Introduction  Overweight and obesity, despite their co-morbidities and mortality, could deteriorate the quality of life of people with bipolar disorder. 

Objectives  The objective of this study is to evaluate the quality of life among patients with bipolar disorder and investigate a possible interaction between obesity and deterioration of the quality of life.  

Aims  This study aims to highlight the importance of preventing overweight and obesity in people with bipolar disorder to obtain an adequate quality of life subsequently an acceptable control of the illness. 

Methods  Fifty euthymic bipolar patients (Hamilton Depression Scale score ≤ 8, and Young Mania Rating Scale score ≤ 6) received the Medical Outcomes Study 36-Item Short-Form Health Survey in Arabic validated version in order to investigate the quality of life. 

Results  We examined 50 euthymic bipolar patients (30% men, 40% women). The average age was 46.5 years (23–70). Most patients (69%) were over weighted (BMI ≥ 25.0 kg/m²) (body mass index), of whom 40% were obese (BMI ≥ 30.0 kg/m²). Seventy-two percent of the investigated patients had an affected quality of life (score ≤ 66.7). The mental items were deteriorated in 80% of the cases. An affected quality of life was correlated with obesity. The BMI was significantly and negatively correlated with the scores of the illness. An affected quality of life subsequently an acceptable control of the illness. 

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

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EV0062  

Bipolar disorders diagnostics in ambulatory medico-psychological service  

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Introduction  The difficulties of diagnosis and clinical differentiation of bipolar disorders, schizophrenia and schizoaffective disorder have been repeatedly noted both foreign and Russian authors. 

Objectives  Full medico-psychological service clinical documentation research, including bipolar disorder patient records. 

Aims  Determination of bipolar disorders in accordance with the DSM-5 criteria among psychiatric outpatients. 

Methods  A group of 142 patients with established according to ICD-10 diagnoses: schizophrenia, schizoaffective disorder 137 (96.5%); the average patient’s age 50 ± 13 and bipolar disorder and mania episode 5 (3.5%) – 55.4 ± 14.4 has been investigated. 

Results  It was found that 18 (12.7%) of all patients meet the DSM-5 bipolar disorder criteria compared with the primary diagnosis (3.5%). Structure of the diagnosis of bipolar disorder was represented as follows: bipolar disorder type I – 11 (61.2%), bipolar disorder type II – 7 (38.8%). Consequently, due to formal application DSM-5 bipolar disorder criteria BD determination 3.5 times more. 

Conclusion  Traditionally, the diagnosis of schizophrenia is preferred over bipolar disorder. Manic episode in bipolar disorder can be evidently regarded as an acute schizophrenia manifestation. The diagnostic criteria for DSM-5 are convenient in diagnostics of manic and depressive episodes in case of their combination in I type bipolar disorder. 

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

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EV0063  

Is the use of long-acting injectable antipsychotic extended in the outpatient treatment of bipolar disorder? A brief description  


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Aims  Obtain and analyze information on treatment guidelines, with particular emphasis on the use of antipsychotics, in patients diagnosed with bipolar disorder I and bipolar disorder II who are treated at a mental health center in a district of Madrid (Spain) under the conditions of habitual clinical practice. 

Then, compare with recently published literature. 

Methods  We performed a descriptive study of a sample of 100 patients diagnosed with bipolar disorder (type I and type II) at any stage of the disease who receive regular treatment in a mental health center in a district of Madrid. Information regarding the treatment used, especially the use of antipsychotics (either in a single therapy or in combination with other drugs such as mood stabilizers, antidepressants, hypnotics or anxiolytics), was collected retrospectively from the data obtained from the medical record.
Results  Ninety-four percent of patients are taking mood stabilizer treatment (68% lithium, 24% valproate, 1% and 1% carbamazepine and lamotrigine). Four percent take lithium and valproate in combination. Forty-eight percent of patients are taking some antidepressive (atypical about 90%). Of these, only 10% in injectable form, and 5% take both oral and injectable antidepressants.

Conclusions  The diminished use of injectable antidepressants, well below recent publications, draws the attention. You can probably explain this low proportion of injectable medication because we are generally dealing with stable patients with a long-term disorder.

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EV0064

Misdiagnose bipolar disorder: About a case report
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Introduction  Early stages of bipolar disorder are sometimes misdiagnosed as depressive disorders. This symptomatology can lead to misinterpretation and under diagnosis of bipolar disorders.

Objectives/aims  To describe a patient with a new diagnosis of bipolar disorder after 23 years of psychiatric care.

Methods  We report a case of a 66-year-old man, with a previous psychiatric diagnosis of recurrent depressive disorder for the last 23 years, after a hospitalization in a psychiatric inpatient unit because of a major depressive episode. In subsequent years, he was regularly followed in psychiatric consultation with description of recurrent long periods of depressed mood requiring therapeutic setting, alternating with brief remarks of not valued slightly maladjusted behaviour. At 65, he came to the emergency room presenting with observable expansive and elevated mood, disinhibited behaviour, grandiose ideas and overspending, leading to his hospitalization with the diagnosis of a manic episode. In the inpatient unit care, we performed blood tests, cranial-computed tomography (CT) and a cognitive assessment. His medication has also been adjusted.

Results  Laboratory investigations were unremarkable. Cranial-CT showed some subcortical atrophy of frontotemporal predominance, without corroborations by the neuropsychological evaluation. The patient was posteriorly transferred to a residential unit for stabilization, where he evolved with major depressive episode. In the inpatient setting, alternating with brief remarks of not valued slightly maladjusted behaviour. At 65, he came to the emergency room presenting with observable expansive and elevated mood, disinhibited behaviour, grandiose ideas and overspending, leading to his hospitalization with the diagnosis of a manic episode. In the inpatient unit care, we performed blood tests, cranial-computed tomography (CT) and a cognitive assessment. His medication has also been adjusted.

Conclusions  Our case elucidates the importance of ruling out bipolar disorder in patients presenting with depressive symptoms alternating with non-specific maladjusted behaviour, which sometimes can be a challenging task.

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

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EV0066

Social cognition and bipolar disorder: A preliminary study
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Aim  To assess the clinical outcomes associated with social cognition impairment in euthymic patients with bipolar disorder.

Method  It was a cross-sectional study with convenience sample. The diagnose of bipolar disorder was performed by psychiatrist, using DSM-IV criteria, at bipolar disorder program – Hospital de Clínicas de Porto Alegre (Brazil), where the sample was recruited.

The social cognition was assessed by psychologists using the Reading the Mind in the Eyes Test.

Results  We included 46 euthymic BD patients: BD I (n=39), women (n=32), age (49.11 ± 13.17), and years of education (10.56 ± 3.80). Patients with social cognition impairment were not different of patients without social cognition impairment regarding socio demographic factors (gender, age, educational level, marital status, and employment status). Patients with social cognitive impairment showed higher rates of BD I patients (P=0.036) and higher proportion of hospitalization in the first episode (P=0.033), as compared to patients without social cognition impairment.

Conclusion  This is a preliminary study demonstrating that BD patients with social cognition impairment show worse clinical outcomes. Severe BD onset seems to be an important predictor of social cognition impairment. However, more studies are needed investigating social cognition impairment in subjects with bipolar disorder.

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

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