S530 E-Poster Viewing

Results: Data extraction is still on going in detailed style by principal authors. Description of studies and the key findings will be presented.

Conclusions: The results of this study aim to determine the different effects of functional and dysfunctional strategies on functioning in individuals struggling with bipolar disorder and to provide recommendations for interventions that can improve the mental health of these individuals.

Key Words: bipolar disorder, emotion regulation, functioning, coping.

Disclosure of Interest: None Declared

EPV0257

Impact of Apheresis on Lithium Levels in a Patient with Multiple Myeloma and Bipolar Disorder: A case report

D. Üzüm¹*, M. R. Altunel¹, N. G. Usta Sağlam¹ and S. Turan¹

¹Department of Psychiatry, Istanbul University - Cerrahpasa, Cerrahpasa Medical School, Istanbul, Türkiye

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1093

Introduction: Managing lithium levels in patients with coexisting medical conditions can present several challenges. Here, we report a case of a bipolar disorder (BD) patient on lithium therapy who underwent apheresis in the hematology department for autologous stem cell transplantation preparation.

Objectives: Bipolar disorder and multiple myeloma are both challenging conditions to manage individually, but their combination presents unique difficulties. This report details the case of a patient with both conditions, emphasizing the impact of a major medical intervention on psychiatric health.

Methods: Presentation of a patient's case regarding the impact of apheresis on lithium levels.

Results: A 52-year-old woman presented in January 2024 with bilateral hip pain, and MRI revealed lesions on the T12 vertebra, which were identified as multiple myeloma on a PET scan. She underwent neurosurgical intervention for the spinal lesions and was planned for autologous stem cell transplantation by the hematology team, involving apheresis and filgrastim administration. The patient has a 20-year history of BD and and has never been hospitalized in a psychiatric facility. Her condition has remained stable with lithium and quetiapine, especially when lithium levels were maintained between 0.8-0.9 mEq/L. During acute episodes, increasing the quetiapine dosage and adding clonazepam have proven effective. It was noted that her most recent hypomanic episode occured in January 2024, due to the interruption of her medications during her admission to the neurosurgery ward. When the patient was admitted to the hematology ward for apheresis, she was taking 1200 mg/day of lithium and 600 mg/day of quetiapine, with a blood lithium level of 0.56 mmol/L. Since her blood lithium levels were considered low, the dosage was increased to 1500 mg/day. One week later, the patient developed complaints of increased amount of speech, overspending and irritability. She was evaluated in consultation and hypomania was considered as a result of psychiatric examination. Her blood lithium level had decreased to 0.46 mmol/L at that time. Clonazepam 0.5 mg/daily was added to her treatment. The apheresis treatment was completed after 10 days. Four days after the completion of the apheresis therapy, her lithium level increased to 0.81 mmol/L and her hypomanic symptoms have improved.

Conclusions: Although lithium is well-documented to be effectively removed via hemodialysis and peritoneal dialysis, its removal through apheresis is not documented. Managing BD in patients undergoing apheresis presents challenges due to its impact on plasma lithium levels. This case underscores the importance of individualized treatment strategies, including frequent monitoring of serum lithium levels and timely dose adjustments. Clinicians must remain cautious in patients undergoing plasma exchange to maintain mood stability and adjust treatments as necessary.

Disclosure of Interest: None Declared

EPV0258

Enhancing Lithium Monitoring: A Comparative Analysis of Saliva, Erythrocyte, and Plasma Levels in Psychiatric Patients

D. Vlahović^{1*}, D. Karlović^{1,2}, V. Peitl^{1,2} and Z. Karlović³

¹Department of Psychiatry, Sestre milosrdnice University Hospital Center; ²Catholic University of Croatia and ³Department of Endodontics and Restorative Dentistry, School of Dental Medicine, Zagreb, Croatia

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1094

Introduction: Lithium is a key treatment for bipolar affective disorder, effectively managing mania, depression, and reducing suicidality. Due to its narrow therapeutic range, regular monitoring of plasma levels is essential to avoid toxicity. However, blood plasma testing can be costly and inconvenient. Non-invasive alternatives, such as saliva testing, have been explored, but with inconsistent results. Previous studies have shown discrepancies in saliva collection and storage, variations in processing methods, and differences in lithium detection techniques. Recent research suggests that erythrocyte lithium levels may better reflect brain concentrations and predict treatment response. This study investigates the correlation between lithium concentrations in different types of biological media, aiming to find a more convenient and effective monitoring method for patients.

Objectives: This study aimed to examine the correlation between lithium concentrations in saliva, plasma, and erythrocytes at multiple daily time points in patients undergoing lithium carbonate treatment.

Methods: A total of 77 patients were recruited from the Clinical Department of Psychiatry, Sestre Milosrdnice University Hospital Center, Zagreb, Croatia, between January and August 2024. Participants included inpatients and day hospital patients diagnosed with bipolar affective disorder, treatment-resistant depressive disorder, or depressive disorder with a high suicide risk. All participants were newly initiated on lithium carbonate therapy, receiving