decompensation for the past 14 years, successfully managed with lithium at a current dose of 600 mg per day. However, on this occasion, the patient sought hospitalization due to recent behavioural disturbances, including restlessness, disinhibition, abrupt changes in behaviour, pressured speech, sleep problems, agitation, and aggression. The patient also reported an increased sense of polyuria and polydipsia. Evaluation in the emergency department revealed elevated lithium levels of 1.47 mmol/L and hypokalemia, that justified lithium withdrawal. After lithium levels decreased, an estimated glomerular filtration rate remained low. She was diagnosed with lithium nephropathy, an adverse effect of long-term lithium therapy. Treatment with lithium changed to sodium valproate. Treatment with asenapine started and sustained for two months. Over the following two years, the patient experienced four additional hospital admissions in Psychiatry due to manic episodes.

Conclusions: Long-term lithium therapy can lead to lithium nephropathy with symptoms such as polyuria, polydipsia, and acute kidney failure. Consistent monitoring of patients receiving lithium is crucial to detect potential adverse effects. This case highlights the challenges in managing bipolar patients, as discontinuing lithium exacerbated symptoms despite switching to sodium valproate for nephropathy prevention. Long-term lithium treatment, while effective for bipolar disorder, poses significant renal risks. We emphasize continuous renal function monitoring and assessing the risk-benefit of lithium treatment while actively researching lithium nephropathy and its impact on glomerular function.

Disclosure of Interest: None Declared

EPV0103

Childhood trauma in bipolar disorder: experience of Arrazi hospital

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doi: 10.1192/j.eurpsy.2024.891

Introduction: Bipolar disorder is a chronic, recurrent, and disabling condition that typically begins in late adolescence or early adulthood. It is characterized by alternating phases of depression, mania, or hypomania. Childhood traumas are more frequently found in adults with bipolar disorder, suggesting their contribution to its development. They are also associated with more severe and complex clinical forms and a less favorable prognosis.

Objectives: Our objective is to assess the prevalence of childhood trauma rates in adults with bipolar disorder and to study the impact of childhood traumas on the clinical course of bipolar disorder, in comparison with a group of patients with bipolar disorder who did not experience trauma during their childhood.

Methods: This is a descriptive cross-sectional study using a questionnaire comprising sociodemographic criteria and the Childhood Trauma Questionnaire Short Form (CTQ-SF) to evaluate the connection between physical and psychological traumas during childhood and bipolar disorder. The study also examines the types of these traumas and their impact on the course of bipolar disorder in these categories.

Results: Data were collected from 54 patients with bipolar disorder at Ar-Razi Psychiatric University Hospital. Among this sample, 60% were female and 40% were male. The age of the participants in our study ranged from 18 to 54 years. According to the Childhood Trauma Scale, approximately one-third of patients with bipolar disorder had experienced childhood trauma. Moreover, most participants who had survived childhood trauma experienced more relapses than patients who had not experienced traumatic incidents during their childhood.

Conclusions: Childhood traumas and bipolar disorder appear to have a significant causal association, both in the development of the disease and its course. The results of our study support evidence published in articles to better clarify the nature of this association. However, our study has several limitations, including a limited sample size and difficulties in long-term follow-up during the disease. Therefore, further studies exploring this subject are desirable for better management of this condition.

Disclosure of Interest: None Declared

EPV0105

Difficulties in assessing the medical fitness of workers with mood disorders : A study of 101 cases

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doi: 10.1192/j.eurpsy.2024.892

Introduction: Assessing the medical fitness of workers with mood disorders remains a topical issue, because of its organizational, socioeconomic and professional impact.

Objectives: To assess the medical and occupational characteristics of workers with mood disorders.
To evaluate the impact of these psychiatric disorders on the medical decision of fitness for work.

Methods: Descriptive and retrospective study, over six years (January 1, 2018 to August 30, 2023) including all medical records of workers with mood disorders (bipolar disorder, anxiety disorder, and depression), referred to the occupational department of the Charles-Nicolle Hospital in Tunis for a medical fitness for work.

Results: The study included 101 patients, mostly female (sex ratio = 0.4), with a mean age of 43.3 ± 9.2 years. The most represented sector of activity was health care. The participants were mainly nurses (25%), followed by technicians (22%) and workers (21%). The mean job seniority was 16.5 ± 9.3 years. A pathological history was found in 74.3% of cases, of which 47.5% were psychiatric disorders. Mood disorders identified in our population were: bipolar disorder (53.5%), anxiety disorder (43.5%), and depression (3%). After medical examination and the decision of treating physician, 39% of the patients (N=39) were declared fit for work, and 31.4% (N=32) were fit with ergonomic adjustments. These accomodations consisted mainly of night shift exemptions in 75% of cases. Temporary unfitness was declared in 24 patients (23.6%).