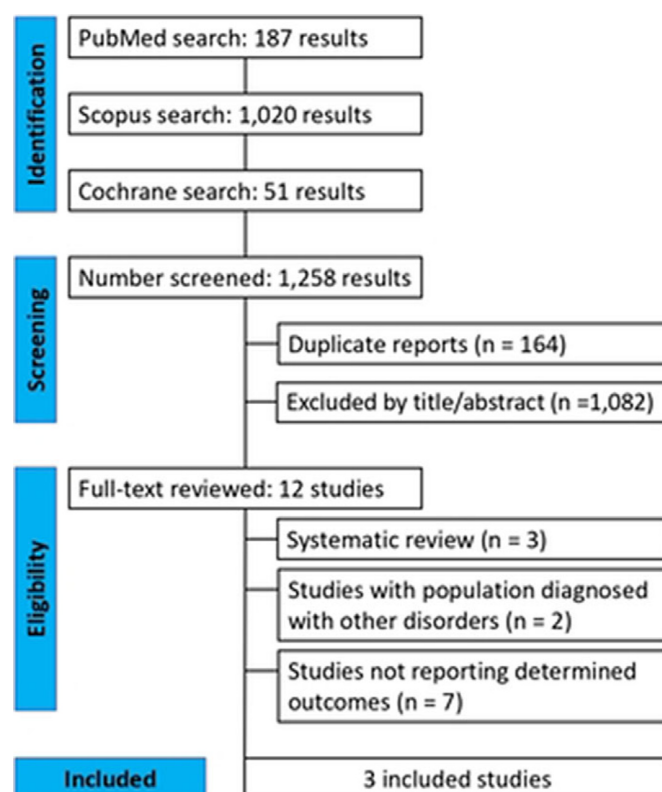
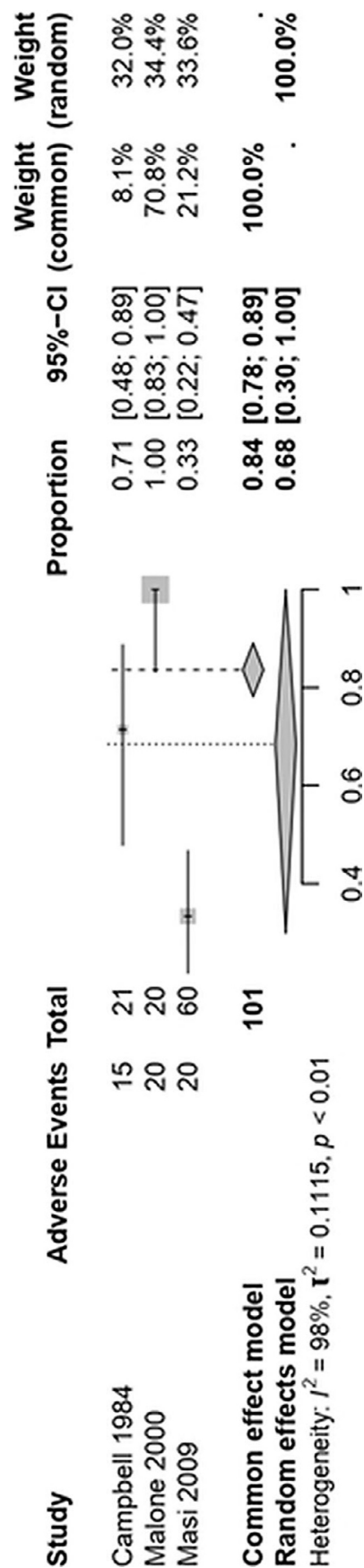


Figure 1. PRISMA flow diagram of study screening and selection

Image 2:



Conclusions: In pediatric patients, lithium appears to be a viable treatment option for conduct disorder. However, some patients may experience adverse events such as decreased appetite, stomach pain, nausea, vomiting, headache, among others. Therefore, more comparative studies are needed to validate the safety and efficacy profile of lithium in this population.

Disclosure of Interest: None Declared

EPP362

Dialectical Behavior Therapy for Patients With Bipolar Disorder: A Systematic Review and Meta-Analysis

A. L. L. Larcipretti¹, J. R. de Souza², B. A. D. A. Rocha¹, J. B. da Silva Neto³, F. C. Gomes⁴, M. Y. Ferreira⁵, G. C. Carpi^{6*}, L. Baldaçara⁷ and A. G. da Silva^{8,9}

¹School of Medicine, Federal University of Ouro Preto, Ouro Preto; ²School of Medicine, Universidade Federal do Rio de Janeiro, Rio de Janeiro; ³Laboratory of Digital Psychiatry, Universidade Federal do Paraná, Paraná; ⁴Faculty of Medicine, Federal University of Minas Gerais, Belo Horizonte, Brazil; ⁵Department of Neurosurgery, Lenox Hill Hospital, New York, United States; ⁶Pediatrics, Hospital de Clinicas de Porto Alegre, Porto Alegre; ⁷School of Medicine, Universidade Federal do Tocantins, Tocantins; ⁸psychiatry, Associação Brasileira de Psiquiatria, Rio de Janeiro, Brazil and ⁹Faculty of Medicine, Universidade do Porto, Porto, Portugal
*Corresponding author.
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Introduction: Dialectical Behavior Therapy (DBT) is a comprehensive evidence-based psychotherapy that focuses on teaching skills regarding the acceptance of circumstances and coping with emotional responses.

Objectives: The objective of this study is to perform a systematic review and meta-analysis to investigate the efficacy of DBT in patients diagnosed with Bipolar Disorder (BD) in order to ascertain whether it improves the recurrence of manic and depressive symptoms.

Methods: A systematic search of the PubMed (MEDLINE), Embase, Web of Science, and Cochrane Library databases was conducted to identify studies that had applied DBT to patients with a diagnosis of BD.

Results: A total of 343 patients were included in the study, comprising participants from eight randomized and non-randomized trials. Of whom, 196 patients (57.1%) underwent DBT and pharmacological treatment, while 147 patients (42.9%) were treated with alternative interventions. A total of 12 to 36 sessions of DBT were conducted across all trials, with a follow-up period ranging from three to 15 months. The age range of the participants was 15.8 to 49.3 years. All studies included patients diagnosed with BD type I (n=175), five articles included patients with BD type II (n=100), and two included patients with BD-NOS (Not Otherwise Specified) (n=68). The primary endpoint analyzed was the mean change in the Beck Depression Inventory-II (BDI-II), as reported by three of the included studies. The meta-analysis yielded no statistically significant results, with a mean difference of -4.49 (95% CI: -11.75, 2.76; $I^2 = 6\%$; $p = 0.22$) (Figure 2). The analysis of the Young Mania Rating Scale (YMRS) revealed a mean of 5.96 in a total of 72 patients (95% CI: 0.29-11.64; $I^2 = 97.39\%$; $p < 0.001$) (Figure 3).