

Objectives: This study examines pandemic-related physical and mental health and (compensatory) behavioural changes, in patients with BD as compared to healthy control individuals.

Methods: Physical and mental health and self-reported changes in daily structure and behaviour due to pandemic were assessed using a self-constructed questionnaire and the brief symptom inventory (BSI) from outpatient clinics in Germany, Austria, and Denmark in individuals with BD and a healthy control group.

Results: The present study included 118 individuals with BD and 215 healthy controls. Individuals with BD reported statistically significant higher physical risk burden, increased weight gain, more physical comorbidities, and a decrease in physical activity and they further reported higher rate of COVID-19 testing, had more worries concerning health and experienced more anxiety but less social distancing.

Conclusions: The COVID-19 pandemic seems to have a greater impact on physical health in individuals with BD than in healthy controls. Individuals with BD appear to be having more difficulties compensating their behaviour due to the pandemic which could amplify the effect of risk factors associated with poorer physical health. This highlights the necessity for optimising and targeting the overall treatment of both mental and physical health in patients with BD during periods with far-reaching changes such as COVID-19 pandemic.

Disclosure: No significant relationships.

Keywords: physical health; bipolar disorder; Behavioural changes; Covid-19 pandemic

EPV0064

Lurasidone-induced mania: A case report

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Introduction: Lurasidone is an atypical antipsychotic agent with potential antidepressant effects through its antagonist activity at the 5-HT₇ receptor. Although treatment-emergent affective switch (TEAS) induced by second-generation antipsychotics are not frequent, several cases have been reported. To our knowledge, there is no evidence of lurasidone-induced TEAS.

Objectives: To describe a case of lurasidone-induced mania.

Methods: We describe a clinical case of a patient admitted to our psychiatric outpatient unit who developed a manic episode, presumably induced by the introduction of lurasidone. We also conduct a review of the literature on this subject.

Results: A 37-year-old man diagnosed with obsessive-compulsive disorder (OCD) and an alcohol use disorder was hospitalized due to OCD decompensation with depressive symptomatology and suicidal thoughts, and for alcohol detoxification process. Since he had a previous history of clomipramine-induced TEAS, he was started on lurasidone up to 111mg to avoid the use of antidepressants, showing a progressive improvement of depressive symptoms. Thus, the patient was discharged when alcohol detoxification process was completed. Eight days after discharge, the patient began to show manic symptoms, so he had to be readmitted. Lurasidone was discontinued and valproic acid up to 1000mg/day as mood stabilizer was added, presenting a positive remission of manic symptoms.

Conclusions: According to our experience, lurasidone may have induced an affective switch in this patient. Based on our findings, patients and psychiatrists should monitor possible lurasidone-induced mood switching. However, further research is needed in order to back-up this one case report findings.

Disclosure: No significant relationships.

Keywords: mania; switch; lurasidone

EPV0065

Direct and indirect predictors of medication adherence by adults with bipolar disorder

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Introduction: Medication adherence by persons with bipolar disorder (BD) is inconsistent. This is disconcerting, as BD is treatment responsive, side-effects are few, and the impact of both hypo/manic and depressive mood episodes can be considerable (e.g., self-harm).

Objectives: For this study, we computed a path model to identify both direct and indirect predictors of medication adherence. This included both clinical and psychosocial independent variables (e.g., BD symptoms, psychological well-being, alcohol misuse).

Methods: From the BADAS (Bipolar Affective Disorder and older Adults) Study, we identified a global sample of adults with the BD. Participants were recruited using microtargeted, Facebook advertising. This sample included persons living in Canada, U.S., U.K., Ireland, Australia and New Zealand ($M = 55.35$ years, $SD = 9.65$).

Results: Direct predictors included perceived cognitive failures and alcohol misuse. Of note, medication adherence is inversely associated with number of prescribed antipsychotic medications. Neither symptoms of depression nor hypo/mania emerged as direct predictors of medication adherence. Similarly, psychological well-being appears indirectly associated with adherence (via BD symptoms).

Conclusions: Despite the wide age range of participants (22 – 73 years), age did not emerge as a predictor of adherence. Nor do cognitive failures appear significantly associated with age suggesting that both young and older adults with BD perceived cognitive loss.

Disclosure: No significant relationships.

Keywords: bipolar disorder; medication adherence; alcohol misuse; cognitive failures

EPV0070

Long-acting new generation antipsychotics in the maintenance treatment of bipolar disorders

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