

($p < 0.001$), lassitude ($p < 0.001$), inability to feel ($p < 0.001$), pessimistic thoughts ($p < 0.01$) and suicidal thoughts ($p < 0.05$).

Conclusions: The results herein indicate that cariprazine treatment is significantly effective at treating affective symptoms in persons with both schizophrenia and bipolar I depression.

Disclosure: I am an employee of Gedeon Richter Plc.

Keywords: cariprazine; bipolar depression; schizophrénia

EPP0092

Point-of-care test for rapid assessment of blood lithium levels in women with bipolar disorder during perinatal period

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Introduction: Determination of lithium levels in serum has become a standard of care due to its narrow therapeutic range, thus an immediate test for determination of blood lithium may contribute to minimize toxicity, to avoid relapse and to ensure treatment adherence. This is particularly relevant during pregnancy and early postpartum because pharmacokinetic changes in renal physiology.

Objectives: The aim of this study is to verify Medimate point-of-care method performance and systematically compare it with the routine laboratory measurement of lithium.

Methods: This cross-sectional method comparison study was conducted in the Unit of Perinatal Mental Health in the Hospital Clinic of Barcelona. Pearson and Bland-Altman analyses were performed to assess the accuracy, precision and correlation between the capillary electrophoresis technology (Medimate MiniLab) and the ion selective electrode (ISE) potentiometry method (AVL 9180).

Results: Twenty-five women with bipolar disorder in treatment with lithium during perinatal period were enrolled, corresponding to 75 blood specimens for analyses. Correlation (r), mean difference (bias), and 95% limit of agreement (LOA) of the point-of-care method [$r = 0.917$; bias 0.0021 (95% LOA; 0.440, 0.619) mEq/L], showed that difference between ISE method and capillary electrophoresis technology was not statistically significant.

Conclusions: Considering the practicality, the microchip capillary electrophoresis technology provides a simple and highly affordable way of measuring lithium levels in a single drop of blood outside the clinical laboratory. The Medimate point-of-care system (POC) appears well adapted for the rapid and specific detection of lithium as an alternative to the current ISE procedure.

Disclosure: No significant relationships.

Keywords: Perinatal period; Lithium; Point of care test; bipolar disorder

EPP0093

Phenomenology and comorbidity in late onset bipolar disorder : A comparative study

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Introduction: Bipolar disorder in later life is a complex & confounding neuropsychiatric syndrome with diagnostic & therapeutic challenges.

Objectives: To assess the clinical characteristics of late onset bipolar disorder and to compare with adult onset bipolar disorder and to compare the medical co morbidity between age, sex matched healthy control group.

Methods: It was a hospital based, observational, analytical and cross-sectional study conducted over 2 and half years. The patients > 60 years presenting with manic features after satisfying the inclusion and exclusion criteria were the study group. Control group -1 was selected from adult onset bipolar disorder. YMRS, MMSE, SCID were applied for both. Control group -2 was selected from age, sex, education matched normal population and the three groups were compared for co morbidity. Secondary mania cases are excluded from the study.

Results: Mean age at onset was 67.4 years. 63.3% of our patients were female. H/O psychiatric illness in family is more in control group (53.3%) than in study group (26.7%) ($p = 0.035$). 86.6% patients present with irritability. 73.3% patients were presented with aggression. Control group -irritability=90%, aggression=75% The difference is not statistically significant. Scoring of each symptom showed significant difference. It means presence & severity of delusion is significantly more in young bipolar control group. ($p = 0.035$ for % score, $p = 0.015$ for mean SAPS score). 70% presented with co morbidities.

Conclusions: Geriatric mania shows mixed presentation compared to early onset disease. Psychotic features are more common. Late onset mania is less associated with family history. Common co morbidities are DM, HTN, Hypothyroidism, neurologic disorders.

Disclosure: No significant relationships.

Keywords: Late Onset Bipolar disorder; Phenomenology; Comorbidity

EPP0094

Psychopathological and temperamental features of Late Onset versus Early Onset Bipolar Disorder

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Introduction: Age at onset of type-I bipolar disorder (BD-I) typically averages 12-24 years, is older among patients with type-II-BD