## EPV0117
## Bipolar disorder, Deafness and Culturality in Psychiatric Home Hospitalization: A Clinical Case

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doi: 10.1192/j.eurpsy.2024.901

**Introduction:** Mental health in the deaf community is a complex issue. Challenges in diagnosis and treatment arise from a lack of experienced interpreters and difficulties in translating Sign Language to spoken language. Deaf individuals, due to auditory limitations, are more vulnerable to abuse, increasing their risk of mental health disorders, including bipolar affective disorder (BPAD). BPAD is a prevalent, debilitating condition with varied prevalence estimates. Managing it is tough due to its lifelong, unpredictable nature. A new approach called Psychiatric Home Hospitalization Unit aims to provide acute mental health care at home as an alternative to hospitalization.
**Objectives:** To show the management of severe bipolar disorder with comorbidity from a Psychiatric Home Hospitalization Unit
**Methods:** A clinical case of bipolar disorder with deafness attended at the Psychiatric Home Hospitalization Unit of our hospital is presented.
**Results:** A 24-year-old deaf woman borned in Pakistan and later moving to Catalonia, she faced educational challenges but ultimately completed her studies with sign language support. Afterward, she struggled to find suitable employment, and her family had a history of bipolar disorder.
She exhibited a sudden change in behavior, characterized by irritability, paranoia, and distrust. Communication was challenging due to her speech difficulties, but assessments using sign language and observation were conducted. Her physical examination was normal, but her speech was disorganized and pressured, suggesting possible auditory hallucinations and thought disturbances. She was hospitalized and diagnosed with bipolar disorder with psychotic features.
During her initial hospitalization, she received lithium, olanzapine, clotiapine and benzodiacepines. After discharge, she continued treatment through a home hospitalization service during almost 4 month. During follow-up she presented a course with high affective instability, rapid cycling alternating brief periods of stability with other presenting manic and mixed features with high disorganization.
Due to the rapid cycling pattern Valproic acid was considered. Valproic acid was introduced up to 700 mg/d (97.1 mcg/mL). Treatment with lithium carbonate 800 mg/d (0.91 mEq/L) was maintained. Previous antipsychotic regimen was changed to quetiapine 400mg/d, olanzapine 5mg/d. Her condition improved significantly with the adjusted treatment regimen. She was discharged to an outpatient service.
**Conclusions:** Diagnosing and treating bipolar affective disorder (BPAD) in a deaf and mute patient posed unique challenges. The rapid mood cycling pattern and complexity of her case made treatment challenging. Family information and interpreter support were vital. Cultural factors were considered, and home hospitalization was crucial in managing symptoms that lasted over four months.

**Disclosure of Interest:** None Declared

## EPV0116
## Sleep Disturbance in Bipolar Disorder. Treatment Implications

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doi: 10.1192/j.eurpsy.2024.902

**Introduction:** Relationship between sleep and bipolar disorder involves the following aspects: decreased need for sleep is a fundamental marker of the manic state, sleep deprivation is one cause of mania and may in fact be a fundamental etiological agent in mania, total sleep time is a predictor of future manic episodes, and total sleep time may be a marker of response as well as a target of treatment in mania.
**Objectives:** This e-poster aimed to summarize evidence regarding the sleep disturbance in Bipolar Disorder.
**Methods:** Bibliopgraphical review was performed using PubMed platform. All relevant articles were found using the keywords: sleep disturbance, bipolar disorder, mania.
**Results:** Sleep disturbances are frequent in BD patients in different phases of illness, including the euthymic state and remission. These sleep aberrations are represented not only by insomnia but also by sleep–wake rhythm disorders, especially delayed sleep–wake phase disorders. During the manic state, most patients experience a reduced need for sleep and longer sleep onset latency. Likewise, in the depressive state, insomnia and hypersomnia are commonly observed. Meta-analyses of trials conducted on remitted BD patients demonstrated prolonged total sleep time, increased awakenings after sleep onset, greater variability of sleep–wake variables, and reduced sleep efficiency.
**Conclusions:** Overall, all kinds of sleep disorders and parasomnias are very common especially in youth patients with BD. Thus, compared to the general population, youth with BD exhibit lower sleep efficiency, longer slow wave sleep, and reduced REM sleep, features that could affect the genesis and prognosis of the disorder. Sleep disturbances may also be used as predictors of the onset of BD in a subset of high-risk young subjects.

**Disclosure of Interest:** None Declared

## EPV0117
## Use of aripiprazole long-acting injectable release as a stabiliser. About a case

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doi: 10.1192/j.eurpsy.2024.903

**Introduction:** A 56-year-old patient diagnosed with bipolar affective disorder type II, who remains stable, with no manifest episodes, thanks to aripiprazole 60mg daily.
**Objectives:** The aim is to carry out a brief review of the use of the drug as the only stabiliser in bipolar affective disorder.