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

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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

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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