for Suicide Ideation, Suicide Behaviors Questionnaire scales were applied to the participants.
Results: Patients with bipolar disorder had significantly higher scores for emotion dysregulation and impulsivity than the healthy control group. A statistically significant correlation was found between emotion dysregulation, impulsivity, suicide ideation, and suicide behavior scores. DERS Total and Barratt Total scores were found higher for bipolar patients with suicide attempts than bipolar patients with suicide ideation and bipolar patients with neither attempt nor ideation. The hierarchical regression analysis has indicated that strategies, clarity, and non-planing impulsiveness were the predictors of suicide ideation in bipolar patients.
Conclusions: The results suggested a strong association between emotional dysregulation, impulsivity with suicide ideation, and behavior in patients with bipolar disorder.

Disclosure: No significant relationships.
Keywords: bipolar disorder; emotional dysregulation; Impulsivity; Suicide

EPV0100

Comorbidity of CRHR2 gene variants in type 2 diabetes and depression

M. Amin[1]*, J. Ott[2], R. Wu[3,4], T. Postolache[5,6,7], M. Vergare[8] and C. Gragnoli[3,9,10]

[1]Faculty of Medicine, University of Khartoum, Department Of Biochemistry And Molecular Biology, Khartoum, Sudan; [2]Rockefeller University, Laboratory Of Statistical Genetics, New York, United States of America; [3]Penn State College of Medicine, Department Of Public Health Sciences, Hershey, United States of America; [4]Penn State College of Medicine, Departments Of Statistics, Hershey, United States of America; [5]University of Maryland School of Medicine, Mood And Anxiety Program, Department Of Psychiatry, Baltimore, United States of America; [6]Veterans Integrated Service Network (VISN) 5, VA Capitol Health Care Network, Rocky Mountain Mental Illness Research Education And Clinical Center (mirecc), Veterans Integrated Service Network (visn), Denver, United States of America; [7]Veterans Integrated Service Network (VISN) 5, VA Capitol Health Care Network, Mental Illness Research Education And Clinical Center (mirecc), Baltimore, United States of America; [8]Sidney Kimmel Medical College, Thomas Jefferson University, Department Of Psychiatry And Human Behavior, Philadelphia, United States of America; [9]Creighton University School of Medicine, Division Of Endocrinology, Department Of Medicine, Philadelphia, United States of America and [10]Bios Biotech Multi-Diagnostic Health Center, Molecular Biology Laboratory, Rome, Italy
*Corresponding author.
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Introduction: The corticotropin-releasing hormone receptor 2 (CRHR2) gene encodes CRHR2, which is an important element in the hypothalamic-pituitary-adrenal physiologic response towards stress culminating in hyperglycemia, insulin resistance, mood disorders and depression (MDD). CRHR2-/- mice are hypersensitive to stress, and the CRHR2 locus in humans has been linked to type 2 diabetes (T2D) and MDD.
Objectives: Several variants in the CRHR2 gene have been reported in patients with bipolar disorder, post-traumatic stress disorder, and T2D, but variants in the gene have not been investigated in families with T2D and MDD.
Methods: We genotyped 212 Italian families with T2D and MDD. We tested 17 SNPs in the CRHR2 gene using two-point parametric-linkage and linkage-disequilibrium (LD) analysis with the following models: dominant with complete-penetrance (D1), dominant with incomplete-penetrance (D2), recessive with complete-penetrance (R1) and recessive with incomplete-penetrance (R2).
Results: We detected linkage to and/or LD with: MDD for 3 SNPs/D1, 2 SNPs/D2, 3 SNPs/R1, and 3 SNPs/R2; and, T2D for 3 SNPs/D1, 2 SNPs/D2, 2 SNPs/R1 and 1 SNP/R2. Two independent SNPs were comorbid. Interestingly, the variants linked to or in LD with MDD had in general higher statistical significance level than the variants linked to T2D, despite that the families were primarily ascertained for T2D.
Conclusions: Our study shows for the first time that the CRHR2 gene which encodes CRHR2 is in linkage to and linkage disequilibrium with MDD and T2D, thereby contributing, in families with T2D, to both disorders and underlying the shared genetic pathogenesis of their comorbidity

Disclosure: No significant relationships.
Keywords: Type 2 diabetes; Depression; CRHR2; MDD

EPV0101

A Case of Ruminative Hypomania Induced by High Dose Venlafaxine

E. Yıldızhan, M. Ünlü Çilesiz*, E. Ekici and N. Tomruk

Bakirkoy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital, Psychiatry 14, İstanbul, Turkey
*Corresponding author.
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Introduction: Obsessive phenomena, when present, are usually seen in the depressive phase of bipolar disorder.
Objectives: The peculiar case with aggravation in ruminative and obsessive thinking with simultaneous hypomania may widen our understanding of the phenomenology of antidepressant induced hypomanic symptoms.
Methods: We present a case of ruminative hypomania induced by high dose venlafaxine. Young Mania Rating Scale (YMRS), Hamilton Depression Rating Scale (HAM-D) and Yale Brown Obsessive Compulsive Scale (YBOCS) were used for symptom ratings.
Results: The patient was 30 years old and she had treatment history of depression for 3 months. She had two consecutive suicide attempts with drugs in the week before she was hospitalized for suicidal risk. She was using venlafaxine 300 mg/day and olanzapin 2,5 mg/day; continuous ruminative thinking about the past and imaginary sexual affairs with former friends were apparent with an unremitting pattern, leading to intense psychomotor agitation and suicide attempts. Irritable mood, and increased energy was observed with continuous ruminations. She was diagnosed with bipolar-II-disorder, with mixed features and anxious distress (YMRS:17, HAM-D:22, YBOCS:34). After discontinuing venlafaxine and starting anti-manic treatment with haloperidol 10 mg/day in the first week, both affective symptoms and ruminations were improved (YMRS:2, HAM-D:4, YBOCS:8). Aripiprazol 20 mg/day and quetiapine 100 mg/day which were given for continuation treatment were also effective for preserving full remission.
Conclusions: When prescribing high dose venlafaxine for treatment resistant depression, it should be remembered that this may