EPV0202

Real clinical experience of inhaled esketamine in bipolar depression. A retrospective study

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doi: 10.1192/j.eurpsy.2025.1046

Introduction: Bipolar depression is a severe type of depression that poses a clinical challenge when treating it, as it can often be resistant to treatment and there is also the possibility that when treated with antidepressants the patient may switch to a manic episode. In addition, there are few medications indicated for the depressive phase of bipolar depression, which reduces the therapeutic possibilities and makes the treatment of these patients even more complicated. Bipolar depression is associated with high rates of dysfunctionality and suicide, being a serious condition that can cause severe damage to the patient. Treatment with inhaled esketamine has been shown to be safe and effective in patients with bipolar depression.
The present study shows the response in a series of cases with bipolar depression treated with inhaled esketamine, showing their evolution through the Montgomery-Asberg Depression Rating Scale (MADRS) as main outcome.
Objectives: The main objective of this study is to describe the use of inhaled esketamine in patients with bipolar depression in real clinical practice, using the MADRS as main outcome to show the evolution.
Methods: Retrospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 2 years. The patients selected were those who completed treatment with inhaled esketamine and had a diagnosis of bipolar depression at Hospital Universitario Infanta Elena. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.
Results: A total of 3 patients diagnosed with bipolar depression were included in the study (n: 3). Treatment with intranasal esketamine showed a clear improvement in the 3 patients with bipolar depression included in the study (100% response), greatly improving the MADRS score and restoring functionality to the patients. In addition, the treatment was well tolerated and no serious adverse effects occurred, with no switch to mania occurring in any of the patients.
Conclusions: This study shows that inhaled esktemina may be a useful drug in the treatment of bipolar depression, showing high efficacy and good tolerability. No switch to mania was observed in any of the patients in this study. Longitudinal studies must be carried out to confirm this hypothesis.

Disclosure of Interest: None Declared

EPV0201

The connection between alexithymia and attachment style in the bipolar pathology

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doi: 10.1192/j.eurpsy.2025.1047

Introduction: Difficulties in identifying and expressing one's emotions, known as alexithymia, may influence the development of bipolar disorder. Attachment style reflects how a person forms and maintains interpersonal relationships
Objectives: The aim of the study is to analyze the connection between alexithymia, attachment style and the clinical evolution of bipolar disorder.
Methods: The study was conducted on a sample of 31 subjects diagnosed with bipolar affective disorder, with a longitudinal evolution of at least 10 years. Sociodemographic parameters, alexithymia (Toronto Alexithymia Scale), and attachment style (Adult Attachment Scale) were evaluated. Data were collected and analyzed to identify potential correlations between levels of alexithymia and attachment styles, as well as their impact on the number of illness episodes.
Results: There is no correlation between alexithymia and attachment style ($r = -0.044$, $p > 0.05$). A strong and significant correlation was observed between the level of alexithymia and the number of bipolar episodes ($r= 0.907$, $p < 0.05$). Attachment style did not have a significant influence on the course of illness. The educational level correlated inversely with alexithymia, but without being statistically significant ($r=- 0.344$, $p > 0.05$).
Conclusions: Alexithymia has an important role in the evolution of bipolar disorder, as it appears to be associated with an increased frequency in the number of illness episodes. The development of psychotherapy interventions to reduce alexithymia are essential to ensure a satisfactory quality of life for patients.

Disclosure of Interest: None Declared

EPV0202

Antidepressant use in bipolar disorder, a case report

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doi: 10.1192/j.eurpsy.2025.1048

Introduction: Pediatric bipolar disorder is a severe and disabling condition that affects around 1–3% of youth worldwide. The typical clinical course consists of alternating episodes of depressed or elevated mood, with intervals of well-being. Studies have shown that the onset of bipolar disorder is frequently of depressive polarity, and the long-term affective morbidity is primarily depressive, even in patients who have received treatment. This indicates that

https://doi.org/10.1192/j.eurpsy.2025.1048 Published online by Cambridge University Press

achieving an adequate response to these mood states remains a challenge.
Objectives: In relation to a case of a patient with pediatric bipolar disorder who received treatment with SSRIs in the CABS program, we reviewed the existing literature regarding the efficacy, safety, and tolerability of antidepressant medications in the pediatric population with bipolar disorder.
Methods: We conducted a literature review of studies published in the past five years. We searched PubMed using the keywords "antidepressant," "pediatric bipolar depression," and "bipolar disorder." We discuss the case of a 17-year-old patient undergoing treatment in the CABS program with a diagnosis of bipolar I disorder.
Results: Studies have found that antidepressants are generally safe and well-tolerated. However, in bipolar disorders, antidepressants should be used in combination with mood stabilizers to reduce the risk of manic or hypomanic switching, especially in bipolar I disorder. The combination of olanzapine and fluoxetine has been found to be effective and has been approved by the FDA for both adults and adolescents with bipolar depression. SSRIs have shown effectiveness for pediatric bipolar depression in some studies, although the level of evidence is low. They are mainly used in cases of bipolar depression with comorbid anxiety. Bupropion is used off-label for ADHD in both pediatric and adult populations and is often prescribed for depression associated with bipolar disorder in adults. It is considered to have a lower risk of manic or hypomanic switch. Evidence for the use of ketamine in bipolar depression in adults remains unclear, particularly regarding long-term effects.
We present the case of a 17-year-old male with a diagnosis of bipolar I disorder who is undergoing treatment in the CABS program. He has a history of two hospitalizations and is currently being treated with aripiprazole. Escitalopram was added after he reported anxiety symptoms that aripiprazole was not addressing, resulting in a favorable response with no reported side effects.
Conclusions: Antidepressants may play a role in some cases of pediatric bipolar depression, especially when anxiety symptoms are also present and do not respond to psychotherapeutic approaches. It is important to balance the risks and benefits of using antidepressants in this population. Close monitoring is recommended to assess response and possible side effects. Further research regarding the treatment of pediatric bipolar depression is needed.

Disclosure of Interest: None Declared

EPV0203

Exploring the relationship between seasonal changes and bipolar disorder relapses

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doi: 10.1192/j.eurpsy.2025.1049

Introduction: Bipolar disorder (BD) is a mental health disorder characterized by episodes of mania or hypomania alternating with depression, and it is known that seasonal changes can have an impact on the risk of relapse. Circadian rhythm - which works as an internal biological clock that regulates sleep-wake cycles, hormone production and mood stability -, plays a crucial role in the course of the disease, and it is likely that it influences relapse during seasonal changes, through mechanisms not entirely understood.
Objectives: Review the relationship between seasonal changes and bipolar disorder relapse, focusing on circadian rhythm disruption, including possible pathophysiological pathways and treatment options.
Methods: Narrative review of articles published on Pubmed's database using the following keywords and their combinations: *bipolar disorder*, *circadian rhythms*, *seasonal* and *sleep disturbances*, screening for relevance.
Results: Several studies show us that manic episodes are associated with transition into spring and summer and depressive ones with transition into autumn and winter. Seasonal changes result in alterations in daylight exposure, which in turn, through the cardinal role of the suprachiasmatic nuclei in the hypothalamus, lead to disruptions in sleep-wake cycles, impacting melatonin and cortisol levels, which can contribute to mood instability. These hormones are also subjected to changes by other shifts in biological rhythms such as body temperature regulation, that come with seasonal transitions. On the other hand, light exposure also influences neurotransmission, particularly of serotonin and dopamine, with consequences on energy, mood and reward processing and arousal. There might also be a role for genetic polymorphisms like CLOCK, BMAL1 and PER, that influence sleep patterns and hormonal regulation, and therefore can predispose some people to mood disorders. Furthermore, there are important social factors related to seasonal changes, such as increases or decreases in social activities, that can impact mood. Therapeutic approaches that target circadian rhythm, such as light therapy and chronotherapy (including options like sleep deprivation and phase advance therapies), can be useful in decreasing relapse episodes. Additionally, simple psychoeducation on the matter, regarding maintenance of regular sleep schedules and social activities, might be helpful in preventing or, at the very least, decreasing relapses.
Conclusions: Seasonal changes play a relevant role in both manic and depressive relapses in BD through their role in circadian rhythm disruption, by way of a myriad of mechanisms. Future investigation should focus on these mechanisms and others that might possibly be involved, allowing us to reach more targeted treatment and even preventative measures to diminish relapse episodes in BD.

Disclosure of Interest: None Declared

EPV0204

Treating Bipolar II Depression: a preliminary open-label investigation of a five-day, accelerated repetitive Transcranial Magnetic Stimulation (rTMS) protocol

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doi: 10.1192/j.eurpsy.2025.1050