

EPP0107

Clinical Features of Bipolar Disorder Patients with Metabolic Syndrome: A Cross Sectional Clinic Based Study

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Introduction: Metabolic Syndrome (MS) is highly prevalent in patients with bipolar disorder (BD), and may affect the functionality of this population. The increased rate of MS in BD might be due to poorer access to physical health care, unhealthy lifestyle related with psychiatric symptoms and adverse effects of pharmacological treatments.

Objectives: We sought to compare differences in clinical features of patients with Bipolar Disorder Type 1 (BPD-1) with and without MS in euthymic period.

Methods: This study included 67 euthymic BPD-1 patients without MS and 33 age- and sex-matched BPD-1 patients with MS. All participants completed a sociodemographic form; took the Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI) and Young Mania Rating Scale score. MS was diagnosed according to the International Diabetes Federation (IDF) criteria.

Results: Age at onset of disease was significantly lower in BPD-1 group with MS than without MS ($p < 0.05$). Number of suicide attempts, psychiatric hospitalisation, was significantly higher in BPD-1 group with MS than without MS ($p < 0.05$). Catatonic and melancholic depression were significantly more prevalent in the BPD-1 with MS than without MS ($p < 0.05$). Having history of comorbid psychiatric diseases, mixed episodes, are significantly more prevalent in the BPD-1 with MS than without MS ($p < 0.05$). There was not significant difference between groups in terms of the medication between groups ($p > 0.05$)

Conclusions: Our findings suggest that MS might have an effect on the course of BD patients. The development and testing of interventions for preventing and treating the MS and its components in patients with BD might be important.

Disclosure: No significant relationships.

Keywords: metabolic syndrome; bipolar disorder; diabetes

EPP0106

The potentially protective effect of lithium on the risk of osteoporosis: A nationwide study of 22,912 patients with bipolar disorder

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Introduction: Osteoporosis, a systemic skeletal disorder associated with substantial morbidity and mortality, has been suggested to be

particularly common among individuals with bipolar disorder. Lithium, a mood-stabilizer used as first-line treatment for bipolar disorder, may have bone-protecting properties.

Objectives: We aimed to subject both of these hypotheses to further examination in a nationwide register-based study.

Methods: We compared the incidence of osteoporosis, identified via hospital discharge diagnoses and prescribed medications, between all individuals diagnosed with bipolar disorder and age- and sex-matched controls from the general population (earliest start of follow-up at the age of 40 years) using Cox regression. Subsequently, we followed the patients with bipolar disorder and identified all prescriptions for mood-stabilizing medications. Using Cox regression, we compared the incidence of osteoporosis for patients using lithium, antipsychotics or anticonvulsants, respectively, with that of patients not using these medications.

Results: We followed 22,912 patients with bipolar disorder (median age 50.4 years, 43.4% men) and 114,560 matched controls for 1,215,698 person-years. The incidence of osteoporosis per 1,000 person-years was 8.70 (95%CI:8.28-9.14) among patients with bipolar disorder and 7.84 (95%CI:7.67-8.01) among controls, resulting in a hazard rate ratio (HRR) of 1.15 (95%CI:1.09-1.21). Lithium treatment was associated with reduced risk of osteoporosis (HRR=0.62; 95%CI:0.53-0.72) in a treatment-duration-response-like manner. Treatment with antipsychotics and anticonvulsants was not associated with reduced risk of osteoporosis.

Conclusions: This is the first longitudinal study to show that the risk of osteoporosis is elevated among patients with bipolar disorder, and that treatment with lithium is associated with reduced risk of osteoporosis.

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Keywords: Osteoporosis; bipolar disorder; Lithium

EPP0107

Hyponatremia from oxcarbazepine: A case report

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Introduction: Oxcarbazepine (OXC) is an antiepileptic drug used as a mood stabilizer in patients diagnosed with bipolar disorder (BD). OXC has been reported as a source of hyponatremia in its use in both epilepsy and BD.

Objectives: We present the case of a 53 year-old male patient diagnosed with Schizoaffective disorder, bipolar type who developed hyponatremia during his treatment with OXC.

Methods: The patient's treatment was desvelafaxine 100 mg, Pali-peridone depot 150 mg, Oxcarbazepine 600 mg which he had maintained for at least one year. He began to manifest headache, asthenia and mild confusion gradually, with morning predominance, without being clearly suggestive of an acute worsening.