## EPP0298

### Estimating the prevalence of alcohol abuse using phosphatidylethanol

Y. Razvodovsky

Institute of Biochemistry National Academy of Science, Grodno, Belarus
doi: 10.1192/j.eurpsy.2023.619

**Introduction:** Currently, there is an active development of methods for the laboratory diagnosis of alcohol abuse using biochemical markers.
**Objectives:** The aim of this work was to estimate the prevalence of alcohol abuse among the urban population of Belarus using the concentration of phosphatidylethanol in the blood as a biochemical marker of alcoholism.
**Methods:** 220 blood samples from Grodno residents of both sexes aged 15 to 65 were analyzed. The AUDIT questionnaire was used as a screening tool. Determination of the concentration of phosphatidylethanol in the blood was carried out using the method of high performance liquid chromatography - tandem mass spectrometry (HPLC - MS).
**Results:** The average concentration of phosphatidylethanol in the blood of men and women was 266.11±54.57 and 55.27±9.43 nmol/ml, respectively. In 9.6% of blood samples, the concentration of phosphatidylethanol exceeded the threshold level of alcohol abuse. It was found that the concentration of phosphatidylethanol in the blood does not correlate with the total score, as well as the frequency and quantitative characteristics of the AUDIT screening test.
**Conclusions:** Determining the concentration of phosphatidylethanol in the blood is a more reliable way to diagnose alcohol abuse than using screening tools.

**Disclosure of Interest:** None Declared

## Bipolar Disorders 02

## EPP0299

### Effect of Regulated Add-on Sodium Chloride Intake on Stabilization of Serum Lithium Concentration in Bipolar Disorder: A Randomized Controlled Trial

R. Maiti[1]*, S. George[1], B. R. Mishra[2] and M. Jena[1]

[1]Pharmacology and [2]Psychiatry, All India Institute of Medical Sciences Bhubaneswar, Bhubaneswar, India
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.620

**Introduction:** The therapeutic use of lithium in bipolar disorder is often restricted due to its narrow therapeutic window and adverse drug reactions. Lithium-induced early renal dysfunction is clinically important as it may lead to sodium depletion due to natriuresis leading to lithium retention and lithium toxicity. This is most often seen in the initial phases of therapy, and psychiatrists struggle titrating the dose of lithium and stabilizing the serum lithium level.
**Objectives:** The present study was conducted to evaluate the effect of add-on sodium chloride on serum lithium levels in bipolar disorder.
**Methods:** The present randomized controlled trial (NCT04222816) was conducted in 60 patients with type I bipolar disorder who were randomized into the control group who received lithium carbonate with the advice not to take additional salt (at the table) and the test group who received sachets of sodium chloride (1 g/d) as an add-on to lithium carbonate and were advised to restrict their additional salt intake (at the table) to 1 g/d. After baseline assessments, all patients were followed up at 4 weeks, 8 weeks, and 12 weeks when serum lithium, sodium and potassium were estimated. Serum creatinine and aldosterone were repeated at 12 weeks.
**Results:** In the test group, the fluctuation rate in serum lithium (26.7%) was significantly (p=0.01) lower than in the control group (63.3%). There was a significant difference in serum lithium in the control group at different time points; however, the changes were not significant in the test group. There was a significant difference in serum lithium between the groups at 8 and 12 weeks of follow-up. There were no significant differences in the change in serum sodium, potassium, creatinine, aldosterone, creatinine clearance, and blood pressure within the group and between the groups. A significant positive correlation was found between serum lithium and aldosterone at baseline.
**Conclusions:** Intake of add-on sodium chloride (1 gm/day) may reduce the fluctuations in serum lithium during the maintenance phase of lithium therapy in type I bipolar disorder.

**Disclosure of Interest:** None Declared

## EPP0300

### Clinical and neuroendocrine correlates of childhood maltreatment history in adults with bipolar disorder

S. Donato[1]*, N. Attianese[1], M. Battipaglia[1], R. Ceres[1], A. M. Monteleone[1], G. D'Agostino[2] and G. Cascino[2]

[1]University "L. Vanvitelli", napoli and [2]University, "Scuola Medica Salernitana", salerno, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.621

**Introduction:** Childhood maltreatment (CM) has been associated to an increased risk of developing bipolar disorder (BD). A role of the hypothalamus-pituitary-adrenal (HPA) axis in mediating trauma-related risk for adult psychopathology has been suggested but scarcely investigated in BD.
**Objectives:** The aim of this study is to explore the impact of childhood maltreatment on clinical features of BD and on the activity of the HPA axis.
**Methods:** One hundred and six patients participated in the study. On the basis of their history of childhood trauma, as assessed by the Childhood Trauma Questionnaire (CTQ), they were divided into a group with a history of childhood maltreatment (CM+) and a group without (CM−). Twenty-nine participants (16 with a history of childhood trauma and 13 without) underwent the cortisol awakening response (CAR) test. Saliva cortisol concentrations were determined by an enzyme immunoassay method, using a commercially available ELISA kit.

**Results:** According to CTQ, 62 had a history of childhood maltreatment and 44 had not. CM was significantly more frequent in females than males. CM+ patients showed significant higher body mass index (p = .01), number of suicide attempts (p = .03), and more severe mania symptoms (p = .01) than CM− ones. Significant associations between lifetime suicide attempts and any type of childhood maltreatment (OR = 2.79; CI = 1.01-7.73) and between emotional abuse and the presence of psychotic symptoms (OR = 2.74, CI = 1.11-6.74) or mixed mood episodes were found (OR = 2.62, CI = 1.07-6.43). Moreover, CM+ individuals with BD exhibited a significantly reduced CAR with respect to CM− ones.
**Conclusions:** Our results add to literature findings showing a worse clinical course in BD patients with a history of childhood maltreatment and show for the first time that childhood trauma exposure is associated to impaired CAR in adults with BD.

**Disclosure of Interest:** None Declared

## EPP0302

## Psychopharmacology In Myasthenia Gravis Patients: A Case Study

T. M. Afonso*, F. Ferreira, C. Cativo, S. Martins, A. Ramos and M. Pinto

Mental Health Department, Hospital Professor Doutor Fernando Fonseca, Amadora, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.622

**Introduction:** Myasthenia gravis (MG) is an autoimmune disease that affects the neuromuscular junction. It causes generalized muscle weakness that may include the respiratory muscles, potentially leading to a medical emergency known as a myasthenic crisis. Several medications, including some antipsychotics, have been shown to worsen myasthenia gravis symptoms.
**Objectives:** We aim to summarize the current knowledge on the use of psychopharmacological treatments in patients with MG.
**Methods:** Non-systematic review of the literature was performed in PubMed/Medscape database. Case report of a patient who was admitted and treated in our inward patient unit.
**Results:** We present a clinical case of a 64-year-old man diagnosed with Bipolar Disease at the age of 18 and recently diagnosed with MG (he was hospitalized in Neurology Department, pyridostigmine was introduced and lithium was reduced to half dose). Three months later he was admitted to the emergency department due to behavior and speech disorganization, persecutory delusional ideas, insomnia and caregiver exhaustion. During his hospitalization lithium was increased to 1200 mg. At day 8 of admission the patient started to show weakness of neck extensor muscles, due to that he was evaluated by neurology, lithium was stopped and haloperidol was increased resulting in clinical improvement.
**Conclusions:** Psychotropic choice in patients with MG can be challenging due to their anticholinergic properties that can exacerbate MG symptoms with potential deterioration to a myasthenic crisis. There is a great need for evidence-based data on the safety and efficacy of psychotropic medications in MG.

**Disclosure of Interest:** None Declared

## EPP0303

## Cariprazine add-on for resistant bipolar depression: preliminary results from an italian real-world experience

V. Martiadis[1]*, E. Pessina[2], A. Martini[2], F. Raffone[1] and D. De Berardis[3]

[1]Department of Mental Health, ASL Napoli 1 Centro, Napoli; [2]Department of Mental Health, ASL Cuneo 2, Cuneo and [3]Department of Mental Health, ASL Teramo, Teramo, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.623

**Introduction:** Depressive episodes represent the most frequent mood alteration in bipolar disorder (BD). Persistent depressive episodes and subsyndromic depressive symptoms often lead to poor quality of life and increase suicide risk. Recent studies have also shown that BD patients with a history of predominant depressive episodes generally show poorer response to pharmacological treatments. Although not specifically approved in Italy for use in bipolar depression, the scientific literature produced so far suggests the possible use of cariprazine in clinical conditions of bipolar depression that do not respond to conventional treatments.
**Objectives:** The aim of the study was to evaluate, in a real-world multicentric Italian clinical setting, the efficacy and safety of cariprazine augmentation strategy in a sample of patients suffering from treatment-resistant bipolar depression.
**Methods:** 16 resistant bipolar depressed patients, whose resistance was defined according to The CINP Guidelines on the Definition and Evidence-Based Interventions for Treatment-Resistant Bipolar Disorder, were observed for 4 weeks after the add-on to previous mood stabilizing treatment of a cariprazine 1,5 mg fixed dose. Psychopathology at time 0 and at 1, 2, 3, and 4 weeks of treatment was evaluated using the Hamilton Depression Rating Scale, the Hamilton Anxiety Rating Scale, the Young Mania Rating Scale and the Brief Psychiatric Rating Scale; safety and tolerability of the therapy was measured by the UKU Side Effect Rating Scale.
**Results:** Clinical improvement induced by 1,5 mg cariprazine add-on was effective and well tolerated in the study sample. Improvement in depression scores started from the first week, reaching about 35% reduction within 15 days and almost 50% in the following weeks (mean HDRS score from 24,7 to 13,2, GLM r.m. p<0,001); global psychopathology improved (mean BPRS score from 29,9 to 15,3 GLM r.m. p<0,001) as well as anxiety symptoms (mean HARS score from 26,5 to 16,5 GLM r.m. p=0,003). No manic shifts were observed during the observation period and the treatment was generally well tolerated.
**Conclusions:** Despite the small number of patients examined and the short term of observation, cariprazine could represent an effective and safe enhancement strategy for patients with bipolar depression resistant to common pharmacological treatments. Further studies on larger samples are needed to confirm these preliminary findings. In addition, a more prolonged observation would be appropriate to highlight whether the beneficial effect of cariprazine add-on persists over time.

**Disclosure of Interest:** None Declared