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Impulsivity and Sensation Seeking in Bipolar Disorder: Association with Impulse Control Disorders

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doi: 10.1192/j.eurpsy.2026.11193

Introduction: Bipolar disorder is often characterized by heightened impulsivity and sensation seeking, which may reflect a latent vulnerability to, or the coexistence of, Impulse Control Disorders (ICDs). Identifying the role of these traits may improve early detection and management of ICDs in this population.
Objectives: To examine the relationship between impulsivity, sensation seeking, and ICDs among bipolar patients.
Methods: This cross-sectional descriptive and analytical study included patients with bipolar disorder, during euthymia phase and receiving psychiatric follow-up in the Psychiatry "B" Department of Hédi Chaker University Hospital of Sfax, Tunisia.
Bipolar patients were assessed using the Barratt Impulsiveness Scale in its arabic dialect version (BIS-11) and the Sensation Seeking Scale of Zuckerman (SSS). ICDs were identified using the modified Minnesota Impulsive Disorders Interview (mMIDI).
Results: A total of 72 patients with bipolar disorder participated in our study. Their mean age was 44.13 years, and the sex ratio (F/H) was 1.88. The mean duration of illness was 17.04 years. Most patients (83.3%) had bipolar I disorder. Overall, 33.3% of participants presented at least one impulse control disorder (ICD).
The mean BIS-11 score among patients was 57.07±11,18, and a marked level of impulsivity was observed in 12.5% of cases. The mean Sensation Seeking Scale (SSS) score was 9.68 ± 5.79.
Impulse control disorders were significantly associated with the total BIS-11 score ($p < 0.001$), the total SSS score ($p = 0.004$), as well as with the SSS subscales of thrill and adventure seeking ($p = 0.046$), disinhibition ($p = 0.022$), and boredom susceptibility ($p = 0.028$).
Conclusions: The strong association between impulsivity, sensation seeking, and ICDs in bipolar disorder suggests that these personality dimensions play a central role in the expression of impulsive behaviors. Integrating psychological assessment and specific psychotherapeutic strategies could enhance the overall management of bipolar patients.

Disclosure of Interest: None Declared

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Does Gender Influence Lithium-Induced Nephrotoxicity?

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doi: 10.1192/j.eurpsy.2026.11192

Introduction: Lithium remains the gold standard for bipolar disorder maintenance therapy, but its narrow therapeutic index and potential nephrotoxicity require close monitoring. Lithium-induced Chronic Kidney Disease (CKD) results from tubular and interstitial toxicity, leading to decreased estimated Glomerular Filtration Rate (eGFR) and elevated serum creatinine. Given lithium's similarity to sodium and its renal tubular interactions, monitoring eGFR, creatinine, and sodium alongside serum lithium levels allows earlier detection of renal effects and better assessment of pharmacokinetic changes.
Objectives: To evaluate the potential nephrotoxic effects of lithium by comparing renal biochemical parameters (sodium, creatinine, and eGFR) between lithium-treated patients and healthy controls in a one-year retrospective study.
Methods: Lithium-treated patients and age- and sex-matched healthy controls were included. Sodium and creatinine were measured with the Roche Cobas 8000 analyzer, and eGFR was calculated using the CKD-EPI formula. Non-parametric data ($p<0.05$) were analyzed using the Mann–Whitney U test.
Results: In females receiving lithium therapy, serum creatinine levels were significantly higher ($p<0.05$) and eGFR values were significantly lower ($p<0.05$) compared to the control group, while no significant difference was observed in sodium levels ($p=0.34$). In males, eGFR was significantly lower in the lithium-treated group ($p<0.05$), whereas creatinine and sodium levels showed no significant differences between the groups ($p>0.05$)

Table 1. Renal Parameters in Lithium-Treated vs. Control Groups

	Lithium-treated male patients n = 186		Healthy male controls n = 149		
	Mean± SD	Median	Mean± SD	Median	P value
Sodium (mEq/L)	139.80 ± 2.67	140	140.34 ± 2.04	140	0.63
Creatinine (mg/dL)	0.83 ± 0.19	0.81	0.82 ± 0.06	0.83	0.64
eGFR (mL/min/1.73 m^2)	104.23 ± 17.50	106	117.64 ± 6.55	119	**P<0.05**
	Lithium-treated female patients n = 139		**Healthy female controls n=183**		
	Mean± SD	Median	Mean± SD	Median	P value
Sodium(mEq/L)	139.68± 2.81	140	139.51± 2.36	139	0.34
Creatinine (mg/dL)	0.84± 0.14	0.80	0.66± 0.08	0.65	**P<0.05**
eGFR (mL/min/1.73 m^2)	100.94± 15.56	102	113.68± 9.67	116	**P<0.05**

* p<0.05: statistically significant, SD: Standard Deviation, eGFR: estimated Glomerular Filtration Rate

Conclusions: Lithium therapy reduces eGFR in both sexes, increasing the risk of renal dysfunction. The more pronounced increase in creatinine and decrease in eGFR observed in females suggest that the nephrotoxic effects of lithium may vary by sex. Therefore, in patients receiving lithium treatment, regular monitoring of renal parameters such as eGFR and creatinine, in addition to serum lithium levels, is clinically important to ensure patient safety and optimal therapeutic outcomes.

Disclosure of Interest: None Declared

https://doi.org/10.1192/j.eurpsy.2026.11192 Published online by Cambridge University Press