Conclusions: For the first time, the current study investigated the structural alterations of CT and subcortical GMV in non-comorbid never-treated patients with SAD. Our findings provide preliminary evidences that structural deficits in cortical-striatal-limbic circuit may contribute to the psychopathological basis of SAD, and offer more detailed structural substrates for the involvement of such aberrant circuit in the imbalance between defective bottom-up response and top-down control to external stimuli in SAD.

Disclosure: No significant relationships.
Keywords: cortical-striatal-limbic circuit; magnetic resonance imaging; social anxiety disorder; Cortical thickness

Bipolar Disorders

EPV0050

Lurasidone in treatment of manic episode

I. Sánchez-Rivero

Hospital Doctor Rodríguez Lafora, Unidad De Cuidados Psiquiátricos Prolongados, Madrid, Spain
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Introduction: Lurasidone is an atypical antipsychotic used in the treatment of schizophrenia and bipolar depression. Both indications are approved by the FDA nowadays, whereas in Europe it is only approved for schizophrenia. Lurasidone has been barely studied for the treatment of acute mania, nonetheless it is sometimes used off-label.
Objectives: A case of a patient with a manic episode treated with lurasidone is presented, in order to provide further evidence on this topic.
Methods: The patient is a 43 year-old-woman with diagnosis of type I bipolar disorder, personality disorder and borderline intellectual functioning, resident in our Hospital's long-stay psychiatric rehabilitation unit. She was previously under treatment with venlafaxine 75 mg/day, valproate 1500 mg/day and levomepromazine 25 mg on demand; remaining stable for months. The patient presented an episode consisting on agitation, irritability, verbiage, tachyphase, verbal aggressiveness and behavioral disturbances. Psysical restraint was needed for one day long and zuclopenthixol acetate 50 mg IM was administered twice within 5 days for the acute agitation. Venlafaxine was immediately withdrawn and lurasidone was progressively introduced up to 111 mg daily.
Results: Approximately 3 weeks after the treatment adjustment, the patient reached the psychopatological stabilty.
Conclusions: Antidepressive withdrawal and introduction of Lurasidone were effective to treat the acute manic episode in this patient. It has been previosuly suggested that lurasidone caused improvement in emergent manic symptoms in patients with bipolar depression, and in subsyndromal hypomanic symptoms in patients with mixed features of depression. However, no studies have been made yet to evaluate the efficacy of lurasidone in acute mania.

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Keywords: manic episode; Treatment; lurasidone; bipolar disorder

EPV0052

Orexins and bipolar disorder: A review

C. Moya Lacasa[1]*, L. Gonzalez-Blanco[2], C. Martinez-Cao[2], C.M. Alvarez-Vazquez[1], E. Martin-Gil[2], A. García Fernández[1], P.A. Saiz[1], J. Bobes[1] and M.P. Garcia-Portilla[2]

[1]University of Oviedo, Department Of Psychiatry, Oviedo, Spain and [2]University of Oviedo, Department Of Psychiatry, oviedo, Spain
*Corresponding author.
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Introduction: Bipolar disorder (BD) is a chronic deteriorating illness which has a strong impact on functionality. In the past few years, orexins have gained importance as possible biomarkers of circadian rhythms, affected in BD. Up to this date, we have not found any bibliographical review evaluating the association of orexins and BD.
Objectives: To review published literature in relation to the associaton of orexins and BD.
Methods: A bibliographical search was conducted in PubMed. Inclusion criteria were a) the study evaluated orexins in plasma or cerebrospinal fluid, and b) patients with BD were included within the subjects of study.
Reference lists of the articles that met inclusion criteria were also examined.
Results: Ten articles were retrieved from the initial search. Only three met inclusion criteria and another one was selected from the reference list examination. One study observed significantly higher levels of orexin A in plasma of BD patients versus depression and controls. Other found higher concentration of orexin A of unipolar and bipolar depression versus controls, but this result was not statistically significant. Another one did not find differences in orexin A concentration between mania, depression and controls. The remaining study detected significantly lower concentration of orexin A in BD versus depression, schizophrenia and controls.
Conclusions: Despite being heterogenous, the results point out there are differences in orexin levels in BD when compared to other diagnostic groups or controls. This sets a starting point to focus research on this subject and continue analyzing the role of orexins as biomarkers in BD.

Disclosure: No significant relationships.
Keywords: hypocretin; circadian rhythms; bipolar disorder; orexins

EPV0053

Role of DSM5 Anxious Distress Specifier Interview in symptoms severity and medication adherence in 1st episode mania

S. El Sayed*, S. Gomaa and Z. Gomaa

Faculty of Medicine-Mansoura University, Department Of Psychiatry,faculty Of Medicine, Mansoura University, Mansoura, Egypt
*Corresponding author.
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Introduction: -Anxious Distress Specifier is one of the newly added specifier in diagnosis and managment of bipolar disorder.This unique item may paly a role in not only the symptoms severity

but also the degree of adherence to the psychotropics. -DSM5 Anxious distress specifier is not well studied in the 1st manic episode of bipolar disorder.

Objectives: 1-To study the role of DSM5 Anxious Distress Specifier in the symptoms severity of 1st diagnosed manic episode 2-To investigate its role in medication adherence in thses patients

Methods: 1-DSM 5 Anxious distress specifier interview which includes 5 items : a- Keyed up or tense b-Restlessness c-Impaired concentration. d-Sense of foreboding e-Loss of control 2-The Young Mania Rating Scale (YMRS) is one of the most frequently utilized rating scales to assess manic symptoms. The scale has 11 items and is based on the patient's subjective report of his or her clinical condition 3-Drug Attitude Inventory:consists of a questionnaire that is completed by the patient, pertaining to various aspects of the patient's perceptions and experiences of treatment.

Results: 1-There is a positive correlation between the mean score of Young mania Rating scale in 1st episode manic patients and the mean score of DSM5 Anxious Distress specifier Interview 2-The presence of high score of DSM5 Anxious Distress Specifier Interview is positively correlated to the mean score of Drug Attitude Inventory during the follow up visits after controlling the 1st episode mania

Conclusions: The presence of high levels of Anxious Distress in the 1st episde mania affected the symptoms severity and medication adherence

Disclosure: No significant relationships.
Keywords: severity; Anxious; mania; Adherence

EPV0054

The Role of Base Excision Repair in Major Depressive Disorder and Bipolar Disorder

M. Kucuker[1], A. Ozerdem[1], D. Ceylan[2], A. Cabello-Arreola[3], M.C. Ho[1], B. Joseph[1], L. Webb[4], P. Croarkin[1], M. Frye[1] and M. Veldic[1]*

[1]Mayo Clinic Depression Center, Department Of Psychiatry & Psychology, Rochester, United States of America; [2]Koc University, Department Of Psychiatry & Psychology, Istanbul, Turkey; [3]Mayo Clinic Depression Center, Department Of Psychiatry & Psychology, Scottsdale, United States of America and [4]Mayo Clinic, Alix School Of Medicine, rochester, United States of America
*Corresponding author.
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Introduction: In vivo and in vitro studies suggest that inflammation and oxidative damage may contribute to the pathogenesis of major depressive disorder (MDD) and bipolar disorder (BD). Imbalance between DNA damage and repair is an emerging research area examining pathophysiological mechanisms of these major mood disorders.

Objectives: This systematic review sought to examine current evidence on the association between mood disorders and deficits in base excision repair (BER), the primary repair mechanism for repair of oxidation-induced DNA lesions.

Methods: We conducted a comprehensive literature search of Ovid MEDLINE® Epub Ahead of Print, Ovid MEDLINE® In-Process & Other Non-Indexed Citations, Ovid MEDLINE® Daily, EMBASE (1947), and PsycINFO for studies investigating the alterations in base excision repair in patients with MDD or BD.

Results: A total of 1,364 records were identified. 1,352 records remained after duplicates were removed. 24 records were selected for full-text screening and a remaining 12 articles were included in the qualitative synthesis. SNPs (Single Nucleotide Polymorphisms) of several BER genes have been shown to be associated with MDD and BD. However, it was difficult to draw conclusions from BER gene expression studies due to conflicting findings and the small number of studies.

Conclusions: Future studies comparing DNA repair during the manic or depressive episode to remission will give us a better insight regarding the role of DNA repair in mood disorders. These alterations might be utilized as diagnostic and prognostic biomarkers as well as measuring treatment response.

Disclosure: No significant relationships.
Keywords: major depressive disorder; Oxidative damage; DNA repair; base excision repair

EPV0055

Lithium placental passage at delivery: an observational study

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

[1]Hospital Clinic, Unit Of Perinatal Mental Health Clínic-bcn. Department Of Psychiatry And Psychology, Barcelona, Spain; [2]Hospital Clinic, Pharmacology And Toxicology Laboratory, Biochemistry And Molecular Genetics Service, Biomedical Diagnostic Center (cbd), Barcelona, Spain; [3]Hospital Clinic, Division Of Medicines. Department Of Pharmacy, Barcelona, Spain; [4]Universitat Politècnica de Catalunya, Statistics And Operations Research, Barcelona, Spain and [5]Hospital Clínic, Department Of Psychiatry And Psychology, Barcelona, Spain
*Corresponding author.
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Introduction: Lithium is used as a first-line treatment for bipolar disorder during perinatal period. Dosing of lithium can be challenging as a result of pharmacokinetic changes in renal physiology. Frequent monitoring of lithium blood levels during pregnancy is recommended in order remain within the therapeutic window (0.5 to 1.2 mEq/L). Lower neonatal lithium blood level (<0.64 mEq/L) at time of delivery reduces the risk of lithium side effects in the neonate.

Objectives: The aim of the present study was to quantify the rate of lithium placental passage in real word.

Methods: We included a total of 68 mother-infant pairs for which a lithium measurement was performed intrapartum. 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. Pearson analyse was performer to assess the correlation between mother and umbilical cord lithium serum concentrations.

Results: The mean of umbilical cord serum concentration at delivery was 0.57 mEq/L (SD=0.26, range 0,20-1,42). The mean infant-mother lithium ratio at delivery for the 68 pairs was 1.12 (SD=0.24) across a wide range of maternal concentrations (range 0.14-1,40 mEq/L). There was a strong positive correlation between maternal and umbilical cord lithium blood levels (Peearson correlation coefficient 0.948, p<0.001).