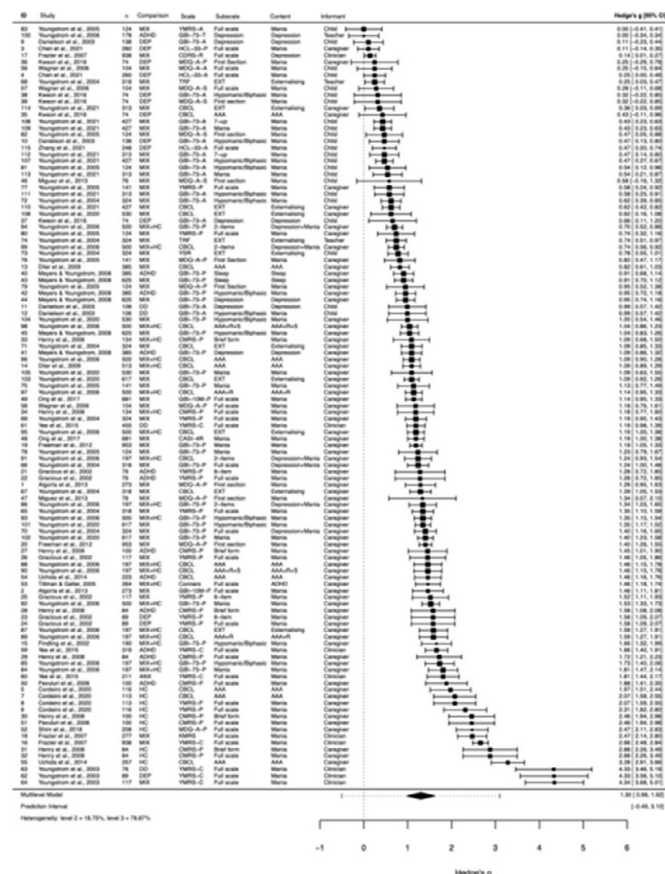


Objectives: This review synthesizes the evidence on the accuracy of BD symptom screening tests in distinguishing bipolar disorders from other psychiatric conditions or healthy cases in pediatric populations. Additionally, it examines a wide range of potential moderators that may influence diagnostic accuracy.

Methods: A systematic search was conducted across three databases (1980–2022), supplemented by searches of grey literature, citation chaining, and author contact. Data from relevant studies were combined using meta-analysis. A multilevel model was used to account for nested effect sizes, with 31 potential moderators tested in both univariate and multivariate models.

Results: 2,281 records were identified; 1712 titles-and-abstracts records were screened; 114 records were full-text screened; and 28 studies were included. The meta-analysis was based on all $s=28$ studies, 40 independent samples, $k=115$ effect sizes, and $n=11,464$ participants. Meta-analytic results showed that BD symptom index tests have high diagnostic accuracy in pediatric populations ($g = 1.300$; 95% CI: 0.982 - 1.619; $p < .001$) (see Fig. 1). Accuracy varied based on the comparison group, test content, test informant, and the specific scale or subscale used.

Image:



Conclusions: Screening tests focusing on mania-related symptoms, caregiver reports, and psychiatric comparison groups demonstrate clinical value in identifying pediatric BD. Also, other informants and symptom content combinations may not reliably identify pediatric BD. Importantly, tests derived from studies using psychiatric comparison groups, represent BD symptom non-specificity

and BD symptom overlap with other disorders (eg. ADHD and depression), providing external validity and clinical utility. Screening tests with high accuracy and clinically useful are the GBI-73-P, MDQ-A-P and the YMRS-P.

Disclosure of Interest: None Declared

EPV0191

First Manic Episode After a Loss Experience: A Case of Funeral Mania

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Introduction: There is a paucity of research on the relationship between bereavement and the onset of bipolar disorder, especially in connection with manic episodes. While some case reports delivered preliminary data, they are insufficient to determine whether the stress response to a loss triggers the first signs of the disorder, or if manic symptoms arise in individuals with pre-existing mood instabilities. Overall, the predictors and prodromal characteristics for the development of a manic episode following a loss remain unclear. Moreover, there are no follow-up case studies to evaluate the long-term outcomes of these patients after the first manic episode.

Objectives: In this presentation, we will discuss the case of a woman who experienced her first manic episode immediately after the death of her son and present the one-year follow-up process to provide some experience in the psychopharmacological and psychotherapeutic treatment of these patients.

Methods: Here we will present a case from a psychiatric-psychotherapeutic hospital in Lower Saxony, Germany, in a comprehensive way.

Results: A 43-year-old woman was referred to the psychiatric department three weeks after the sudden death of her 15-year-old son due to an undiscovered congenital heart defect. She presented with chest pain, anxiety, sleep disorders, and referential psychotic thoughts. In the intensive psychiatric ward, she exhibited mood swings, sexual disinhibition, agitation, and aggressive behaviors towards staff. She engaged in excessive spending and refused to take her medications, Risperidone and Quetiapine. Her history included one depressive episode, successfully treated with psychotherapy and medication, but no previous manic episodes. Additionally, one brother had committed suicide, and another brother and her father had died from congenital heart conditions. We applied an intensive dynamic, systemic approach involving her family members to create a supportive environment for processing grief while managing her manic symptoms. After insisting on discharge after one month, she stopped her medication, leading to another intensive ward treatment due to aggression. During this phase, we resumed the same medications and intensive psychotherapy, resulting in stabilization. She later entered a psychosomatic treatment program, where she discontinued her antipsychotic medication and focused on her grief. Six months after this treatment, just before the anniversary of her son's death, she fell into a deep depression with suicidal thoughts and was referred to an open ward, where she was successfully treated with lithium and supportive psychotherapy. All somatic examinations and brain MRI scans were normal.

Conclusions: Bereavement can manifest in various ways, and in a small number of patients, it can trigger the first manic episode of bipolar disorder. Further detailed follow-up research is needed to optimize the diagnostic and treatment processes for these patients.

Disclosure of Interest: None Declared

EPV0192

Real-World Trends in Benzodiazepine Prescribing for Maintenance Treatment of Bipolar Disorders

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Introduction: Bipolar disorders (BD) are highly recurrent, necessitating effective long-term treatment to prevent negative outcomes. Current guidelines recommend maintenance treatment with mood stabilizers (MS) and/or antipsychotics (AP), emphasizing monotherapy after successful acute treatment. Despite limited evidence supporting polypharmacy, real-world prescribing often involves the use of multiple psychotropic drugs when monotherapy fails to adequately manage symptoms. The use of benzodiazepines (BDZ) in BD remains controversial due to potential for misuse and the exacerbation of existing substance use disorders, which are common in this population. Moreover, BDZ use may be linked to an increased risk of mood episode recurrence and could indicate a more severe course of BD.

Objectives: To examine real-world prescribing patterns in BD outpatients, with a specific focus on BDZ use.

Methods: This cross-sectional study included BD outpatients treated at the outpatient department and day hospital at the Institute of mental health in Belgrade during a one-month index period (November 2021). Besides the diagnosis, inclusion criteria were: age 18-65 years, regularly managed medical record established at least three months prior, and a consistent prescription pattern for at least one month. Basic socio-demographic and clinical data, along with information on regularly prescribed medications (MS, AP, antidepressants (AD) and BDZ), were extracted from medical records.

Results: Data from 107 clinically stable BD outpatients (75.7% female, age 44.8±11.7 years) were analyzed. Monotherapy was prescribed to 8.4% of patients, with six receiving only MS and three only AP. The majority (91.6%) were prescribed multiple psychotropic medications, predominantly the combination of MS (87.9%) and AP (80.4%). AD, mainly SSRI, were prescribed to 50.5% of the sample. Additionally, 54.2% were prescribed BDZ daily as part of their maintenance therapy, with a mean daily dose of 3.4 mg lorazepam equivalents (SD=2.5, range 0.5-12.0 mg). Patients prescribed with BDZ, compared to the those without, were significantly older ($p=0.002$, $r=0.300$), had a longer psychiatric history ($p=0.042$, $r=0.197$), and were less likely to have a comorbid personality disorder ($p=0.021$, Cramer's $V=0.223$).

Conclusions: This study illustrates prescribing practices in a university psychiatric clinic in the Western Balkans, an under-researched region. Our findings, similar to those from other regions, indicate that real-world prescribing for BD maintenance often deviates from guidelines, with most patients receiving polypharmacy, including BDZ in over half of the cases. These results

underscore the need for further research into the role of GABAergic mechanisms in the pathophysiology of BD and for randomized studies to assess the efficacy and safety of adjunctive BDZ use in BD management.

Disclosure of Interest: None Declared

EPV0193

Automated Speech Analysis in Bipolar Disorder: The CALIBER Study

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Introduction: Background: Bipolar disorder (BD) is marked by dramatic mood and energy shifts, often mirrored in speech. Traditional diagnosis and monitoring largely rely on subjective clinical assessments. However, advancements in natural language processing (NLP) present an opportunity for more objective speech pattern analysis.

Objectives: Aims: This study aims to (i) identify correlations between speech features and BD symptom severity, (ii) create predictive models for diagnostic and treatment outcomes, and (iii) pinpoint significant speech features and optimal tasks for analysis.

Methods: The CALIBER study is a longitudinal, observational project collecting audio from BD patients during euthymia, acute manic or depressive episodes, and recovery phases. Patients engaged in clinical interviews, cognitive assessments, standard readings, and storytelling (**Figure 1**). Automatic diarization and transcription enabled the extraction of speech features, including acoustic properties, linguistic content, formality, and emotionality. Analyses include (i) correlation of speech features with clinical scales, (ii) predictive modeling using lasso logistic regression, and (iii) feature importance identification.

Results: Preliminary data from 76 patients (24 manic, 21 depressed, 31 euthymic) were analyzed. The cohort had a mean age of 46.0 ± 14.4 years, 63.2% female. Mean YMRS scores dropped from 22.9 ± 7.1 to 5.3 ± 5.3 post-mania, and HDRS-17 scores in depressed patients fell from 17.1 ± 4.4 to 3.3 ± 2.8 post-recovery. Euthymic patients showed lower baseline scores.

Conclusions: Automated speech analysis in BD can provide objective biomarkers for diagnosis and monitoring, highlighting subtle pre-relapse changes and informing treatment strategies. Establishing standardized protocols is vital for developing a global speech database to support collaborative research and enhance BD management.

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