Conclusions: The insufficient number of data in the study was considered as a limitation of this study. In addition, there is a need for more studies as there are many factors that cause suicide attempts.

Disclosure: No significant relationships.
Keywords: suicid; alda scale; bipolar disorder; lithium treatment

EPV0080

Role of MAOI drugs as triggers of manic episodes in bipolar disorders: A case report and a narrative review

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Introduction: Use of Monoamine Oxidase Inhibitors (MAOIs) has experimented an important reduction in recent years, being replaced by other antidepressant drugs (ADs) associated with a better safety profile. Its use has been restricted to instructed professionals treating resistant and atypical depression. Thus, treatment-emergent affective switch (TEAS) induced by MAOIs is a rare event nowadays.
Objectives: To describe a manic episode associated to a one-year-long treatment with phenelzine, a MAOI agent.
Methods: We present the case of a 47-year-old man hospitalized in our acute psychiatric unit after presenting compatible clinical symptoms with a manic episode. He showed severe irritability, decreased need for sleep, pressured speech, increased energy and goal-directed activities. The patient had started phenelzine a year ago for the treatment of major depressive episode resistant to previous pharmacological essayed treatments. No previous history of TEAS was reported, although he had already taken other ADs and mood-stabilizer treatments in the past.
Results: Several studies reported the effectiveness of MAOIs for the treatment of monopolar depressive episodes resistant to other ADs, especially when atypical symptoms were observed. Data on the use of MAOIs for the treatment of drug-resistant bipolar depressive episodes is scarce. Few studies have described a good response without showing and increased risk of TEAS.
Conclusions: As MAOIs have fallen out of favour with modern psychiatry, there is scarce evidence on the prevalence of TEAS in patients undergoing treatment with these drugs. Further research is needed in order to accurately define these complex relationships.

Disclosure: No significant relationships.
Keywords: treatment-emergent affective switch; TEAS; bipolar disorder; MAOI

EPV0081

Is there a relationship between clinical stage and cardiovascular disease risk in bipolar disorder?

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Introduction: Cardiovascular disease (CVD) is the leading cause of morbidity and mortality in bipolar disorders(BD). The heart age of patients with BD was found to be 8.5 years higher than gender-age matched health controls. Metabolic side effects of antipsychotics, poor diet, insufficient physical activity, smoking and sedentary life style increase the risk of cardiovascular disease in bipolar patients. QRISK-3 is an approved risk classification that calculates the 10-year risk of developing a heart attack or stroke.
Objectives: This study aims to determine whether there is a difference between cardiovascular disease risk scores and clinical stages of bipolar disorder
Methods: 35 outpatients that were followed up in Selcuk University Medical Faculty were evaluated. The clinical stages and qrisk3 scores were calculated.
Results: 68.6% (n:24) of the patients were female. 42.9% of patients were in stage 3b (recurrent relapses, complete remission between episodes). The mean age was 36.94 ±10.46 years. The mean heart age was 50.54±17.35. The mean Q risk3 score was 5.59±8.18. There was no difference between bipolar patients at stage 2 and stage 3 in terms of age($p=0.36$ and gender($p=0.73$). When we compared the qrisk3 total socres and heart age of the patients in stage 2 and 3, we could not find any difference between groups ($p=0.74$, $p=0.57$ respectively).
Conclusions: Even though we could not find any difference of qrisk scores at different clinical stages of patients with BD, the CVD risk increases with the age. Prospective longitudinal follow-up studies are required to evaluate dual interaction of clinical stages and CVD risk in BD.

Disclosure: No significant relationships.
Keywords: clinical stage; cardiovascular disease risk; q risk3; bipolar disorder

EPV0082

Neonatal onset of bipolar spectrum disorder through a three-generation familial study

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Introduction: Age at onset of pediatric bipolar spectrum disorder (BSD) is an important marker of a more severe form and a highly heritable mood/mental disorder.
Objectives: Here, we report a familial Tunisian BSD follow-up study showing a very early onset of the BSD at the neonatal period.
Methods: A 28-year-old female and her 30-year old sister were referred for genetic and psychological assessments due to recurrent depressive episodes.
Results: Psychological assessment revealed a BSD type II with episodes of hypomania for both patients. The 30-year old sister presented a mixed form of BSD coupled with autistic traits, hyposomnia and obsessive-compulsive behaviors. Intellectual and cognitive abilities were without concerns. Familial history revealed BDS among paternal relatives including the brothers' and sisters'

father as well as all their uncles offspring's, and their grandparents, who were consanguineous. The depressive mood was a common sign in the three generations. Personal history revealed significant signs of a very early onset of the disorder since the neonatal period for the two sisters as well as for their four paternal cousins who also presented BSD features. Familial risk of BSD in this family correlates with a variably higher personal risk of other psychiatric disorders such as anxiety, drug abuse, personality disorders, and autism spectrum disorder.
Conclusions: Environmental conditions, familial care and educational level have a strong correlation with the severity and the efficiency of cognitive management of BSD and its psychiatric comorbidities. BSD is highly heterogeneous and polygenic and personalized management has considerable clinical repercussions benefits.

Disclosure: No significant relationships.
Keywords: Bipolar spectrum disorder; heritable mood/mental disorder; Longitudinal familial study; Neonatal onset

EPV0083

A review: Circadian Rhythm Dysfunction and Bipolar Disorder

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Introduction: Circadian rhythm (CR) dysfunction is a prominent feature in bipolar disorder (BD) and sleep disturbances are characteristic, although not essential to the diagnosis.
Objectives: To review the literature regarding the CR dysfunction and its impact on the onset and clinical course of BD.
Methods: We conducted a MEDLINE search using bipolar disorder, circadian rhythm and sleep as keywords, selecting studies written in English.
Results: CR dysfunction is a trait marker of BD. It's known that during depressive episodes insomnia is present, with difficulty falling asleep/ maintaining sleep and early awakening. Regarding mania, decreased need for sleep is a critical marker. During the euthymic period significant alterations in sleep pattern have been described. It's also known that changes in the sleep pattern occur prior to those in mood patterns, indicating that sleep dysregulation may trigger the onset of mood episodes or relapses. Therefore, CR disruption may be associated with the pathophysiology of BD and some factors have already been identified: irregularity of the sleep-wake rhythm, eveningness chronotype, abnormality of melatonin secretion, vulnerability of clock genes and the irregularity of social *zeitgeber*.
Conclusions: Disturbances of sleep are pervasive, and an essential feature of BD, worse during mood episodes, but still present during euthymic periods. It remains to determine whether circadian rhythm dysfunction is a trait marker or mood state dependent. Further studies are warranted to clarify this association.

Disclosure: No significant relationships.
Keywords: circadian rhythm; bipolar disorder; sleep

EPV0084

Manic patients and sleep management: the role of polysomnography in clinical practice

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Introduction: *Sleep plays a key role in the pathogenesis and clinic of mood disorders. However, few studies have investigated electroencephalographic sleep parameters during the manic phases of Bipolar Disorder (BD).*
Objectives: Sleep management is a priority objective in the treatment of the manic phases of BD and the polysomnographic investigation can be a valid tool both in the diagnostic phase and in monitoring clinical progress.
Methods: *Twenty-one patients affected by BD, manic phase, were subjected to sleep monitoring via PSG in the acute phase (at the entrance to the ward) and in the resolution phase (near discharge). All participants were also clinically* evaluated *using Young Manic Rating Scale (YMRS) Pittsburgh Sleep Quality Index (PSQI), Morningness-eveningness Questionnaire (MEQ) at different timepoints.*
Results: *Over the hospitalization time frame there was an increase in quantity (Total Sleep Time) and an improvement in the quality and effectiveness of sleep (Sleep Efficiency). In addition, from the point of view of the EEG structure, clinical improvement was accompanied by an increase in the percentage of REM sleep.*
Conclusions: *Sleep monitoring by PSG can be a valuable tool in the clinical setting both in the diagnostic phase, "objectively" ascertaining the amount of sleep, and in the prognostic phase, identifying electroencephalographic characteristics that can predict the patient's progress and response to drug therapy. The improvement in effectiveness and continuity of sleep and the change in its structure that accompanies the resolution of manic symptoms also testifies how the regularization of the sleep-wake rhythm is to be considered a priority in treating manic phases.*

Disclosure: No significant relationships.
Keywords: Bipola Disorder; Polysomnography; mania; sleep

EPV0085

Comparison of prevalence, clinical evolution and vaccination rate against COVID 19 in a population of patients diagnosed with Dual Bipolar disorder and Non-dual bipolar disorder

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Introduction: Since the beginning of the pandemic, 4,745,519 cases, 396,878 hospitalizations and 82,884 deaths with COVID-19 have been reported in Spain. As of August 24, 2021, 76.4% of Andalusians over 12 years of age have the complete vaccination regimen.