of anxiety in young adult offspring. However, maternal depressive symptoms were not associated with an increased risk of anxiety in the offspring. The findings suggest the potential for targeted screening and intervention of anxiety problems in the offspring.

Disclosure: No significant relationships.
Keywords: Anxiety; depression; mental healath problem. offspring; parent

EPV0027

Valproate induced encephalopathy: Paradigm of normal ammonia levels

P. Barbosa*, O. Nombora, J. Monteiro and L. Ribeiro

Psychiatric Department, Vila Nova de Gaia/Espinho Hospital Center, Vila Nova de Gaia, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1642

Introduction: Valproic Acid (VPA) is one of the most commonly used mood stabilizer drugs. Although uncommon, serious adverse effects have been reported. One particularly relevant side effect is the induced encephalopathy, usually secondary to Hyperammonemia. However, some descriptions have shown an altered mental state with normal serum levels of ammonia.
Objectives: We aim to present a case of VPA induced-encephalopathy without hyperammonemia and emphasize its suspicion when patients taking VPA present altered mental states.
Methods: We present a clinical case of VPA induced-encephalopathy without Hyperammonemia and a qualitative review of this topic using the Pubmed database.
Results: A 66-year-old woman, with an history of Major Depressive Disorder, previously medicated with Venlafaxine 75mg/day and Mirtazapine 30mg/day, was admitted in our acute psychiatric inpatient unit due to a first manic episode. During the stay, her antidepressants were interrupted, and she was started on VPA, then optimized to 750mg/day. After that, she presented an altered mental state with confusion and prostration. Analytical results were normal including normal ammonia levels and no imagiological abnormalities. Despite these results, we decided to stop VPA empirically. The patient clinical status resolved the day after.
Conclusions: Studies have shown that only a few patients have developed encephalopathy with normal serum levels of ammonia. Although the pathogenesis behind this remains unknown, a few mechanisms have been proposed. Therefore, it is important to remind that even without abnormal analytical status, VPA is a possible cause of encephalopathy. We also emphasize the need for further studies on the mechanisms behind this phenomenon.

Disclosure: No significant relationships.
Keywords: Normal Ammonia levels; Valproate; Mood stabilizer; Encephalopathy

EPV0028

Pontine hemorrhage as beginning of bipolar disorder or organic mania. A case report

P. Coucheiro Limeres*, A. Franco Soler, A. Cerame Del Campo and L. Amaya Lega

Psychiatry, Instituto Psiquiatrico José Germain, Leganés, Spain

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1643

Introduction: Published evidence describes the appearance of manic episodes in patients who suffer localized brain lesions with no prior psychiatric history.
Objectives: A case report is presented alongside a review of the relevant literature regarding the relationship between Bipolar disorder and strokes.
Methods: We present the case of a 54-year-old man who, after suffering a pontine hemorrhage, developed a depressive mood for which he was treated with Sertraline 50 mg. The following month the patient developed hypomanic mood, disinhibition, insomnia and megalomaniac ideation. He was treated with Risperidone 2 mg and the antidepressant was withdrawn. The symptomology disappeared shortly after but a few months later he developed a major depressive disorder (inhibition, ideas of ruin and guilt, low mood, decreased intake and daily activities…). He was treated again with antidepressants (Citalopram 30mg) and lithium was introduced in the absence of a total response.
Results: Mania secondary to brain lesions has been observed in multiple studies, where an association is made mainly with lesions at the frontal, temporal, subcortical limbic brain areas and in lesions causing hypofunctionality on the right side. Most of the cases described occurred in male patients with no prior psychiatric record and with associated vascular risk.
Conclusions: It is important to carry out an exhaustive medical history to be able to identify the cases of secondary mania so as not to ignore the underlying neurological condition in the approach.

Disclosure: No significant relationships.
Keywords: bipolar disorder; stroke; secondary mania

EPV0029

A first manic episode in an elderly patient

E. Rodríguez Vázquez[1]*, C. Capella Meseguer[2], G. Guerra Valera[1], A. Gonzaga Ramírez[1], M. Queipo De Llano De La Viuda[1], I. Santos Carrasco[1] and J. Gonçalves Cerejeira[1]

[1]Psiquiatría, Hospital Clínico Universitario de Valladolid, Valladolid, Spain and [2]Psiquiatría, HCUV, Valladolid, Spain

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1644

Introduction: The bipolar disorder is characterized by instability mood. It normally happens in the middle-aged. In elderly patients with a first manic episode, you have to dismiss organic pathology.
Objectives: To present an elderly patient with a first manic episode
Methods: A descriptive study of a clinical case and literature review
Results: A 67-year-old man, married. Consulted Mental Health 5 years ago, about low mood after his early retirement. With no psychiatric treatment. Somatic antecedents: Acute myocardial infarction, hypertension and dyslipidemia. Came to the hospital accompanied by his son-in-law presenting rapid speech and thinking, bright clothing, risky behaviour, irritability, grandiosity delirationideas and less sleep; being necessary a hospital admission. Blood and urine analysis: with no abnormalities. No toxics in the urine. Asenapine 20mg and Lorazepam 3mg were prescribed with clinical improvement. Brain CT: with no abnormalities. After that, Lithium 400mg per day was prescribed to avoid the induction of