EPP0074

The factors associated with chronic benzodiazepine use in bipolar patients

N. Charfi[1], M. Ben Abdallah[2]*, S. Omri[1], N. Smaoui[1], R. Feki[1], J. Ben Thabet[1], L. Zouari[1], M. Maalej Bouali[1] and M. Maalej[1]

[1]Psychiatry C Department, Hedi chaker University hospital, sfax, Tunisia and [2]Department Of Psychiatry (c), CHU Hedi CHaker hospital Sfax Tunisia, Sfax, Tunisia

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.539

Introduction: Benzodiazepines (BZD) are widely used in patients with bipolar disorder (BD) and their effectiveness is well documented. Therefore, there are major risks associated with BZD use including abuse and dependence. Those risks can be related to the patients'chacteristics, the particularities of BD and the prescribers.
Objectives: To determine the factors associated with chronic use of BZD in patients with BD.
Methods: We conducted a cross-sectional, descriptive and analytical study among a sample of patients with BD (DSM-5) followed in psychiatric outpatient of Hedi Chaker university hospital in Sfax. We used the Benzodiazepine Cognitive Attachment Scale (ECAB) to determine dependent patients
Results: Among the 61 included patients, 50 (82%) had a chronic use of BZD (> 3 months). They had a mean age of 49.3 years (± 14.02 years) and a low socio-economic level in 44%. The type of BD was dominated by type II (66%). Initial episode type was depressive in 78%. The average number of depressive episodes was 2.92±2.3. A rate of 65.5% of patients have already attempted BZD withdrawal. Chronic BZD use was significantly correlated with BZD dependence (p=0.000), low socioeconomic level (p=0.04), depressive type of the initial episode (p=0.011), the depressive recurrence (p=0.000) and the absence of any attempt to discontinue BZD (p=0.011).
Conclusions: Chronic use of BZD in patients with BD is prevalent. In order to minimize this problem in this population, it is important to enhance programs to improve psychiatrist-prescribing behavior and to use cognitive-behavioral therapies in combination with medication to help withdrawal.

Keywords: Bipolar Disorders; benzodiazepine; chronic use of BZD

EPP0072

Lithium placental passage at delivery and neonatal outcomes: A retrospective observational study

M.L. Imaz[1]*, M. Torra[2], D. Soy[3], K. Langorh[4], L. Garcia-Esteve[5] and R. Martin-Santos[6]

[1]Unit Of Perinatal Mental Health Clinic-bcn, Department Of Psychiatry And Psychology, Institut Of Neuroscience, Institut D'investigacions Biomèdiques August Pi I Sunyer (idibaps), And Department Of Medicine, University Of Barcelona (ub), Hospital Clinic Barcelona, Barcelona, Spain; [2]Pharmacology And Toxicology Laboratory, Biochemistry And Molecular Genetics Service, Biomedical Diagnostic Center, Idibaps, Hospital Clinic Barcelona, Barcelona, Spain; [3]Division Of Medicines, Pharmacy Service, Idibaps, Hospital Clinic Barcelona, Barcelona, Spain; [4]Grass Research Group In Survival Analysis. Department Of Statistic And Operations Research., Universitat Politècnica de Catalunya, Barcelona, Spain; [5]Unit Of Perinatal Mental Health, Department Of Psychiatry And Psychology, Idibaps, Hospital Clinic Barcelona, Barcelona, Spain and [6]Psychiatry And Psychology Department, Cibersam, Idibaps, Ub, Hospital Clinic, Barcelona, Spain

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.540

Introduction: Lithium is an effective mood stabilizer and is widely used as a first-line treatment for bipolar disorder in the perinatal period. Several guidelines have provided clinical advice on dosing strategy (dose reduction versus stop lithium) in the peripartum period to minimize the risk of neonatal complications. An association has been observed between high neonatal lithium concentrations (> 0.64 mEq/L) and lower 1-min Apgar scores, longer hospital stays, and central nervous system and neuromuscular complications.
Objectives: To quantify the rate of lithium placental passage at delivery. To assess any association between plasma concentration of lithium at delivery and neonatal outcome.
Methods: In this retrospective observational cohort study, we included women treated with llithium at least in late pregnancy. Maternal (MB) and umbilical cord (UC) lithium blood level measurement were collected at delivery. Lithium serum concentrations were determined by means of an AVL 9180 electrolyte analyzer. The limit of quantification (LoQ) was 0.20 mEq/L and detection limit was 0.10 mEq/L. From the medical records, we extracted information on neonatal outcomes (preterm birth, birth weight, Apgar scores, pH-values, and admision to NICU) and complications categoriced by organ system: respiratory, circulatory, hematological, gastrointestinal, metabolic, neurological, and immune system (infections).
Results: Umbilical cord and maternal lithium blood levels were strongly correlated: mean (SD) range UC/MR ratio 1.15 (0.24). Umbilical cord lithium levels ranged between 0.20 to 1.42 mEq/L. We observed no associations between umbilical cord lithium blood levels at delivery and neonatal outcomes.
Conclusions: In our study, newborns tolerated well a wide range of lithemias, between 0.20 and 1.42 mEq/L.

Keywords: Neonate; lithium; Placental transfer; Delivery

EPP0074

Subsyndromal symptoms in bipolar disorder

A. Mellouli[1]*, R. Feki[2], S. Omri[2], N. Smaoui[2], M. Maalej Bouali[2], N. Charfi[2], J. Ben Thabet[2], L. Zouari[2] and M. Maalej[2]

[1]Psychiatry C Department, Hedi chaker university hospital, Sfax, Tunisia and [2]Psychiatry C Department, Hedi chaker university hospital, sfax, Tunisia

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.541

Introduction: The inter-critical phase in bipolar disorder may contain symptoms that do not meet the diagnostic criteria for a thymic episode. According to studies, these symptoms are common and usually associated with impaired psychosocial and family functioning.
Objectives: Study the subsyndromal symptoms in remitted patients with bipolar disorder, and their functioning repercussions.
Methods: We conducted a cross-sectional, descriptive and analytical study, in the outpatient psychiatry department of the University Hospital in Sfax (Tunisia) among 30 remitted patients with bipolar disorder. We used: the Montgomery And Asberg Depression Rating Scale (MADRS), the Angst Hypomania Questionnaire and the FAST test to assess functioning levels.

Results: The average age of our population was 44.37±15.45 years with a sex ratio (M/F) =0.66. Most of them lived in urban areas (60%) and half of them did not go beyond the primary school level. Most did not have a constant job (76.6%). The average number of previous thymic episodes was 2±1.33 times/year. A quarter of the patients (26.6%) had hypomanic symptoms in the intercritical phase and 20% had depressive symptoms. Hypomanic symptoms were correlated with tobacco use (p=0.035). Depressive symptoms weremore frequent in men (p=0.074). Functioninglevel was lower in subjects living in rural areas (p=0.065).
Conclusions: Our study suggests that residual symptoms were frequent with a significant functional impact. As a result, their identification and management are highly essential to improve the overall functioning of patients with bipolar disorder.

Keywords: bipolar disorder; disease residual minimal; depressive symptoms; manía

EPP0075

Five traits of personality in benzodiazepine-dependent patients with bipolar disorder

N. Charfi[1], M. Ben Abdallah[2]*, S. Omri[1], R. Feki[1], N. Smaoui[1], L. Zouari[1], J. Ben Thabet[1], M. Maalej Bouali[1] and M. Maalej[1]

[1]Psychiatry C Department, Hedi chaker university hospital, sfax, Tunisia and [2]Department Of Psychiatry (c), CHU Hedi CHaker hospital Sfax Tunisia, Sfax, Tunisia

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.542

Introduction: Benzodiazepines (BZD) are frequently prescribed to patients with bipolar disorder. The use of this medication can become problematic in some cases or even lead to dependence mainly in patients with personality disorders.
Objectives: To assess different personality traits in BZD-dependent patients with bipolar disorder
Methods: A cross-sectional descriptive and analytical study was conducted on euthymic bipolar patients (DSM-5) attending the psychiatric outpatient in Hedi Chaker university hospital of Sfax. We used the Benzodiazepine Cognitive Attachment Scale (ECAB) to determine dependent patients and the Ten Item Personality Measure (TIPI) scale to assess the five personality traits.
Results: Among the 61 included patients, 34 were BZD-dependents (55.7%). Their mean age was 52.12 ± 12.87 years. The sex ratio (M/F) was 0.54. A comorbid personality disorder was found in 18% of patients and the most frequent was histrionic personality (45.45%). According to TIPI, the highest scores of personality traits were conscientiousness, agreeableness and extraversion, with mean scores of 9.8 ± 2.78, 8.21 ± 3.15 and 7.98 ± 1.77 respectively. Having a comorbid personality disorder was not associated with BZD dependence. Regarding the dimensional approach using TIPI, the dimensions of extraversion, agreeableness and emotional stability were significantly negatively correlated with BZD-dependence (p 0.024; 0.006 and 0.01 respectively).
Conclusions: This study demonstrates that personality characterized by less extraversion, agreeableness, and emotional stability may increase the risk of BZD-dependence among bipolar patients. Such psychological factors should be taken into account in the risk-benefit assessment made in the planning of BZD treatment.

Keywords: traits of personality; benzodiazepine; dependence; bipolar disorder

EPP0076

Antidepressant-withdrawal mania - a case report

M. Magalhães*, L. Moreno, R. Mendes and A. Gamito

Department Of Psychiatry And Mental Health, Setúbal Hospital Center, Setúbal, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.543

Introduction: An uncommon adverse event of antidepressant discontinuation is the paradoxical withdrawal hypomania or mania. It is rarely described in the literature and its true incidence is unknown, may it be a consequence of underrecognition or misattribution.
Objectives: Alert clinicians of the uncommon Antidepressant-Withdrawal Mania
Methods: Report and discuss, based on online pubmed database, a case of Antidepressant-Withdrawal Mania with Citalopram
Results: A 34 year old woman, with a previous unipolar depressive episode, presents to the emergency department in june/2020 with anxiety, recurrent thoughts of death without a plan, low energy, anhedonia, loss of appetite, sadness and insomnia developing over a period of 7 months. She was prescribed Quetiapine 50 mg XR, Lamotrigine 100 mg, and sent to a psychiatry consultation. After a month and a half there was no important clinical improvement and Citalopram 20 mg was started. The patient reported slow improvement and by august she had a complete symptomatic response. In the beginning of september the patient stopped citalopram abruptly. Three weeks later, she was presented with an irritable mood, increased energy with decreased need for sleep, sweet cravings, easy irritability, racing thoughts, pressure to keep talking and suicidal thoughts. After 2 weeks of Quetiapine 300 mg XR id, Lamotrigine 100 mg id and Olanzapine 5 mg there was a partial symptomatic response.
Conclusions: Antidepressant withdrawal manic states are an under-recognized phenomena, with ill defined patho-physiological pathways and nosology. It is important to continue close follow up of the patient and to investigate whether it can be included on the bipolar spectrum.

Keywords: Antidepressant-Withdrawal Mania; adverse event of antidepressant discontinuation; bipolar spectrum; hypomania mania

EPP0077

Point of view and expectation of parents with children diagnosed with autism spectrum disorder enrolled in regular and special schools.

B. Ferreira* and F. Fernandes

School Of Medicine, universidade de São Paulo, São Paulo, Brazil

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.544

Introduction: Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that can cause social and professional harm in an individual.
Many teachers are unprepared to receive students with ASD. They find it difficult to communicate with other professionals or to comfort the family. And parents often do not feel that their children at school benefit socially and in their academic skills.
Objectives: To know the point of view and expectations of parents with children with Autism Spectrum Disorder about the academic future and professional life.