EPV0044

Completed suicide in bipolar ii patients after their first hospitalization

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Introduction: Bipolar disorder, especially Bipolar II subtype, is a mental disorder that has one of the greatest risk of completed suicide (CS).
Objectives: Determine the rate and the risk factors of CS in a cohort of Bipolar II patients followed after their first hospitalization
Methods: We choose all Bipolar II patients (DSM-IV) who were hospitalized for first time in our Psychiatric unit between 1996 and 2016. We reviewed the charts of first hospitalization and recorded multiple baseline variables. In the follow-up we updated the database recording all patients who CS. We compared the different baseline variables between Bipolar II patients who CS and the rest
Results: Of a total of 59 bipolar II patients 6 (10 %) CS in the mean of 13 years of follow up (rate 120 times higher than General Population). The average age at CS was 45.3 years (range between 33 and 57 years old) so there was a 2 years gap on average between the first psychiatric hospitalization and suicide. CS was characterized by a violent act (5 out of 6 cases, 83 %). When we compared BP II patients who CS with the rest, only history of previous violent suicide attempt was detected as a risk factor significantly associated ($P<0.04$) with CS.
Conclusions: Bipolar II patients CS early after their first hospitalization and at very high rate (120 times than GP) almost always by violent method. History of previous violent suicide attempt is predictor of completed suicide

Disclosure: No significant relationships.
Keywords: bipolar II; Suicide; Hospitalization

EPV0045

Lithium intoxication and its implications, pertaining to a clinical case

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Introduction: Lithium is the most effective maintenance drug in Bipolar Disorder (BD), although it has a narrow therapeutic index, between 0.6 and 1.5 mEq/L; recommended doses for maintenance are 0.6-1.2 mEq/L.
Objectives: To describe a clinical case of lithium intoxication and discuss relevant literature.
Methods: Clinical examination of a patient and her medical records; non-systematic PubMed review on "lithium intoxication".
Results: A 73-year-old woman, diagnosed with BD, stabilized on lithium monotherapy for twenty-five years, was admitted to the Emergency Room (ER) with nausea, lethargy, drowsiness, confusion, cough, and fever. A respiratory tract infection is diagnosed, based on clinical presentation, x-ray and blood analysis. Blood tests also revealed a serum lithium concentration of 2.4 mEq/L and impairment of renal function, indicating lithium intoxication; hemodialysis was initiated, with lithium discontinuation. Over weeks, renal function and general state improved, and BD treatment was reinitiated, this time with valproic acid 800mg/day. Two weeks after discharge, she was admitted again at the ER, for an episode starting in the week prior, compatible with a manic episode; olanzapine 10mg was added to the prescription. A week after, the patient is admitted again in the ER, still in a manic episode.
Conclusions: There are no clear indications in the literature about reinitiating lithium on someone who had an intoxication. Given that lithium brings an unparalelled quality of life to BD patients, careful consideration about reintroduction, with close monitoring, should be made, but there is a critical need of more studies and guidelines to orient clinical practice.

Disclosure: No significant relationships.
Keywords: lithium; Intoxication

EPV0046

Inflammatory cytokines during a manic episode in bd patients and its correlation with cognitive and affective symptoms at follow-up

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Introduction: Bipolar Disorder (BD) is a severe recurrent disorder with a complex biogenetic and psychosocial etiology. The immune system cytokines in interaction with the CNS play a role in the pathophysiology.
Objectives: To compare inflammatory cytokines between BD patients and controls during the manic episode; additionally, compare these cytokines with psychiatric symptoms and cognitive performance during follow-up.
Methods: We recruited 25 BD patients in mania with paired controls. We measured baseline IL-2, IL-4, IL-8, IL-10, GM-CSG, TNF- α, and TNF- γ in plasma. We used U-Mann-Whitney for group comparison and Spearman correlation between sub-group follow-up assessments and cytokines.
Results: We found a significant difference in IL-6 between subjects and controls (figure 1). During the follow-up, we found a correlation with psychiatric symptoms, cognition, and cytokines during manic episodes (Table 1). Table 1. Follow-up Correlation with cytokines during a manic episode.

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