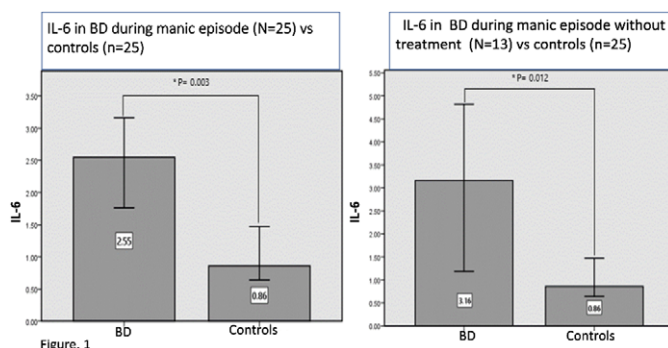


	Cytokine	MADRS	BPRS	SCIP-S	WMT-SCIP-S	PST-SCIP-S
BD follow-up N=8	IL-10		(-) Rho=-.957 (p<0.001 R2=0.14).			
	IL-4	(+) Rho=.78 (p=0.02 R2=0.09)				
	INF- γ			(+) Rho=.73 (p=0.03 R2=0.48)	(+) Rho=.751 (p=0.032 R2=0.53)	(+) Rho=.737 (p=.037 R2=0.40)
	INF- α				(+) Rho=.887 (p=.003 R2=0.53),	(+) Rho=.830 (p=0.011 R2=0.59)



(+): positive correlation; (-): negative correlation. WMT: working-memory test, PST: Processing-speed test.

Conclusions: IL-6 was significantly different in patients with BD during a manic episode regardless of the treatment they were taking. IL-10 at manic episode was negatively correlated to general psychiatric symptoms, IL-4 positive correlated to depressive symptoms, and cognitive performance was positively correlated to TNF- α and TNF- γ at follow-up.

Disclosure: No significant relationships.

Keywords: cytokines; manía; cognition; bipolar disorder

EPV0047

Psychogenic polydipsia in a patient with bipolar affective disorder (BAD)

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Introduction: A 49 y.o. male patient was admitted to the male PICU with a manic episode. Upon admission he presented with mood elation, pressured speech, lack of sleep, agitation and polydipsia.

Objectives: To investigate the symptom of psychogenic polydipsia in mental health patients presenting with severe mania.

Methods: The patient was assessed regularly by the psychiatric team consisting of a CT doctor and one General Adult Consultant.

Appropriate psychological assessments for mania and laboratory investigations took place. There was a referral to Endocrinology for further investigation of the symptom.

Results: The patient initially scored above 40 in the Young Mania Rating Scale (YMRS), establishing a diagnosis of mania. Upon admission he was treated with Paliperidone 9mg OD and Sodium Valproate 1gr OD. The daily dose of the sodium valproate was increased. Concerning the polydipsia, the investigations by the Endocrinology department indicated the specific weight in urine within normal range. The mental health team proceeded in a cross-titration of Paliperidone to Aripiprazole. On the 10th day since admission the management of the manic symptoms was considered satisfactory. Nevertheless, the polydipsia continued to a certain extend.

Conclusions: After ruling out organic and pharmacological causes of the polydipsia, the mental health team wondered about the cause of the symptom. Further investigation is required in order to clarify whether the polydipsia could actually qualify as a symptom in severe mania.

Disclosure: No significant relationships.

Keywords: Polydipsia; manía

EPV0048

Treatment resistant manic episode with comorbidity with borderline personality disorder (BPD)

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Introduction: A 47 y.o. female patient was admitted to the female PICU with a manic episode. Upon admission she presented with mood elation, psychosis, pressured speech, lack of sleep and agitation. **Objectives:** To investigate negative prognostic factors such as the co-morbidity with a personality disorder in patients presenting with severe mania.

Methods: The patient was assessed regularly by the psychiatric team consisting of a CT doctor and one General Adult Consultant. Appropriate psychological assessments for mania and laboratory investigations took place.

Results: The patient initially scored above 45 in the Young Mania Rating Scale (YMRS), establishing a diagnosis of severe mania. She was treated with Olanzapine titrated up to 20mg OD and augmentation with Lithium treatment. Lithium plasma levels were at 0,6. Due to the treatment resistant manic presentation a second anti-psychotic agent was administered and the patient was also treated with Zuclopenthixol depot 400mg every two weeks. Clinical improvement was observed after 16 days from admission.

Conclusions: The clinical team wondered about the clinical challenges of the case. According to the literature having a Personality Disorder diagnosis is a negative prognostic factor for patients with mania and this is relevant to this case as well.

Disclosure: No significant relationships.

Keywords: manía; BPD