

Introduction: Regarding the safety of psychopharmacological drugs in pregnancy, up to date, there are several studies showing that various antidepressants and antipsychotics can be considered safe in early pregnancy regarding the risk of malformation [1,2]. However, data about the safety of psychotropic medication is sparse [3]. Most women would like to breast-feed their baby but also want to be sure that they do not harm their children. In this preliminary study we aimed at investigating therapeutic drug levels parallel in serum and breast milk at different timepoints to determine when the lowest and highest concentration of the medication can be measured.

Methods: Fifteen patients that were treated in the specialised outpatient clinic for psychiatric disorders in childbearing and postpartum period of the Department of Psychiatry, Psychotherapy and Psychosomatic Medicine were recruited. The patients suffered from major depression (n=9), bipolar disorder (n=1), anxiety disorder (n=1) and obsessive compulsive disorder (n=2). Trough serum level and breastmilk concentrations of the antidepressants amitriptyline/nortriptyline, clomipramine/N-desmethyl-clomipramine, mirtazapine, escitalopram, citalopram, sertraline, venlafaxine/O-desmethyl-venlafaxine, lamotrigine and quetiapine were determined by an isocratic reversed-phase high performance liquid chromatography (HPLC) in the TDM laboratory of the University hospital of Würzburg. Regarding the breast milk measurements, besides the trough level after 12h or 24 h (dependent on the specific medication), also samples after 4h and 8h after taking the medication were taken and also directly after taking the medication and directly before taking the medication. From one baby we could also get serum level of the medication. To roughly determine the potential effect of the medication on the child, data from the routine preventive medical examination for the babies are registered during the first 12 months. Clinical and demographic data from the mothers from sampling point were also collected. Correlation of the breastmilk and serum levels as well as with BMI was analysed by Spearman's correlation test using SPSS (SPSS®, version 24, IBM®).

Results: Trough serum levels and breastmilk concentration from escitalopram, citalopram, lamotrigine and mirtazapine were significantly correlated (all $p < 0.05$). Sertraline levels however were unexpectedly high in the breast milk and not correlated with the serum levels. There was great inter-individual variation of the amount of the different substances in the different timepoints. Clomipramine and quetiapine we could not detect in breast milk (n=2, n=1) at all and quetiapine also could not be detected in the breastfed child (n=1). Body mass index was not correlated with serum and breast milk levels (all $p > 0.5$). The breastfed children did not show any adverse effects from the medication and there was no delayed development in the children over the first 12 months.

Conclusions: From those preliminary data it can be concluded that there is no general rule when the lowest concentration of medication in the breast milk can be expected due to a great inter-individual and medication dependent variance. However, even if we could measure partly very high levels of the medication in breast milk, none of the babies showed any adverse effects or delayed development.

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P.078 Mania induced by antidepressant withdrawal - case report and review

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Background: The emergence of manic and hypomanic episodes is frequently triggered by antidepressants. Paradoxically, there are rare cases reporting manic states induced by antidepressant withdrawal, in patients treated for major depression in the absence of previously diagnosed bipolar disorder.

Purpose: This poster aims to report a clinical case accompanied by the authors in the emergency department, consisting of a manic state induced by the abrupt discontinuation of escitalopram. Moreover, we intend to review the extent of this phenomenon, determine which drugs are more commonly involved and present possible explanations for this occurrence.

Methods: We undertook a literature review by searching in PubMed articles written in English, without restriction by year of publication. The key terms used were "mania", "antidepressant", "withdrawal", "major depressive disorder" and "escitalopram".

Case report: A 60 years old male patient (Mr. X) was admitted in 2017 at the psychiatric emergency department of Oporto due to behaviour changes. The patient presented elevated mood, pressured speech, delusions of grandeur, impulsivity and psychomotor agitation, increased irritability and excessive spending. Mr. X was being treated for a major depressive episode with escitalopram 20mg for less than 12 months. He had history of a previous major depressive episode 3 years before, and for which he was also medicated with escitalopram. The family denied any suggestive manic or hypomanic episodes in the past and history of family psychiatric disorders. According to Mr. X's daughter, who took him to the hospital, the patient had been in his usual state until he went on holidays with his family and forgot to bring his medication. In the first few days of vacations he suddenly developed the above mentioned symptomatology, coinciding with escitalopram withdrawal. The existence of organic causes was excluded by performing a brain CT scan and laboratory tests (including substance abuse screening), whose results were within reference ranges. Mr. X had no insight

for his condition and refused any therapeutic intervention, reason for which he had to be compulsorily hospitalized. According to the diagnostic criteria suggested by Narayan V and Haddad PM [1], we believe this case represents a manic episode triggered by withdrawal of antidepressant.

Review: As reviewed by Narayan V and Haddad PM [1], up until 2011 there had only been reported 19 cases of hypomanic/manic episodes induced by antidepressant discontinuation in patients with unipolar depression. This phenomenon has been described with all classes of antidepressants, more commonly with tricyclics and drugs with a short half-life, and when there has been an abrupt withdrawal [1]. As far as we know, there has only been one previous report of such occurrence with escitalopram [2]. Several explanatory models have been presented, focusing on the sudden lack of serotonin, and on increased cholinergic and monoaminergic transmission [2,3].

Conclusion: Psychiatrist should bear in mind the possibility of mania induced by antidepressants withdrawal, a phenomenon that illustrates our lack of understanding of the neural circuits.

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P.079 Cannabis use in first hospitalisation for manic episode: relations to sociodemographic and clinical characteristics

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Introduction: Cannabis is the illegal substance most commonly used by bipolar patients [1]. Previous research indicate an effect of cannabis in lowering the age at onset of bipolar patients [2]. Cannabis use increase the risk for mania and prolong the duration of manic episodes [3]. Serious aggression is associated with regular cannabis use and total mania score in YMRS is predictor of aggressive behaviour in first episode of Psychosis [4].

Objectives:

-To determine the prevalence of cannabis use in patients hospitalized for first manic episode

-To determine the relations between cannabis use and different sociodemographic and clinical characteristics

Method:

Patients:

We chose all patients first time hospitalized in our psychiatric unit, for the period between 1st January 2009 and 31th December 2017, who were diagnosed as Bipolar Disorder type I Manic Phase according to DSM-IV criteria.

We reviewed, retrospectively the reports of the first hospitalization of all patients included in the study and we registered 80 clinical and sociodemographic variables in a database developed through SPSS program .In this database we include the results of test to determination of different illegal drugs in urine realized always in the first day of Hospitalization.

Statistical Analysis:

We analyzed the relationship between the qualitative dichotomous variable "Cannabis in urine test " and the other variables collected during hospital admission. The relation with other qualitative variables was analyzed through Chi-square test and the relation with the quantitative variables was analyzed by T-Student test for independent groups.

[Table 1 Manic patients according cannabis results in urine test.

	CANNABIS POSITIVE	CANNABIS NEGATIVE	P POSIT. VS NEGAT.
% OF MALE SEX	82.4	50.8	<0.002
% SMOKERS	85.3	43.5	<0.000
% LAI ANTIPSYCHOTICS	35.3	11.1	<0.005
% COCAINE +	8.8	0	<0.05
% PHYSICAL AGRESSION	17.6	4.8	<0.05
MEAN OF AGE IN YEARS	30.03	39.46	<0.001
MEAN SCORE IN YMRS	33.42	29.12	<0.005
MEAN OF DAYS IN HOSP.	26.06	24.11	NS