EPV0238

Quetiapine-Induced Mania and Hypomania: A Case Study and Literature Review

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Introduction: In the realm of mental health treatment, quetiapine, is a commonly prescribed for various conditions like schizophrenia, acute manic episodes, anxiety disorder, and major depressive disorder. Its pharmacological profile includes serotonin, dopamine, histamine, and adrenergic receptor antagonism, with a higher affinity for 5-HT2A receptors compared to D2 receptors. Quetiapine's unique receptor interactions and low risk of side effects make it a versatile option for clinicians.
Objectives: This case report aims to shed light on the potential for quetiapine, an atypical antipsychotic, to induce or exacerbate manic or hypomanic symptoms in patients with bipolar affective disorder. By presenting a real-world case study and reviewing existing literature, we seek to contribute to the understanding of how quetiapine dosage can influence mood symptomatology and inform clinical decision-making regarding treatment strategies in bipolar disorder.
Methods: This investigation was conducted following SANRA guidelines for case reports, and involved performing a search in PubMed to compile evidence on how quetiapine impacts mood symptoms, particularly at different dosage levels, in individuals with bipolar affective disorder.
Results: In our case involving a 26-year-old male with bipolar affective disorder, he experienced a manic episode when starting quetiapine at 200 mg/day, with symptom resolution after discontinuation of the medication. Patients ranged from 21 to 66 years old, with males being more prevalent (11 out of 15 cases). The most common diagnoses were paranoid schizophrenia (8 cases) and bipolar disorder (4 cases), with two bipolar patients experiencing worsened hypomanic symptoms. Dosages of quetiapine varied from 100 mg/day to 600 mg/day, with symptoms appearing between the 2nd day and 7th week of starting treatment. Most cases (13 out of 15) were managed by stopping quetiapine, while one patient's dose was increased to 800 mg/day and another reduced to 100 mg/day. Discontinuing quetiapine in the studied patient led to symptom improvement within two weeks, aligning with similar outcomes in other cases.Alternative antipsychotics were effective if quetiapine worsened symptoms. Various theories explain quetiapine's impact, with poor metabolizers potentially needing higher doses for relief.
Conclusions: Despite the risk of inducing hypomanic/manic symptoms at lower doses of quetiapine, findings suggest that in randomized placebo-controlled studies on bipolar patients treated for depressive episodes, quetiapine has shown a lower likelihood of causing a manic or hypomanic switch compared to a placebo. Clinicians should cautiously monitor patients during the initial dose titration period but can consider quetiapine as a management option for bipolar disorder.

Disclosure of Interest: None Declared

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Age at menarche and its implications for the mood-psychosis continuum

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Introduction: Earlier age at menarche has been associated with an increased risk of affective disorders, but also a later onset of schizophrenia in women, indicating a complex relationship between hormonal changes and mental health. This interplay highlights the importance of understanding how pubertal timing and estrogen exposure can influence both mood disorders and psychotic conditions throughout a person's life.
Objectives: Our study aimed to explore the relationship between age at menarche and severity of clinical presentation of patients pertaining to mood-psychosis continuum.
Methods: The study group consisted of a total of 109 female patients, 71 diagnosed with bipolar disorder and 38 diagnosed with schizophrenia. The dimensional assessment of psychosis and affective symptoms was done using the Schizo-Bipolar Scale (SBS), together with the severity of the symptom domains measured by the Brief Psychiatric Rating Scale (BPRS).
Results: Age at menarche significantly correlated to score on SBS scale (r= 0.257,p=0.028), after controlling for confounders (age and body mass index). Other clinical characteristics or psychometric properties were not related to age at menarche in the group of BD and SCH patients perceived as a unified group, possibly pertaining to one continuum.
Conclusions: Pubertal timing may play a role in the severity of symptoms associated with bipolar disorder and schizophrenia. Further research is needed to elucidate the specific pathways linking age at menarche to symptom severity and to explore the potential implications for early intervention and treatment strategies targeting the interplay between hormonal factors and mental health outcomes in individuals with bipolar disorder and schizophrenia.

Disclosure of Interest: None Declared

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Metabolic syndrome and its influence on clinical characteristics in bipolar disorder type 1: a cross-sectional study

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Introduction: Metabolic syndrome (MS) is a prevalent condition in individuals with bipolar disorder (BD) and may influence the expression of psychiatric symptoms. Factors contributing to this

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