

after starting treatment with Cariprazine, presented with pseudo-vesicular skin lesions suggestive of Steven-Johnson syndrome.

Methods: A non-systematic literature review on PubMed database on Steven-Johnson syndrome and other autoimmune processes in patients with bipolar disorder, and the impact on the affective symptoms of the former, was conducted. The clinical case report was prepared through the review of clinical records of the patient.

Results: The authors present the case of a 50-year-old woman, undergoing psychiatric follow-up for more than 30 years with a diagnosis of bipolar disorder. She has a moderate intellectual disability and generalized epilepsy diagnosed at the age of 13. Since the age of 20, the patient has presented clinical manifestations compatible with bipolar disorder.

On a dermatological level, the patient had medical records of hypersensitivity reaction to amoxicillin-clavulanic acid, intolerance to carbamazepine; and toxicoderma and hepatitis after treatment with Lamotrigine, compatible with DRESS syndrome.

At the time of the study, psychopharmacological treatment consisted in valproic acid, lithium and cariprazine (the latter being introduced 14 days earlier). Pseudovesicular and papular skin lesions were observed, with a dianiform appearance and central necrosis.

Prior to the debut of the dermatological condition, the patient showed a decompensation of her bipolar disorder, with escalating irritability, soliloquies, verbosity and hostility towards her parents, with episodes of psychomotor agitation.

After the appearance of the skin lesions, a striking clinical change was observed, with an almost complete remission of affective symptoms, temporally coincident with DRESS syndrome and cariprazine withdrawal.

Conclusions: In recent years, research on autoimmune diseases and their relationship with mental disorders, such as bipolar disorder, schizophrenia and depression, has become increasingly abundant. The conclusions point to the fact that both disorders could be interrelated even at an etiopathogenic level. In this case report, we discuss a patient with a diagnosis of bipolar disorder with an important component of autoimmune response to different drugs, which seems to have influenced the clinical course of the mental illness.

Disclosure of Interest: None Declared

EPV0097

Secondary mania related to acquired immunodeficiency syndrome (AIDS). Case report

D. C. Gliția^{1*}, R. Cozma² and C. A. Crișan³

¹Psychiatry I, Infectious Diseases Clinical Hospital Cluj-Napoca;

²Psychiatry I, Emergency County Hospital Cluj-Napoca and

³Department of Neurosciences, Discipline of Psychiatry and Pediatric Psychiatry, Iuliu Hațieganu University of Medicine and Pharmacy Cluj-Napoca, Cluj-Napoca, Romania

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1454

Introduction: Neuropsychiatric manifestations in human immunodeficiency virus (HIV) infection are uncommon but salient once they emerge to the surface. These symptoms can be the result of direct or indirect effects of the virus on the central nervous system (CNS). In particular, HIV related mania can complicate

any stage of the infection but increases its frequency with the progression of HIV infection to the final stage.

Objectives: The objective of this case report is to raise awareness about secondary mania due to HIV infection and the importance of etiological treatment in mental disorders.

Methods: We herein report the case of a 27-year-old, male patient, who was admitted to our Psychiatric Clinic I Cluj-Napoca, with a 3-week history of typical manic symptoms such as: elated mood, alternating with episodes of irritability, talking too much, familiarity, multiple future plans, hypersexuality, social disinhibition and decreased need for sleep. Throughout the hospitalization, the course of the manic symptomatology did not improve, additionally the patient started to exhibit neurological symptoms accompanied by complex visual hallucinations. Prior to this episode he reported depressive symptoms, predominantly anhedonia, apathy, and social withdrawal but without meeting the clinical severity threshold. The patient had no family history of a mental disorder. A psychopharmacological treatment was initiated (atypical antipsychotic Quetiapine XR 300 mg/day initially, and then switched to Olanzapine 10 mg/day, mood stabilizer Valproic Acid 1,5 g/day), but he developed significant extrapyramidal side effects.

Results: Blood tests revealed: leukopenia, lymphopenia, thrombocytopenia, subsequently hepatic cytolysis, and high CRP. Psychometric evaluation revealed: Young Mania Rating Scale (YMRS) score 33/60 – moderate mania, Positive and Negative Syndrome Scale (PANSS)- total score 51 (16/49 Positive; 7/49 Negative; 28/112 General Psychopathology). MRI: T2 and FLAIR hyperintense extended areas in the bilateral periventricular white matter and in the internal capsule. The anamnesis, heteroanamnesis, paraclinical investigations led us to a diagnosis of secondary mania related to HIV infection. The patient was transferred to the Infectious Diseases Clinical Hospital for a targeted antiretroviral therapy (Raltegravir 800 mg/day, Emtricitabine/Tenofovir disoproxil 200mg/245 mg).

Conclusions: Recognizing and controlling HIV secondary mania should be of high importance given its association with heightened sexual behavior and substance abuse which can result in an elevated risk of transmitting the infection to other people.

Disclosure of Interest: None Declared

EPV0098

Effectiveness of mood stabilizers in prophylactic treatment of bipolar disorder

D. Khattech*, A. Aissa, U. Ouali, Y. Zgueb and R. Jomli

Razi Hospital, Manouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1455

Introduction: Prophylactic treatment during bipolar disorder aims to prevent recurrences and to improve the functional level.

Objectives: Our aim was to compare the clinical effectiveness of lithium versus sodium valproate in the prophylactic treatment of bipolar disorder type 1

Methods: Retrospective, longitudinal, comparative study conducted among 162 patients followed for bipolar disorder type 1 hospitalized at the Psychiatry A department of Razi Hospital. The Alda scale and time to recurrence were used to compare the clinical effectiveness of the mood stabilizers.