

to the possibility of having intravenous valproate, it was decided to administer 300 mg intravenously, as well as haloperidol 5 mg intravenously, and hospitalization was decided. The patient had a favorable evolution, with no side effects to the medication, and oral treatment was started after 8 hours, with a good response. In the literature there are few studies in this regard, although the most of them approved the use of valproate as a loading dose in acute mania.

Conclusions: Intravenous valproate is an effective, safe, and tolerated treatment in acute mania. More studies are needed to collect precise information.

Disclosure: No significant relationships.

Keywords: Acute manic; Bipolar disorder type I; emergency; intravenous valproate

EPV0092

A blemish on bipolar disorder: aggressive behaviour

R. Zanardi¹, E. Manfredi^{2*}, F. Attanasio², M. Carminati² and C. Colombo^{1,2}

¹IRCCS San Raffaele Scientific Institute, Psychiatry - Mood Disorders, Milano, Italy and ²Università Vita-Salute San Raffaele, Psychiatry, Milano, Italy

*Corresponding author.

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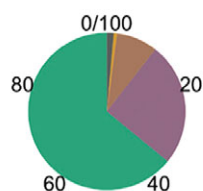
Introduction: Many studies have searched for an association between violence and psychiatric diagnoses, without providing a confirmative result.

Objectives: We have sought to deepen this topic, analysing different aspects of aggressivity, focusing on a specific diagnosis and its particular phases of illness, and looking for a correlation between psychiatric co-diagnoses and outpatients' visits adherence.

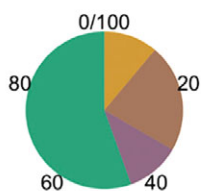
Methods: We studied 151 bipolar type I inpatients presenting complaint, past medical and family history; we collected information about lifetime hetero/self-aggressive behaviours, irritability, agitation, suicide attempts, alcohol, or substance abuse.

Results:

No Alcohol Use Disorder



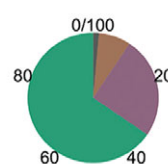
Alcohol Use Disorder



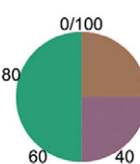
Irritability or aggressive behavior



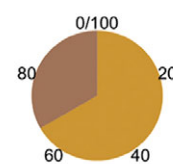
No Substance Use Disorder



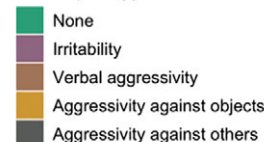
Cannabis



Cocaine



Irritability or aggressive behavior



The overall aggressivity in our sample resulted in 11.92% of cases, while the number of aggressive episodes during euthymia decreased to 2.64%, close to the population without psychiatric disorders. Personality disorders and alcohol abuse appeared to be the main risk factors for irritability [Fig. 1]; substance abuse for both irritability and hetero-aggressive behaviour [Fig. 2]. We observed that subjects who displayed better compliance to follow-up visits exhibited a significant lower aggressive behaviour than less adherent subjects. Moreover, our data disconfirm the common conception that correlates the presence of psychotic features to violence.

Conclusions: Studying aggressive in a bipolar population, we observed that the rare episodes of aggressiveness were condensed in active phases of illness and mainly related to alcohol or substance abuse, while violent acts during long periods of wellbeing appear in line with those of the general population. We are confident our data might be helpful in deconstructing the stigma that a psychiatric diagnosis equals to violent behaviour.

Disclosure: No significant relationships.

Keywords: aggressiveness; stigma; violence; bipolar disorder

EPV0093

The use of pramipexole in drug-induced parkinsonism: A case study on a patient with bipolar depression

L. Bueno Sanya^{1*}, A. Bermejo Pastor², H. Andreu Gracia¹, O. De Juan Viladegut¹, L. Olivier Mayorga¹ and I. Pacchiarotti¹

¹Hospital Clinic de Barcelona, Department Of Psychiatry And Psychology, Institute Of Neuroscience, Barcelona, Spain and ²Hospital Clinico San Carlos, Institute Of Psychiatry And Mental Health, Madrid, Spain

*Corresponding author.

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Introduction: Pramipexole is a dopaminergic agonist used in the treatment of Parkinson's disease and restless leg syndrome. Although there is a lack of pharmacological options to treat drug-induced parkinsonism, not many studies have been made on the use of pramipexole in its management. There is also evidence on pramipexole effectiveness on major depressive episodes, particularly for bipolar and treatment-resistant depression.

Objectives: To describe a case of drug-induced parkinsonism treated with pramipexole in a complex patient with bipolar disorder