achieving an adequate response to these mood states remains a challenge.
**Objectives:** In relation to a case of a patient with pediatric bipolar disorder who received treatment with SSRIs in the CABS program, we reviewed the existing literature regarding the efficacy, safety, and tolerability of antidepressant medications in the pediatric population with bipolar disorder.
**Methods:** We conducted a literature review of studies published in the past five years. We searched PubMed using the keywords "antidepressant," "pediatric bipolar depression," and "bipolar disorder." We discuss the case of a 17-year-old patient undergoing treatment in the CABS program with a diagnosis of bipolar I disorder.
**Results:** Studies have found that antidepressants are generally safe and well-tolerated. However, in bipolar disorders, antidepressants should be used in combination with mood stabilizers to reduce the risk of manic or hypomanic switching, especially in bipolar I disorder. The combination of olanzapine and fluoxetine has been found to be effective and has been approved by the FDA for both adults and adolescents with bipolar depression. SSRIs have shown effectiveness for pediatric bipolar depression in some studies, although the level of evidence is low. They are mainly used in cases of bipolar depression with comorbid anxiety. Bupropion is used off-label for ADHD in both pediatric and adult populations and is often prescribed for depression associated with bipolar disorder in adults. It is considered to have a lower risk of manic or hypomanic switch. Evidence for the use of ketamine in bipolar depression in adults remains unclear, particularly regarding long-term effects.
We present the case of a 17-year-old male with a diagnosis of bipolar I disorder who is undergoing treatment in the CABS program. He has a history of two hospitalizations and is currently being treated with aripiprazole. Escitalopram was added after he reported anxiety symptoms that aripiprazole was not addressing, resulting in a favorable response with no reported side effects.
**Conclusions:** Antidepressants may play a role in some cases of pediatric bipolar depression, especially when anxiety symptoms are also present and do not respond to psychotherapeutic approaches. It is important to balance the risks and benefits of using antidepressants in this population. Close monitoring is recommended to assess response and possible side effects. Further research regarding the treatment of pediatric bipolar depression is needed.

**Disclosure of Interest:** None Declared

## EPV0203

### Exploring the relationship between seasonal changes and bipolar disorder relapses

A. Nunes[1]*, M. Almeida e Silva[1], J. Fonseca Barbosa[1], J. Fernandes Fontes[1] and M. Andrade[1]

[1]Psychiatry, Hospital Júlio de Matos - ULS São José, Lisbon, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1049

**Introduction:** Bipolar disorder (BD) is a mental health disorder characterized by episodes of mania or hypomania alternating with depression, and it is known that seasonal changes can have an impact on the risk of relapse. Circadian rhythm - which works as an internal biological clock that regulates sleep-wake cycles, hormone production and mood stability -, plays a crucial role in the course of the disease, and it is likely that it influences relapse during seasonal changes, through mechanisms not entirely understood.
**Objectives:** Review the relationship between seasonal changes and bipolar disorder relapse, focusing on circadian rhythm disruption, including possible pathophysiological pathways and treatment options.
**Methods:** Narrative review of articles published on Pubmed's database using the following keywords and their combinations: *bipolar disorder*, *circadian rhythms*, *seasonal* and *sleep disturbances*, screening for relevance.
**Results:** Several studies show us that manic episodes are associated with transition into spring and summer and depressive ones with transition into autumn and winter. Seasonal changes result in alterations in daylight exposure, which in turn, through the cardinal role of the suprachiasmatic nuclei in the hypothalamus, lead to disruptions in sleep-wake cycles, impacting melatonin and cortisol levels, which can contribute to mood instability. These hormones are also subjected to changes by other shifts in biological rhythms such as body temperature regulation, that come with seasonal transitions. On the other hand, light exposure also influences neurotransmission, particularly of serotonin and dopamine, with consequences on energy, mood and reward processing and arousal. There might also be a role for genetic polymorphisms like CLOCK, BMAL1 and PER, that influence sleep patterns and hormonal regulation, and therefore can predispose some people to mood disorders. Furthermore, there are important social factors related to seasonal changes, such as increases or decreases in social activities, that can impact mood. Therapeutic approaches that target circadian rhythm, such as light therapy and chronotherapy (including options like sleep deprivation and phase advance therapies), can be useful in decreasing relapse episodes. Additionally, simple psychoeducation on the matter, regarding maintenance of regular sleep schedules and social activities, might be helpful in preventing or, at the very least, decreasing relapses.
**Conclusions:** Seasonal changes play a relevant role in both manic and depressive relapses in BD through their role in circadian rhythm disruption, by way of a myriad of mechanisms. Future investigation should focus on these mechanisms and others that might possibly be involved, allowing us to reach more targeted treatment and even preventative measures to diminish relapse episodes in BD.

**Disclosure of Interest:** None Declared

## EPV0204

### Treating Bipolar II Depression: a preliminary open-label investigation of a five-day, accelerated repetitive Transcranial Magnetic Stimulation (rTMS) protocol

C. Cavallotto[1], G. d'Andrea[1,2], A. D'Attilio[1], G. Mammarella[1], O. Di Marco[1], L. P. Padula[1], L. De Risio[3], F. Zoratto[4], G. Di Lorenzo[5], M. Pettorruso[1,2] and G. Martinotti[1,2,6]*

[1]Department of Neurosciences, Imaging and Clinical Sciences, Università degli Studi G. D'Annunzio; [2]Department of Mental Health, ASL 2 Abruzzo Lanciano-Vasto-Chieti, Chieti; [3]Department of Mental Health and Addiction, ASL Roma 5; [4]Centre for Behavioural Sciences and Mental Health, Istituto Superiore di Sanità; [5]Department of Systems Medicine, University of Rome Tor Vergata, Roma, Italy and [6]Psychopharmacology, Drug Misuse and Novel Psychoactive Substances Research Unit, School of Life and Medical Sciences, University of Hertfordshire, Hatfield, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.1050