living in urban area (82.4%), had low educational level (58.8%) and low income (64.7%).

The majority was bipolar type 1 (67.6%). The most recent episode was manic in 55.9% of cases, including psychotic features in 50% of cases. Subsyndromal affective symptoms were noted between episodes in 23.5% of them. The average MoCA score was 23.6. Cognitive disorders were found in 61.5% of patients, who showed impairments across all cognitive domains. The most frequent deficits were found in attention (100%) and executive functions (85.3%).

Cognitive dysfunction correlated to psychotic features during the last episode ($P = 0.005$), subsyndromal affective symptoms between episodes ($P = 0.13$), high number of mood episodes ($P = 0.007$) and hospitalisations ($P = 0.014$).

Conclusion   Our study confirmed that cognitive dysfunction was frequent in older bipolar patients in Tunisia. Preventing mood episodes, screening for addictive and somatic co-morbidities, as well as cognitive rehabilitation, are suitable strategies for improving cognitive functioning among these patients.

Disclosure of interest   The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1902

EW0034
First psychotic episode and predictors of bipolar disorder progression

N. Halouani [1,*], K. Yaich [2], F. Guermazi [2], R. Ennaoui [3], S. Chouayekh [2], J. Aloulou [2], O. Amami [2]
[1] Hédi Chaker University Hospital, Psychiatry, Sfax, Tunisia
[2] Hedi Chaker University Hospital, Psychiatry 'B' department, Sfax, Tunisia
[3] Chaker University Hospital, Psychiatry 'B' department, Sfax, Tunisia
* Corresponding author.

Introduction   Many studies on the identification and early treatment of psychotic disorders have focussed less on a solution to the issue of the evolution of an acute psychosis.

Objective   To identify some predictive elements of an evolution to bipolar disorder during a first psychotic episode.

Methods   We proceed with a retrospective study concerning 55 patients having developed a first psychotic episode and admitted in the psychiatry B department during the period extending between January 2010 and December 2015. Data were collected on a predetermined questionnaire exploring the following items (socio-demographic data, personal and psychiatric family antecedent, prodromes and psychotic episode symptomatology).

Results   Our sample was composed by 55 patients divided into 74% ($n = 41$) men and 26% ($n = 14$) women with a mean age of 26.5 ± 6.27 years. The evolution to a bipolar mood disorder concerned 22% of patients. The prodromal phase was always present. Prodromes correlated with progression to bipolar disorder are: thymic symptoms 44.1% of patients ($P = 0.001$), modification of volition 42.9% ($P = 0.05$), anger/irritability 66.7% ($P = 0.032$) and sadness 83.3% of patients ($P = 0.05$). Psychotic episode's symptoms correlated with the evolution towards a bipolar disorder corresponded to thymic symptoms. The latter was present in 44.1% of patients ($P = 0.01$).

Conclusion   Through our study, we were able to identify some factors positively correlated with a progression towards bipolarity during a first psychotic disorder. So it would be important to monitor closely and to educate our patients and their families about the evolutionary potential of a first psychotic episode.

Disclosure of interest   The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1903

EW0035
Emotional face recognition in bipolar disorder

C. Homorogan*, R. Adam , R. Barboianu , Z. Popovici , C. Bredicean , M. Ienciu
Clinical Hospital, Psychiatry, Timisoara, Romania
* Corresponding author.

Introduction   Emotional face recognition is significant for social communication. This is impaired in mood disorders, such as bipolar disorder. Individuals with bipolar disorder lack the ability to perceive facial expressions.

Objectives   To analyse the capacity of emotional face recognition in subjects diagnosed with bipolar disorder.

Aims   To establish a correlation between emotion recognition ability and the evolution of bipolar disease.

Methods   A sample of 24 subjects were analysed in this trial, diagnosed with bipolar disorder (according to ICD-10 criteria), who were hospitalised in the Psychiatry Clinic of Timisoara and monitored in outpatients clinic. Subjects were introduced in the trial based on inclusion/exclusion criteria. The analysed parameters were: socio-demographic (age, gender, education level), the number of relapses, the predominance of manic or depressive episodes, and the ability of identifying emotions (Reading the Mind in the Eyes Test).

Results   Most of the subjects (79.16%) had a low ability to identify emotions, 20.83% had a normal capacity to recognise emotions, and none of them had a high emotion recognition capacity. The positive emotions (love, joy, surprise) were easier recognised, by 75% of the subjects, than the negative ones (anger, sadness, fear). There was no evident difference in emotional face recognition between the individuals with predominance of manic episodes than the ones who had mostly depressive episodes, and between the number of relapses.

Conclusions   The individuals with bipolar disorder have difficulties in identifying facial emotions, but with no obvious correlation between the analysed parameters.

Disclosure of interest   The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1904

EW0036
Treatment with risperidone vs. olanzapine in naturalistic study of bipolar manic inpatients

I. Ibanez Plans*, E. Nieto , S. Biel
Hospital San Joan de Déu, C/Dr. Soler S/N, Manresa 08243, Department of Psychiatry of Althaia Xarxa Assistencial of Manresa, Manresa, Spain
* Corresponding author.

Introduction   There are very few comparative controlled trials of risperidone versus olanzapine in manic patients. No previous naturalistic study has compared the efficacy of these two antipsychotics in the natural environment of manic inpatients.

Objective   The aim of this retrospective and naturalistic study was to evaluate the efficacy of acute treatment with risperidone vs. olanzapine in Bipolar I manic inpatients.

Methods   (1) Patients: the study includes all the inpatients diagnosed with bipolar I manic episode (DSM-IV) who were admitted during the years 2009 to 2014. Patients treated with risperidone and olanzapine concomitantly ($n = 6$) and patients not treated with risperidone or olanzapine ($n = 129$) were excluded.

The patients finally included ($n = 183$) were separated in two groups:

– treated with risperidone ($n = 89$);

– treated with olanzapine ($n = 94$).