emergency department was not recommended. The nurse was redirected to an administrative position in a regional hospital with regular psychological follow-up.
Conclusions: This case illustrates the crucial role of occupational health in balancing professional aspirations, workplace safety, and mental health considerations. Individualized work accommodations, based on psychiatric history and clinical evaluation, are essential for the sustainable employment of healthcare professionals with bipolar disorder.

Disclosure of Interest: None Declared

EPV195

Neurocognitive Improvements in Lithium-Treated Older Adult Bipolar Patients on Antipsychotics

K. Diakaki[1,2*], E. M. Tsapakis[1,3], G. Zioris[4], A. Konsta[5] and K. N. Fountoulakis[1]

[1]3rd Department of Psychiatry, Aristotle University of Thessaloniki,, Thessaloniki; [2]Department of Psychiatry, University General Hospital; [3]Agios Charalambos, Mental Health Clinic, Heraklion, Crete; [4]Department of Psychiatry and [5]1st Department of Psychiatry, Aristotle University of Thessaloniki,, Thessaloniki, Greece
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11209

Introduction: Cognitive dysfunction in bipolar disorder (BD) affects memory, attention, and executive function, and has been shown to persist in euthymia. Lithium remains the gold standard for the treatment of mania and for relapse prevention and has gained particular recognition despite concerns about neurotoxicity at high doses and other less common adverse effects. Further, lithium has also demonstrated neuroprotective properties and shown potential benefits in neurodegenerative conditions.
Objectives: Lithium has been proposed to exert neuroprotective effects, yet its relationship to cognitive performance remains unclear. This study aimed to compare neurocognitive performance in BD patients on antipsychotics grouped by long-term lithium use.
Methods: We recruited older adult BD (OABD) out-patients in a cross-sectional opportunistic design to complete a comprehensive neurocognitive battery standardized for the Greek population. We used IBM SPSS v28.0 for analysis. Participants were divided into current lithium-treated (n = 19) and non-lithium-treated (n = 21) groups. Performance was compared using Z-scores, Bonferroni corrected at $p < 7.6\times10^{-4}$.
Results: Forty OABD patients, with a mean age of 58.3 (5.89) years, 15 (37.5%) male, 95% on antipsychotics entered the study. Lithium-treated patients demonstrated significantly better cognitive performance in attention span and verbal memory [higher scores on Digit Span Forward ($Z = 1.43$ vs. 0.17; $p = 3.6\times10^{-5}$), Digit Span Backward ($Z = 0.71$ vs. –0.74; $p = 2.4\times10^{-5}$), and Stories Immediate and Delayed Recall ($Z = 0.02$ vs. –1.05 and 0.32 vs. –0.98; $p < 1\times10^{-5}$)], and in recognition memory [RAVLT Recognition ($Z = 1.14$ vs. –1.43; $p = 1.4\times10^{-6}$)]. The largest difference emerged in processing speed and visual attention [higher scores on Symbol Digit Modalities Test ($Z = 0.42$ vs. –1.51; $p = 4.7\times10^{-8}$)]. Verbal fluency and executive control were also superior on COWAT ($Z = 0.16$ vs. –0.99; $p = 6.3\times10^{-5}$). No significant associations were found between cognitive outcomes and illness duration, episode frequency, or medication load.
Conclusions: Lithium use was associated with cognitive advantages across memory, attention, and processing speed. Our findings provide support for the role of lithium in cognitive preservation and are worthy of further investigation in larger longitudinal studies.

Disclosure of Interest: None Declared

EPV196

Influence of comorbid personality disorder on the diagnosis and progression of bipolar disorder

H. El Anzouli*, S. Bahetta and M. Sabir

UFA, Ar-Razi Hospital, Sale, Morocco
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11208

Introduction: Personality disorders are present in approximately 30 to 50% of people with bipolar disorder, meaning that one in two bipolar patients may also have a comorbid personality disorder.
Objectives: Personality disorder is present in around 30% to 50% of individuals with bipolar disorder, indicating that 1 in 2 bipolar patients may also have a comorbide personality disorder.
The aim of our study is to evaluate how the presence of personality disorders complicates the diagnosis and affect the progression of bipolar disorder, in comparison to patients who have only bipolar disorder.
Methods: This is a retrospective study of patients hospitalized or undergoing consultation at the Ar-Razi psychiatric university hospital in Salé for bipolar disorder.
The diagnosis of bipolar disorder and personality disorder was assessed using the DSM 5 Axis II and DSM5Tr Axis I clinical interviewas well as YMRS, CGI and HDRS scales. A survey assessing sociodemographic and clinical characteristics was also used.
Results: The data analysis showed that 17% of patients diagnosed with bipolar disorder had a comorbid personality disorder. Patients with a personality disorder were diagnosed with bipolar disorder, on average, 1.5 years later than those without a personality disorder and experienced more frequent manic episodes, with a weaker response to treatment.
Conclusions: The presence of personality disorders often complicates the diagnostic process for bipolar disorder, due to the superimposition of symptoms such as emotional instability and impulsive behavior, characteristic of both pathologies. These comorbidities can also impair treatment efficacy and lead to a more complex course of bipolar disorder, with an increased risk of relapse, frequent hospitalization and suicidal behavior.

Disclosure of Interest: None Declared

EPV197

Mania Induced by Bitter Melon Consumption: A Case Report

B. Ertekin*, S. Uygun, O. Citak Ekici, H. Kaya and E. Goka

Psychiatry, Ankara Bilkent City Hospital, Ankara, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11207

https://doi.org/10.1192/j.eurpsy.2026.11207 Published online by Cambridge University Press

Introduction: Herbal supplements are increasingly used worldwide for various health conditions. However, some herbal products may trigger psychiatric symptoms. Momordica charantia (bitter melon) is a plant widely used in traditional medicine and there are studies showing its potential antidepressant and anxiolytic effects.
Objectives: The aim of this case report is to draw attention to the potential psychiatric side effects of Momordica charantia (bitter melon) and to discuss a manic episode induced by its consumption, which has not previously been reported in the literature. In addition, it aims to emphasize the mental health risks associated with uncontrolled use of herbal supplements.
Methods: In this case report, a detailed clinical evaluation was conducted of a 64-year-old male patient with no psychiatric history who presented with acute-onset manic symptoms following the use of bitter melon.
Results: A 64-year-old male, teacher, married, with three children, presented to the emergency department with insomnia, increased energy, excessive speech, irritability, increased spending, suspiciousness and thoughts of being harmed for the past week. He had no personal or family history of psychiatric illness. Also, no prior hypomanic or manic episodes were reported.
He was admitted to the ward for differential diagnosis and treatment. Upon further evaluation, he reported consuming a herbal supplement containing 2 g/day of bitter melon for one week before symptom onset. His symptoms began after starting the supplement and progressively worsened.
Mental status examination revealed pressured speech, increased speech rate and quantity, loose associations, persecutory and grandiose delusions, and increased psychomotor activity. Physical examination and laboratory tests showed no abnormalities. Brain CT, EEG, and MRI were unremarkable.
At admission, his Young Mania Rating Scale(YMRS) score was 32. He was started on quetiapine XR 800 mg/day, haloperidol 5 mg/day, and valproate 500 mg/day. During follow-up, his speech pressure and quantity decreased, paranoid thoughts regressed, and medication adherence improved. Before discharge, his YMRS score was 8.
Informed consent was obtained from the patient for this case report.
Conclusions: When the literature was reviewed, no case of hypomania or mania secondary to the use of bitter melon was found. This case highlights the potential psychiatric risks of uncontrolled herbal supplement use and presents an unique example of mania triggered by bitter melon. In individuals without a psychiatric history, sudden-onset affective symptoms should prompt an evaluation of herbal supplement use.

Disclosure of Interest: None Declared

EPV200

Impact of residual symptoms on bipolar disorder patient's functioning

R. Kammoun[1], H. Hsine[2]*, H. Ghabi[1], H. Nefzi[1], M. Karoui[1] and F. Ellouze[1]

[1]Psychiatry G, Razi Hospital, Manouba, Tunisia and [2]Psychiatry, La Métairie Clinic, Nyon, Switzerland
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11206

Introduction: Bipolar disorder has been concidered as cyclical, but recent studies show some patients remain symptomatic between episodes.
Objectives: This study aimed to identify residual symptoms in remitted bipolar I patients and explore the factors associated with these inter-episodic symptoms.
Methods: This descriptive, cross-sectional, case-control, c comparative study involved 62 remitted bipolar I patients. Evaluation was carried out through a semi-structured questionnaire with the Bipolar Depression Rating Scale (BDRS), Young Mania Rating Scale (YMRS), Functioning Assessment Short Test (FAST), Arizona Sexual Experiences Scale (ASEX), and Pittsburgh Sleep Quality Index (PSQI). Patients were divided into two groups based on the presence or absence of residual symptoms.
Results: Sixty-one of the patients had residual symptoms (Group 1) and sixty-one patients were free of residual symptoms (Group 2). In the first group, 15 patients had residual depressive symptoms (48%), 11 had residual manic symptoms (35%), 7 had impaired functioning (22%), 12 had sexual dysfunction (39%) and 25 had sleep disorders (78%). The residual symptoms that were significantly more important in Group 1 in comparison to Group 2 were: depressive symptoms (p=0.003), manic symptoms (p=0.005), impaired functioning (p=0.002) and sleep disturbances (p=0.000). Group 1 patients were significantly less educated (p=0.034) and less employed (p=0.032) compared to group 2 patients. They also had significantly more family history of psychiatric disorders and suicide attempts (p=0.038; p=0.039), more personal history of suicide attempts (p=0.012) and a higher number of hospitalizations (p=0.003).
Conclusions: Residual symptoms are common in bipolar disorder and linked to poor prognosis, necessitating appropriate management.

Disclosure of Interest: None Declared

EPV202

More than a rash: lamotrigine-induced hypersensitivity mimicking DRESS in a bipolar patient with early-life trauma

L. Jishkariani[1]*, G. Garuchava[2] and G. Cheishvili[1]

[1]Psychiatry, Tbilisi state medical university and [2]medicine, Tbilisi state university, Tbilisi, Georgia
*Corresponding author.
doi: 10.1192/j.eurpsy.2026.11205

Introduction: Lamotrigine is effective in bipolar depression but carries a risk of severe cutaneous adverse reactions (SCARs), including Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS). Early identification is crucial, especially in vulnerable psychiatric populations. Here, we present a diagnostically complex case of incomplete DRESS in a trauma-exposed adolescent, highlighting the interplay between emotional stress, immune dysregulation, and adverse drug reactions.
Objectives: To (1) describe a rare case of probable lamotrigine-induced DRESS with incomplete criteria; (2) explore how early-life trauma may influence drug reactivity through neuroimmune pathways; and (3) emphasize the role of trauma-informed care in enhancing diagnostic accuracy and treatment safety.
Methods: A 19-year-old female with a history of emotional neglect, early parental separation, and caregiver burden presented with subdepressive symptoms and mixed features. Pharmacological treatment included fluoxetine, quetiapine (PRN), and lamotrigine

https://doi.org/10.1192/j.eurpsy.2026.11207 Published online by Cambridge University Press