

**Introduction:** Lithium was the first mood stabilizer and today continues to be a first-line treatment in the treatment of bipolar disorder despite its adverse effects, which make it important to monitor blood levels and control kidney function.

**Objectives:** Presentation of a case of lithium withdrawal and relapse in bipolar disorder. Literature review relating to the risk of relapse when lithium treatment is interrupted.

**Methods:** We present a clinical case of a patient who suffers a deterioration in renal function that requires the withdrawal of lithium and who consequently suffers a relapse. We conducted a bibliographic research of articles in Pubmed on this topic.

**Results:** A 49-year-old male, with a history of multiple admissions to UHB since the age of 18 with a diagnosis of bipolar disorder and treatment with lithium. Decompensations towards the manic pole have always been related to interruptions in lithium treatment. On several occasions when the patient was feeling well emotionally, he believed himself to be "cured" and abandoned the treatment, triggering a manic episode, showing verbal aggression, increased self-esteem and delusional ideation of harm. Remission was usually achieved with the reintroduction of lithium and the addition of high-dose quetiapine. Between episodes, constant overvalued ideas of economic scarcity seemed to persist, which were accentuated in the form of delusional ideas of ruin in depressive decompensations. After 7 years of stability, control analysis showed blood litemia of 2.2 mEq/L with deterioration of kidney function and generalized tremor was observed, without improvement after serum therapy. He was admitted for dialysis and lithium was suspended. Treatment with valproate was started and a consultation scheduled in a week to adjust the dose. The patient did not attend that consultation and was admitted three days later to Psychiatry Hospitalization showing a challenging attitude, evident dysphoric mood, accelerated speech, with derailments and echolalia. Delusional ideation of harm with auditory hallucinations. Insomnia and hyporexia. Chronic renal failure persisted.

**Conclusions:** Lithium is a very effective drug but with a narrow therapeutic range that requires adequate monitoring due to the possible consequences of its use at different organs and systems of the body. when lithium is found in the blood at toxic levels with deterioration of kidney function and glomerular filtration fails to recover, lithium treatment should be suspended. Sudden withdrawal of lithium significantly increases the risk of relapse due to rebound effect. More than 50% of patients experience a recurrence within 10 weeks of withdrawal.

**Disclosure of Interest:** None Declared

## EPV0094

### Factors influencing stigma in bipolar disorder type I

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**Introduction:** Given the recurrence of mood episodes, with their negative repercussions such as high suicidal risk, significant cognitive decline and the persistence of residual signs with a negative impact on the patient's family, social and professional functioning,

Bipolar Disorder is a mental disorder with a significant social stigma.

**Objectives:** Identify the socio-demographic and clinical factors that may influence the experience of stigma in bipolar disorder type I

**Methods:** We conducted a cross-sectional, comparative study over a six-month period at the aftercare unit of Razi Hospital's psychiatric ward "A", including patients treated for TB I according to DSM 5 criteria and stable on treatment.

The study was conducted in two stages: first, sociodemographic and clinical characteristics were collected using a pre-established form. The DISCUS scale, validated in Arabic, was then administered.

**Results:** We included 100 patients (60 men and 40 women) with a mean age of 43.55 years.

The median DISCUS stigma score was 6 (0-19).

The mean value of the DISCUS scale was high for patients of urban origin ( $p=0.042$ ), with a low socioeconomic level ( $p=0.001$ ), and poor family dynamics ( $p<0.001$ ).

The presence of a comorbid personality disorder was significantly associated with stigma ( $p=0.006$ ). The DISCUS scale was positively associated with the number of years of follow-up, the number of hospitalizations, the number of manic episodes, the number of depressive episodes and the number of episodes with psychotic or melancholic features.

**Conclusions:** This stigma can have a negative impact on patients' quality of life in a whole range of ways, including limiting their opportunities for education, employment and housing.

Intensive therapeutic interventions should be considered for vulnerable patients to limit the consequences.

**Disclosure of Interest:** None Declared

## EPV0097

### The Dilemma of Lithium Discontinuation in Bipolar Disorder During Pregnancy Planning: A Case Report and Literature Review

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**Introduction:** Lithium is considered the gold standard mood stabiliser for bipolar disorder, yet its use during pregnancy remains controversial, demanding careful consideration of potential risks and benefits. Classically, it has been associated with an increased risk in congenital heart defects, however, recent studies point towards a much lower absolute risk than was previously believed. Furthermore, discontinuation of lithium before or during pregnancy poses a high risk of destabilisation and lithium has been shown to reduce the risk of relapse both in pregnancy and in the postpartum period. Hence, treatment planning is of the utmost importance in this patient group and individual risk stratification should be undertaken for patients to make informed decisions about their treatment.

**Objectives:** To describe the case of a patient with bipolar disorder who discontinued lithium treatment while attempting to conceive and subsequently presented with a manic episode and to expand the scientific knowledge on this topic.

**Methods:** Case report and brief literature review.

**Results:** A 41-year-old patient with a diagnosis of bipolar disorder, previously on lithium 900mg/day, was admitted to the emergency department with symptoms suggestive of a manic episode. One month prior, the patient had discontinued treatment with lithium due to her desire to pursue pregnancy and interrupt treatment while trying to conceive. The patient had a history of postpartum psychosis followed by various depressive and manic episodes with psychotic symptoms, leading to a bipolar disorder diagnosis and commencing treatment with lithium. Her consultant psychiatrist had informed her of the individualised risks of interrupting treatment with lithium and had advised to continue treatment alongside frequent follow-up due to the high-risk of relapse. Despite her consultant's recommendation, she decided to interrupt treatment and hence a personalised lithium tapering regime and advice to continue treatment with quetiapine 200mg/day was given.

During the ED stay, treatment with olanzapine was introduced which helped to stabilise her symptoms. Lithium levels were subtherapeutic (lithium serum level 0.11 mmol/L). Inpatient psychiatric admission was avoided due to rapid symptom improvement, strong social support in the community and her preference for ambulatory care. Lithium was gradually reintroduced and antipsychotic treatment was adjusted at follow up appointments, which ultimately led to the resolution of symptoms and stabilisation.

**Conclusions:** This case highlights the significance of considering continuing lithium treatment in bipolar disorder during pregnancy planning. Decisions about medication in pregnancy are multifaceted, making appropriate risk stratification imperative in order to inform individualised care plans to minimise the risk of relapse in these patients.

**Disclosure of Interest:** None Declared

## EPV0098

### Neuropsychiatric symptoms and arachnoid cysts: tracing the association regarding a case report

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**Introduction:** In the review of recent literature, we found very few presentations of case reports in which the presumed association between psychiatric disorders and arachnoid cysts is discussed. Arachnoid cysts are rare brain tumors with little apparent symptomatic impact and in most cases, they are diagnosed incidentally. We present the case of a 15-year-old adolescent with a personal history of a previous severe depressive episode, as well as suspicion of serious mental pathology in the family. It presents a subacute onset episode, in the context of regular cannabis consumption, consisting of intense emotional lability and psychomotor restlessness, a tendency toward irritability, decreased sleep needs, and the appearance of delusional ideas of harm and self-referential interruption. During the study of the case, and incidentally, the cranial magnetic resonance imaging revealed the presence of an arachnoid

cyst located in the left frontotemporal location, approximately 4 cm in diameter.

**Objectives:** (1) To describe the clinical particularities of this case, focusing on the diagnostic difficulties we faced. (2) To review current scientific evidence regarding the possible association between neuropsychiatric symptoms and arachnoid cysts.

**Methods:** A review of the patient's clinical history was carried out and complementary tests were performed. Likewise, a review of the available scientific literature was also performed in relation to the appearance of neuropsychiatric symptoms associated with the presence of arachnoid cysts.

**Results:** The literature regarding the possible association between psychosis and arachnoid cysts is scarce. However, it is proposed that arachnoid cysts may be associated with various neuropsychiatric alterations, such as affective alterations, schizophrenia-like psychosis or amnesic symptoms. The atypicality in the symptoms sometimes leads us to suspect an organic origin of the condition, with some features such as associated memory deficits, emotional incontinence, movement disorders or neurological focal data; some of which are present in the case at hand.

**Conclusions:** There is controversy among different sources regarding the role of the cyst in the development of symptoms or, on the contrary, its presentation only as a chance finding. Further investigation focusing on clinical observations and neuroimaging is needed.

**Disclosure of Interest:** None Declared

## EPV0099

### Lithium nephropathy in Bipolar Disorder: a clinical challenge

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**Introduction:** Lithium nephropathy can occur in long-term lithium-treated bipolar disorder patients. Key risk factors include duration of lithium exposure, cumulative dose, acute intoxication episodes, advanced age, and comorbidities such as hypertension, diabetes mellitus, hyperparathyroidism, and hyperuricemia, along with concurrent use of antipsychotics. The clinical presentation is gradual, with mild proteinuria, often accompanied by arginine vasopressin resistance. Histological studies show a correlation between interstitial fibrosis and cumulative lithium duration. Approximately 15 to 25 per cent of exposed patients may experience a gradual decline in glomerular filtration rate. The outcome after lithium discontinuation varies.

**Objectives:** This case study aims to analyze and document the clinical presentation, diagnosis, and management of lithium nephropathy in a patient with Bipolar Disorder.

**Methods:** We gathered data on the medical history, lab results, and treatment approach for a patient with Bipolar Disorder.

**Results:** The patient, a 50-year-old woman, had been under the care of Psychiatry since 2008 due to a diagnosis of Bipolar Disorder Type I. During this time, she had experienced depressive and manic episodes but had not presented significant symptom