

but also the degree of adherence to the psychotropics. -DSM5 Anxious distress specifier is not well studied in the 1st manic episode of bipolar disorder.

Objectives: 1-To study the role of DSM5 Anxious Distress Specifier in the symptoms severity of 1st diagnosed manic episode 2-To investigate its role in medication adherence in these patients

Methods: 1-DSM 5 Anxious distress specifier interview which includes 5 items : a- Keyed up or tense b-Restlessness c-Impaired concentration. d-Sense of foreboding e-Loss of control 2-The Young Mania Rating Scale (YMRS) is one of the most frequently utilized rating scales to assess manic symptoms. The scale has 11 items and is based on the patient's subjective report of his or her clinical condition 3-Drug Attitude Inventory:consists of a questionnaire that is completed by the patient, pertaining to various aspects of the patient's perceptions and experiences of treatment.

Results: 1-There is a positive correlation between the mean score of Young mania Rating scale in 1st episode manic patients and the mean score of DSM5 Anxious Distress specifier Interview 2-The presence of high score of DSM5 Anxious Distress Specifier Interview is positively correlated to the mean score of Drug Attitude Inventory during the follow up visits after controlling the 1st episode mania

Conclusions: The presence of high levels of Anxious Distress in the 1st episode mania affected the symptoms severity and medication adherence

Disclosure: No significant relationships.

Keywords: severity; Anxious; mania; Adherence

EPV0054

The Role of Base Excision Repair in Major Depressive Disorder and Bipolar Disorder

M. Kucuker¹, A. Ozerdem¹, D. Ceylan², A. Cabello-Arreola³, M.C. Ho¹, B. Joseph¹, L. Webb⁴, P. Croarkin¹, M. Frye¹ and M. Veldic^{1*}

¹Mayo Clinic Depression Center, Department Of Psychiatry & Psychology, Rochester, United States of America; ²Koc University, Department Of Psychiatry & Psychology, Istanbul, Turkey; ³Mayo Clinic Depression Center, Department Of Psychiatry & Psychology, Scottsdale, United States of America and ⁴Mayo Clinic, Alix School Of Medicine, rochester, United States of America

*Corresponding author.

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Introduction: In vivo and in vitro studies suggest that inflammation and oxidative damage may contribute to the pathogenesis of major depressive disorder (MDD) and bipolar disorder (BD). Imbalance between DNA damage and repair is an emerging research area examining pathophysiological mechanisms of these major mood disorders.

Objectives: This systematic review sought to examine current evidence on the association between mood disorders and deficits in base excision repair (BER), the primary repair mechanism for repair of oxidation-induced DNA lesions.

Methods: We conducted a comprehensive literature search of Ovid MEDLINE® Epub Ahead of Print, Ovid MEDLINE® In-Process & Other Non-Indexed Citations, Ovid MEDLINE® Daily, EMBASE (1947), and PsycINFO for studies investigating the alterations in base excision repair in patients with MDD or BD.

Results: A total of 1,364 records were identified. 1,352 records remained after duplicates were removed. 24 records were selected for full-text screening and a remaining 12 articles were included in the qualitative synthesis. SNPs (Single Nucleotide Polymorphisms) of several BER genes have been shown to be associated with MDD and BD. However, it was difficult to draw conclusions from BER gene expression studies due to conflicting findings and the small number of studies.

Conclusions: Future studies comparing DNA repair during the manic or depressive episode to remission will give us a better insight regarding the role of DNA repair in mood disorders. These alterations might be utilized as diagnostic and prognostic biomarkers as well as measuring treatment response.

Disclosure: No significant relationships.

Keywords: major depressive disorder; Oxidative damage; DNA repair; base excision repair

EPV0055

Lithium placental passage at delivery: an observational study

M.L. Imaz^{1*}, L. Garcia-Esteve¹, M. Torra², D. Soy³, K. Langohr⁴ and R. Martin-Santos⁵

¹Hospital Clinic, Unit Of Perinatal Mental Health Clínic-bcn. Department Of Psychiatry And Psychology, Barcelona, Spain;

²Hospital Clinic, Pharmacology And Toxicology Laboratory, Biochemistry And Molecular Genetics Service, Biomedical Diagnostic Center (cbd), Barcelona, Spain; ³Hospital Clinic, Division Of Medicines. Department Of Pharmacy, Barcelona, Spain; ⁴Universitat Politècnica de Catalunya, Statistics And Operations Research, Barcelona, Spain and ⁵Hospital Clinic, Department Of Psychiatry And Psychology, Barcelona, Spain

*Corresponding author.

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Introduction: Lithium is used as a first-line treatment for bipolar disorder during perinatal period. Dosing of lithium can be challenging as a result of pharmacokinetic changes in renal physiology. Frequent monitoring of lithium blood levels during pregnancy is recommended in order remain within the therapeutic window (0.5 to 1.2 mEq/L). Lower neonatal lithium blood level (<0.64 mEq/L) at time of delivery reduces the risk of lithium side effects in the neonate.

Objectives: The aim of the present study was to quantify the rate of lithium placental passage in real word.

Methods: We included a total of 68 mother-infant pairs for which a lithium measurement was performed intrapartum. Lithium serum concentrations were determined by means of an AVL 9180 electrolyte analyzer. The limit of quantification (LoQ) was 0.20 mEq/L and detection limit was 0.10 mEq/L. Pearson analyse was performer to assess the correlation between mother and umbilical cord lithium serum concentrations.

Results: The mean of umbilical cord serum concentration at delivery was 0.57 mEq/L (SD=0.26, range 0,20-1,42). The mean infant-mother lithium ratio at delivery for the 68 pairs was 1.12 (SD=0.24) across a wide range of maternal concentrations (range 0.14-1,40 mEq/L). There was a strong positive correlation between maternal and umbilical cord lithium blood levels (Pearson correlation coefficient 0.948, p<0.001).