

prescribed Lithium 800mg DMD and Risperidone extended release 75 mg monthly. The symptoms did not improve, he abandoned the treatment and was admitted for the second time in April 2024 where Valproic 1000 mg DMD, Olanzapine 20mg DMD and Risperidone 6 DMD were prescribed.

Results: He has a poor outpatient evolution with loss of autonomy, physical deterioration, hyperfamiliarity, behavioral disinhibition and no awareness of the disease. Given the suspicion of an organic condition, he was referred to Neurology consultations where a cranial magnetic resonance imaging was performed, with results of punctate and hyperintense images in T2 localized in subcortical white matter of nonspecific character and Mini-ACEII test: 22/30. Waiting for PET-CT and with a diagnosis of possible Frontal Release Syndrome to rule out behavioral variant FTD.

Conclusions: Within the differential diagnosis of the condition we find Late-onset bipolar affective disorder and behavioral variant FTD. The first presents with inappropriate, repetitive and stereotyped behavior, as well as a progressive and gradual deterioration. While late bipolar disorder presents with self-limiting episodes and more manifest symptoms. In a PET-CT suggestive of FTD it is likely to find areas of hypoperfusion in frontal and temporal regions. The differential diagnosis between both is a challenge in clinical practice.

Disclosure of Interest: None Declared

EPV0213

Is a vegetarian diet beneficial for bipolar disorder?

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doi: 10.1192/j.eurpsy.2025.1055

Introduction: Lifestyle factors are being increasingly studied in bipolar disorder (BD) due to their possible effects on both course of disease and physical health.

Objectives: The aim of this study was to jointly describe and explore the interrelations between diet patterns, exercise, pharmacological treatment with course of disease and metabolic profile in BD.

Methods: The sample consisted of 66 euthymic or mild depressive individuals with BD. Clinical and metabolic outcomes were assessed, as well as pharmacological treatment or lifestyle habits (diet and exercise). Correlations were explored for different interrelations and a factor analysis of dietary patterns was performed.

Results: Adherence to the Mediterranean diet was low, seen in 37.9% of the patients and was positively associated with perceived quality of life. The amount of exercise was negatively associated with cholesterol levels, with 32.8% of participants rated as low active by International Physical Activity Questionnaire. There was a high prevalence of obesity (40.6%) and metabolic syndrome (29.7%). Users of lithium showed the best metabolic profile. Interestingly, three dietary patterns were identified: “vegetarian,” “omnivore” and “Western.” The key finding was the overall positive

impact of the “vegetarian” pattern in BD, which was associated with reduced depression scores, better psychosocial functioning, and perceived quality of life, decreased body mass index, cholesterol, LDL and diastolic blood pressure. Nuts consumption was associated with a better metabolic profile.

Conclusions: A vegetarian diet pattern was associated with both, better clinical and metabolic parameters, in patients with BD. Future studies should prioritize prospective and randomized designs to determine causal relationships, and potentially inform clinical recommendations.

Disclosure of Interest: None Declared

EPV0215

Cardiovascular disease risk in female patients with mood disorder symptoms

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doi: 10.1192/j.eurpsy.2025.1056

Introduction: Patients with bipolar disorder (BD) and major depressive disorder (MDD) face an elevated risk of early mortality from various physical illnesses, particularly cardiovascular disease (CVD). However, it remains uncertain whether depressive or manic symptoms contribute more significantly to CVD outcomes.

Objectives: This study aimed to assess the association between manic and depressive symptoms and long-term CVD risk factors.

Methods: A retrospective study was conducted on patients hospitalized in the female unit of psychiatric department “B” in Sfax, Tunisia, between January and June 2023. Sociodemographic, clinical, and CVD risk factor data were collected from medical records to calculate Framingham Scores. The relationships between mood symptoms (depressive and manic) and Framingham scores, as well as individual CVD risk factors (lipids, blood pressure, BMI, smoking, and fasting glucose), were analyzed.

Results: The study included 50 female patients with a mean age of 45 years (SD = 9.9). Of the patients, 18% were diagnosed with MDD, while 82% were diagnosed with BD; 64% were admitted for manic symptoms, and 36% for depressive symptoms. Clinical obesity was observed in 64% of patients, with 60% diagnosed with hyperlipidemia, 34% with hypertension, and 26% with type 2 diabetes. Notably, 12% of patients had a Framingham score of $\geq 10\%$, indicating a moderate to high 10-year risk of CVD. Bivariate analysis revealed that patients with manic symptoms had a significantly higher CVD risk than those with depressive symptoms ($p=0.034$). Manic symptoms were also significantly associated with elevated BMI ($p=0.034$), fasting glucose ($p=0.039$), and blood pressure ($p<0.001$).

Conclusions: This study demonstrates a strong association between manic symptoms and long-term CVD risk in patients with mood disorders, particularly with elevated blood pressure, glucose levels, and BMI. These findings underscore the importance of specific monitoring and intervention programs for CVD risk factors in patients with mood disorders, especially those with BD.

Disclosure of Interest: None Declared