

developing lithium toxicity include old age, polypharmacy, renal impairment, hyponatremic and hypovolemic conditions. Although there is interindividual susceptibility, older patients are at particularly higher risk.

Objectives: To summarize the latest literature about this field and to present a case report as a basis for discussion.

Methods: A brief review of the latest literature was performed, using *PubMed* and the keywords “lithium” and “acute renal injury”. Also, a case report about a 73 year-old man who suffer from lithium intoxication due to lithium-furosemide interaction is presented.

Results: In the presented case, Mr. F, 73 years old, independent for activities of daily living, was admitted to the Internal Medicine ward due to acute renal injury and lithium intoxication. Initially he was non-collaborative, sleepy, disoriented in all references and speechless. The creatinine was 1.28 mg/dL, urea 63 mg/dL, unspecific leucocytosis 17000/mm³, C-Reactive Protein 8 mg/dL, lithium 2.22 mEq/L. The psychiatrist was called to approach the psychiatric status, but as the patient awareness was impaired, the mental state examination was not possible. The patient’s daughter was interviewed. The patient had bipolar disorder (BD) type 1 and was diagnosed with mild cognitive impairment (MCI) a year ago. He had been stable for BD and MCI until the last month. He began to present nocturia, so he went to a urologist who prescribed him furosemide 40 mg daily for benign prostatic hyperplasia (BPH). Since that moment, he started being confused and progressively went to the state that was previously described at the admission of internment. Furosemide, quetiapine and lithium were stopped. He got better, to his previous state, and then started quetiapine 200 mg/day and tansulosine 0.4 mg/day.

Conclusions: Initiating diuretics in patients under lithium should be carefully considered and lithium blood levels must be monitored more regularly when new drugs are prescribed. Other medications must be regarded as alternatives but, if it is not possible, they should be used in the lowest dose and shortest duration as possible. With this case report, we highlight the importance of considering patients as a whole, taking both their physical and mental well-being into account. Healthcare professionals are invited to coordinate their efforts to deliver the best standard of care.

Disclosure of Interest: None Declared

EPV0108

Assessment of executive functions through a virtual reality task in euthymic patients with bipolar disorder and influence in psychosocial functioning

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doi: 10.1192/j.eurpsy.2023.1465

Introduction: Previous research has shown that neurocognitive deficits, especially deficits in executive functions, may persist during euthymia in in patients with bipolar disorder (BD) and that those are associated with an impairment of psychosocial functioning. The assessment of executive functions (EFs) is normally carried

out using laboratory tests. Novel methodologies such as virtual reality (VR) allow the creation of immersive environments, to evaluate executive performance with greater potential for ecological validity than evaluations with standard tasks.

Objectives: The objectives of this project are to evaluate executive performance in euthymic patients with BD with a novel virtual reality task compared to standard computerized tasks, and to find predictors of functioning associated with cognitive performance.

Methods: This is a cross sectional study in which 46 euthymic patients with BD treated at La Fe University and Polytechnic Hospital were assessed with a battery of standard computerized tasks (ST) (TMT/Stroop,/Go-No-Go/TOL/DOT) and with the Cooking Task virtual reality task. The Cooking Task presents 4 tasks of increasing difficulty in which you must cook food in a specific time. It records total time to complete the task, whether food is cooled or burned, the simultaneous use of two fires, the proper use of seasonings and the time to set the table.

Functioning was assessed with the Functioning Assessment Short Test (FAST) that evaluates the overall functioning of patients with a mental illness in 6 subscales.

Correlation analyses between cognitive performance variables and clinical variables were done. Multiple linear regression was performed with the FAST score as a dependent variable and cognitive performance variables and relevant clinical variables to executive functioning (months of euthymia, age, and number of total episodes) were included as independent variables.

Results: A worse psychosocial functioning was significantly associated with a worse performance in standard tasks (TMTA, TMTB, STROOP, and TOL) and cooking task (total time spent on task 2, burning time and total time spent on task 3, and total time spent on task 4). In the regression analysis, the correct simultaneous use of the two fires was the best predictor of a better psychosocial functioning in BD patient. This implies the preserved ability of planning and performing dual tasks.

Conclusions: Our findings suggest that euthymic patients with BD present deficits in executive functions related with a worse psychosocial functioning. Among the tasks, the cooking task may have a greater sensitivity than standards task to predict real functioning. This in an opportunity to design virtual applications for diagnostic and therapeutic purposes.

Disclosure of Interest: None Declared

EPV0109

Contribution of an integrative approach to the oral rehabilitation of a bipolar patient

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doi: 10.1192/j.eurpsy.2023.1466

Introduction: Ironically, the correlation between systemic pathologies and caries/ periodontal diseases is commonly accepted by the scientific and medical community, but the fact that severe mental illnesses may affect one’s physical health, and thus lead to poor oral health is less well-known.

Objectives: This clinical case report’s aim is to raise awareness among medical staff about the relevance of appropriate management of patients with severe mental illnesses in terms of dental care.

Methods: Illustration of integrative management through the description of the oral rehabilitation of a 63-year-old female whose bipolar disorder had been diagnosed 20 years ago. This patient came in May 2020 to the Cliniques Universitaires Saint-Luc (Brussels, Belgium) for painless mobility of the lower central incisors. Her diagnosis later revealed more than 20 advanced carious lesions as well as chronic severe periodontitis. Since then, despite numerous dental treatments and regular follow-up appointments, an important degradation of her oral health could be noted over time, characterized by a recurrent carious phenomenon (called “rampant” caries) and a failure in the stabilization of her periodontitis.

Results: The literature review revealed that bipolarity was a major risk factor leading to tooth decay and aggravation of periodontal disease; when bipolar disorders’ inherent symptoms are coupled with medication’s side effects, they work in synergy towards a deterioration of oral health. Following the results obtained after this etiological research, the management of this patient was pursued in accordance with specific recommendations proposed in the literature. A stabilization of her oral condition was then observed at the 3-6-9-12 month check-ups, without the appearance of any new lesion.

Image:



Image 2:



Conclusions: The positive effect obtained on this patient’s oral health following the implementation of bipolar disorders specific measures opens the discussion on the relevance of integrating individual strategies within the therapeutic management of patients with severe mental illnesses.

Disclosure of Interest: None Declared

EPV0110

Bipolar Disorder and Borderline Personality Disorder: A Diagnostic Challenge

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doi: 10.1192/j.eurpsy.2023.1467

Introduction: Bipolar disorder (BD) and borderline personality disorder (BPD) appear as prevalent psychiatric conditions, with both being associated with increased morbidity and elevated suicide rates.

Borderline personality disorder is characterized by emotional instability and impulsivity, and patients are susceptible to dangerous behaviors such as unsafe sexual behavior, eating disorders and substance abuse. On the other hand, mania in BD patients contributes to impulsivity, hypersexuality and poor judgment, as well as a lack of inhibition. In both cases, individuals are at a higher risk of committing suicide due to emotional dysregulation and impulsive behaviours.

The symptomatic overlap in BPD and BD is prone to discussion and may lead to misdiagnosis. Some studies suggest that BPD and BD may lie on a spectrum, while others advocate them as separate entities that may coexist.

Objectives: To explore the clinical challenges associated with both the differential diagnosis and the comorbidity of BD and BPD.

Methods: We performed a non-systematic review of the literature using the database PubMed and the following keywords: *bipolar disorder borderline personality disorder comorbidity*

Results: Patients with borderline personality disorder seem to have significantly greater odds of a previous bipolar misdiagnosis, but no specific borderline criterion was shown unique in predicting this outcome.

Nonetheless, research studies have reported that approximately 20% of BPD were also diagnosed with BD and, similarly, 10% of people with BD I and 20% with BD II were diagnosed with BPD.

Comorbid BPD and BD are associated with marked psychosocial disability, with patients being more impulsive and aggressive than those with BPD and BD alone. They are also highly susceptible to anxiety disorders like obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and somatoform disorders. Studies have shown that comorbid BPD has a negative impact on the clinical course of Bipolar Disorder, as the patients have an unfavorable illness trajectory, with earlier onset of mood symptoms, higher likelihood of hospitalization, longer treatment duration and worse response to treatment. They are also at higher risk for depression and persistent unemployment, increased risk drug abuse, higher suicide risk, and greater utilization of ECT, compared to patients with BPD or BD alone.

Conclusions: A careful review of the patient’s history must be done to properly distinguish between BPD and BD and to make the right diagnosis. Further studies are needed to clarify the risk factors associated with the comorbidity between these two disorders, in order to develop effective clinical strategies for optimal outcomes for patients with both disorders, improve their clinical course and prevent the increased risk of suicidality.

Disclosure of Interest: None Declared