anxiety (r=-0.167, p=0.040), anger management problems (r=-0.173, p=0.033), and novelty-seeking behavior (r=-0.209, p=0.010) subscales.
Conclusions: Identifying the specific factors associated with treatment retention and dropout/relapse can be valuable in developing more effective and personalized treatment plans for individuals with OUD.

Disclosure of Interest: None Declared

Bipolar Disorders

EPP0359

Exploring the role of the immune-neuroendocrine interplay during affective episodes and euthymia in bipolar patients to seek for a reliable biological signature of the disease

A. Berry[1]*, M. Di Vincenzo[2], B. Collacchi[1], L. Giona[1], A. Giannini[2], D. D'Amico[2], F. Cirulli[1], A. Cirino[2] and M. Luciano[2]

[1]Center for Behavioral Sciences and Mental Health, Istituto Superiore di Sanità, Rome and [2]Department of Mental and Physical Health and Rehabilitative Medicine, University of Campania "Luigi Vanvitelli", Naples, Italy
*Corresponding author.
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Introduction: Bipolar disorder (BD) is characterised by heterogeneous phenotypic manifestations that may affect the achievement of a timely diagnosis delaying its therapeutic management. Increased circulating levels of pro-inflammatory cytokines and cortisol (CORT) have been observed in BD patients in addition to decreased levels of Brain-Derived-Neurotrophic Factor (BDNF) suggesting that the interaction among these mediators may play a role in the occurrence of affective episodes overall disrupting brain plasticity. However, knowledge on BD etiopathogenesis is still limited, including the causal relationship with inflammatory and neuroendocrine markers.
Objectives: To assess whether variations in peripheral neuroendocrine and inflammatory markers during acute phases of the disease and euthymia might predict the occurrence of affective episodes; to evaluate whether the interplay among these biomarkers might be exploited as a signature of BD.
Methods: We are currently recruiting BD patients during depressive or manic/hypomanic phases together with age- and sex-matched healthy controls (CTRLs). Complete blood count, pro-inflammatory, anti-inflammatory cytokines and BDNF will be assessed in serum; salivary cortisol awakening response test will be used to evaluate hypothalamic-pituitary-adrenal axis activity. MADRS, YMRS and HAM-A will be used to assess psychiatric symptoms, PSP and C-SSRS for global functioning and suicidal risk, IPSS and SRRS for stress levels and CIRS to evaluate physical comorbidities. All assessments will be carried out at the time of recruitment (T0) and after 3 (T1) and 6 (T2) months.
Results: Data have been so far collected on 28 BD patients (18 males, 10 females, age: 48.31±11.3) and 26 CTRLs (16 males, 10 females, age: 46.82±10.86). At T0, BD were characterised by a greater total number of white cells (7.83±1.86 BD vs. 6.78±1.87 CTRL, p<0.05), mean number of neutrophils (4.89±1.49 BD vs. 3.92±1.45 CTRL, p<0.05) and neutrophil/lymphocyte ratio (NLR) (2.52±1.1 BD vs. 1.9±0.69 CTRL, p<0.05). Moreover, BD patients showed overall a greater BMI (30.5±6.6 BD vs. 24.45±3.86 CTRL, p<.001). No difference was observed among groups with respect to sex and age.
Conclusions: Although preliminary, these results suggest that the active phases of BD are associated with a low-grade inflammatory state, potentially related to a different metabolic set-point in BD patients. Ultimately, this study will allow us to evaluate whether the presence of affective symptoms is correlated with fluctuations in the levels of inflammatory mediators, salivary cortisol and BDNF and to establish a reliable and highly predictive BD signature.
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EPP0360

Serum Lithium Concentration and the Risk of Chronic Kidney Disease

G. Gislason[1]*, Ó. S. Indriðason[2], R. Pálsson[1,2] and E. Sigurðsson[1,3]

[1]Faculty of Medicine, University of Iceland; [2]Division of Nephrology and [3]Mental Health Services, Landspitali–The National University Hospital of Iceland, Reykjavík, Iceland
*Corresponding author.
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Introduction: Lithium is an important treatment option for individuals with mood disorders, but its use has been linked to the development of chronic kidney disease (CKD). Existing studies on this association have reported conflicting results.
Objectives: The aim of this study was to examine the risk of developing CKD with lithium use adjusting for common comorbidities.
Methods: This was a retrospective cohort study that included all individuals in Iceland receiving lithium therapy between 2008 and 2018. Lithium use was defined as at least one dispensed prescription for Lithium or at least one serum lithium concentration above the detection limit. Patients with affective disorders (ICD-10 codes F30-F39) attending the outpatient clinics of Landspitali–The National University Hospital Mental Health Services in 2014-2016, without lithium exposure, served as controls. CKD stages 3-5 were defined according to the Kidney Disease Improving Global Outcomes (KDIGO) guidelines for CKD as estimated glomerular filtration rate (eGFR) less than 60 mL/min/1.73 m^2. The eGFR was calculated using the serum creatinine (SCr) based on the *Chronic Kidney Disease Epidemiology Collaboration* (CKD-EPI) equation. Acute kidney injury (AKI) was defined according to the SCr component of the KDIGO criteria for AKI, and other comorbid diseases were defined based on ICD-9 and ICD-10 codes. Individuals with fewer than 2 SCr measurements during the study period and those with CKD stages 3-5 prior to 2008 were excluded. Cox regression analysis with time dependent variables was performed to assess the risk of CKD.
Results: The study included 2046 individuals exposed to lithium, of whom 221 (10.9%) developed CKD in the study period. Among the 1220 control subjects, 39 (3.2%) developed CKD. Lithium use was associated with CKD (hazard ratio [HR] 1.93, 95% confidence