phases) and type II (hypomanic and depressive phases). Furthermore, subsequent classifications have been developed based on subtypes complexity.
Objectives: A case of a 52-year-old man is presented. The patient had suffered depressive symptoms and self-destructive ideation. He had sold his house to pay for drugs and prostitution, even though he was in quarantine for COVID-19. The patient had a history of depressive episodes with milder manic episodes which had been treated with antidepressants.
Methods: Analytical and imaging tests were performed without findings. Mood stabilizing treatment was started based on lithium salts. He became perplexed and suspicious of the medication. Auditory hallucinations appeared congruent with the mood and he began to think that his relatives were dead; the patient started to communicate via telephone with actors. A treatment based on olanzapine 30mg/d was started.
Results: The clinic was resolved with antipsychotic treatment. The diagnosis of Bipolar Disorder has been made in youth; however, some patients symptoms could be camouflaged and allow a functional life. Depressive episodes could present with psychotic symptoms and predispose more to suicide attempts than manic phases.
Conclusions: The early-stage diagnosis should play a key role on bipolar disorder control. More public and clinic efforts are needed to prevent non-easily distinguishable cases which could derived on serious social and health problems.

Disclosure: No significant relationships.
Keywords: Capgras; bipolar disorder; OLANZAPINE; diagnosis

EPV0033

Bipolar disorder, pregnancy, COVID-19: Electroconvulsive therapy is needed!

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Introduction: Treating pregnant women with bipolar disorder is among the most challenging clinical endeavors. Patients and clinicians are faced with difficult choices at every turn, and no approach is without risk. Many primary mood stabilizers have been associated with risk of congenital malformations. In the last 15 years, there has been an increase of antepartum use of atypical antipsychotic drugs, many of which could be viable alternatives to mood stabilizers. Electroconvulsive therapy has been recommended as a safe and efficacious treatment of bipolar depressive and manic episodes in pregnant women.
Objectives: This case presents a 24-year-old woman, with COVID-19 infection, that underwent an acute manic episode at her 20-weeks-pregnancy. The goal was to stabilize the patient by the use of electroconvulsive therapy.
Methods: The patient was admitted in isolation in the psychiatric ward. Treatment was started with olanzapine 20mg/d and lorazepam 4mg/d. The patient maintained psychotic agitation that required higher dosage, while on the second week of isolation the PCR test was negative. After six weeks of treatment severe manic symptoms continued and electroconvulsive therapy was started.
Results: She received 10 electroconvulsive therapy sessions. The patient showed a substantial clinical improvement after the seventh administration. She gave birth at 37 weeks, with no complications during labor (Apgar 9/10).
Conclusions: Electroconvulsive therapy has been shown as a suitable option for patients with severe psychiatric disorders in the pregnancy period, either medication resistant illness and psychotic agitation.

Disclosure: No significant relationships.
Keywords: pregnancy; Electroconvulsive therapy; bipolar disorder; COVID-19

EPV0034

Socio-demographic features of bipolardisorder in womenin the southern region of Tunisia

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Introduction: Bipolar disorder (BD) is a common and disabling condition. Gender differences are potentially important and can manifest in many ways.
Objectives: To determine the socio-demographic characteristics of women with BD, followed at the department of psychiatry of Gabes (southern of Tunisia).
Methods: A retrospective descriptive and analytical study was undertaken including all the patients having consulted for the first time in the department of psychiatry of Gabes, from January 1st, 2010 to December 31, 2016, for whom the diagnosis of a bipolar disorder was established according to the DSM-IV criteria. Socio-demographic and clinical data were assessed. Patients were divided into two groups according to gender. The collected data was compared between the two groups. The statisticalanalysiswasexecuted on the software SPSS (20thedition).
Results: We included 193 patients with BD (women = 103). The mean age of the women studied was 39.9 years. Women with BD had the following characteristics: married (55.3%), unemployed (65.1%), having an urban origin (75.7%), attending the primary or secondary school level (76.7%) and with an middle socioeconomic level (62.1%). Among the women studied, 9 (8.7%) were smokers, 2 (1.9%) consumed alcohol, and one (0.9%) used cannabis. Regarding the socio-demographic differences by gender, bipolar women were significantly less professionally active (p<10-3), less educated (p= 0.009), more frequently married, widowed or divorced (p <10-3) and having dependent children (p=0.008).
Conclusions: Our study made it possible to note the socio-demographic particularities of the woman followed for BD. A better knowledge of these particularities is the best guarantee of adequate care.

Disclosure: No significant relationships.
Keywords: bipolar disorder; women; Socio-demographic features