nitive impairment, differentiating FTD from primary psychiatric disorders might be challenging.
This work presents a case of a manic episode with psychotic features in a 61-year-old man, whom personality changes and daily life difficulties arouse and persist after optimal management of the active manic and psychotic symptoms. Neuropsychological assessment detailed severe deficits among visuospatial and planning performances. Structural neuroimaging (CT-scan) primary revealed a global pattern of brain volume reduction. Severe perfusion deficits on frontal and both parietal lobes were shown on 99mTc-HMPAO single-photon emission computed tomography (SPECT). The hypothesis of probable FTD (behavioral variant) was established.
The present case highlights how putative atypical and late-onset forms of bipolar disorder (BD) might instead progress to FTD. Several links are being advanced between the BD and FTD, for instance the close involvement of the *C9ORF72* gene in a group of BD patients which progresses to dementia. These relations have actually been on focus recently. The field is however still relatively unexplored.
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EV189

Significant response to amantadine in a patient with malignant catatonia: A case report

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Purpose Catatonia is a complication of bipolar disorder, which is a constellation of symptoms such as catalepsy, mutism, and stupor. Standard therapy for catatonia contains benzodiazepines and electroconvulsive therapy. An uncomplicated catatonia is usually a benign condition. On the other hand, malignant catatonia is a life-threatening condition that is complicated with fever, autonomic instability, delirium, and rigidity. The syndrome is typically fulminant and progresses rapidly within a few days without appropriate intervention. Several previous reports suggested that some catatonia are associated with the overstimulation of N-methyl-D-aspartate (NMDA) receptor, and that amantadine may have an effectiveness for catatonia, as a NMDA receptor antagonist. We report a case of successful treatment for malignant catatonia refractory to benzodiazepines, by using amantadine.
Materials and methods/case A 64-year-old Japanese woman with bipolar disorder was referred to our hospital because of 8-week prolonged fever. On admission, she was in febrile and stuporous states. Severe rigidity was observed in her extremities. Blood tests, lumbar puncture, and blood cultures were all negative. Brain MRI was normal. Consequently, we reached a diagnosis of malignant catatonia, and thus we gave additional benzodiazepines for her catatonic symptoms. However, there was no improvement, and we finally add a 50 mg/day amantadine for her malignant catatonic state.
Result Her fever resolved in a few days. Gradual dose-titration of amantadine led her clinical manifestation to completely disappeared.
Conclusion Amantadine can be a potential option as one of the pharmacological therapies for refractory malignant catatonia.
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EV190

Social functioning and social cognition in bipolar disorder: Is there a connection?

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Introduction The research interest in social cognition in bipolar disorder has increased in a significant way in the last decade showing major impairments, especially in mental state reasoning, even during euthymia (Samamé et al., 2012; Samamé et al., 2015). Social cognitive processes in humans describe the ways individuals draw inferences about other people's beliefs and the ways they weigh social situational factors in making these inferences (Green et al., 2008). A causal relationship between social cognition deficits and global functioning has been already established in schizophrenic populations (Green et al., 2015). But there is still little information regarding the relation between social cognition and social functioning in bipolar disorder.
Aims To review the relationship between general/social functioning and social cognitive impairments in bipolar patients.
Methods A systematic review of literature was conducted. Relevant articles were identified through literature searches in PubMed/Medline, EBSCOHost and Google Scholar databases dating from 2000 to 2015 using the keywords "bipolar", "social cognition", "theory of mind", "mentalizing", "emotion recognition", "emotion processing", "functioning" and "quality of life".
Results The findings of the review will be discussed, regarding the specificity of the thymic state of the patients and the social cognition instruments used.
Conclusions To the best of our knowledge, the present review is the first to explore specifically the relation between the social cognition deficits and the general/social functioning of bipolar patients. This exploration is of interest for a better comprehension of this disorder to improve the outcome of the patients.
Keywords Bipolar disorder; Social cognition; Functioning
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EV191

First episode of bipolar depression and suicide attempt after bariatric surgery in a 45-year-old woman

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Introduction Weight loss positively influences mental health but findings are mixed in patients undergoing bariatric surgery. The permanent changes in body image, diet-related stress, and unmet expectations could increase mental health problems such as major depression and self-harm behaviors. Mixed symptoms during major depressive episode were often misdiagnosed as agitated depression, and should be regarded as a risk factor for suicide and rapid cycling course of illness.
Method Single case report.
Results A 45-year-old woman, initially diagnosed as a unipolar depressive episode after bariatric surgery, did not show improvement after SSRI treatment. She had no history of previous episode but her temperament was described as hyperthymic. Antidepres-

sant worsened irritability, racing/crowded thoughts, heightened anxiety and aggressive impulses, mood instability, impaired concentration, insomnia and she had a suicide attempt (antidepressant overdose). After mood stabilizer and atypical antipsychotic, symptoms fully remitted and she is stable in the last year.
Conclusion Self-harm emergencies after bariatric surgery are higher than before surgery. Intentional overdose is considered the most common self-harm mechanism. Psychiatric follow-up after bariatric surgery and early recognition of bipolar depression with mixed features as a distinct condition among the variety of depressive syndromes is essential to reduce the risk of self-harm behaviors and improve treatment outcomes. Premorbid temperamental features, especially hyperthymic and cyclothymic temperaments, are often responsible for such mixed depressive presentations.
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EV192

Mood disorder in epilepsy: A case report

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Introduction A lot of studies have described that up to 50% of patients with epilepsy develop psychiatric disorders: depression, anxiety and psychotic symptoms. We can classify these symptoms according to how they relate in time to seizure occurrence, i.e. pre-ictal/prodromal, ictal, post-ictal or inter-ictal. In this case, we have a 76 years old woman that develops a maniac-episode previously that she has an episode.
Objectives Make a review about the prevalence, risk factors of psychiatric problem in epilepsy (biological, psychosocial and iatrogenic) and report of clinical case.
Methods Review the bi-directional associations between epilepsy and bipolar disorder (epidemiological links, evidence for shared etiology, and the impact of these disorders) with a integrated clinical approach.
Results Theoretically, epilepsy and bipolar disorder share an important number of clinical and neurobiological features. Classic neuropsychiatric literature focused on major depression with data on bipolar disorder remains limited. However, actually there are many evidences that mood instability, mixed irritability even mania is not uncommon in patients with epilepsy.
Conclusions It is important develop more sensitive and specific screening instruments to identify mood disorder in epilepsy's patients. Future research becomes decisive for a better understanding of the similarities between epilepsy and BD, and the treatment of both.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV193

A case of a varenicline-induced mania in a patient with the history of depression

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Introduction Varenicline is an alpha 4 beta 2 nicotinic receptor partial agonist with dopaminergic effects, approved for smoking cessation. The complex interactions and modulations of serotonin and nicotine receptors caused by varenicline may cause mania by its serotonin agonist activity and by its release of dopamine in the striatum. We report a case of a varenicline-induced mania with the history of depression.
Case A 38-year-old female, with the history of depression and have been using sertraline 50 mg/day for a year, admitted for grandiose delusions, decreased need for sleep, increased amount and rapid speech, and agitation. These symptoms began 1 week after she started taking varenicline as prescribed for smoking cessation. Young Mania Score (YMS) was 32. She discontinued sertraline and varenicline after 1 week of use but symptoms of mania continued. The patient smoked about 20 cigarettes a day for more than 10 years. She had a positive history of depression in her family. Her lab work up was unremarkable; including negative urine toxicology and brain CT scan. The patient met DSM-5 criteria for a manic episode and was started on olanzapine 10 mg/day and quetiapine 100 mg/day. The patient's symptoms gradually improved within 1 week with attainment of euthymic mood, improved sleep, and resolution of grandiosity. YMS was 7.
Conclusion Based on this case it might be suggested that patient's and family's psychiatric history should be assessed cautiously before prescribing varenicline for smoking cessation due to development of mood symptoms.
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EV194

C-reactive protein levels are related to suicidality in euthymic patients with bipolar disorder

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Introduction Immune alterations are believed to be an important part in etiopathogenesis of affective disorders. However, it is not clear if the altered immune mediators are related to distinct disorders or particular psychopathology.
Aims The aim of our study was to explore the differences in C-reactive protein levels (CRP) between euthymic BD patients and healthy controls, as well as to explore the relationship between CRP and lifetime presented psychopathology within BD.
Methods The study group consisted of 83 patients diagnosed with BD, compared to the healthy control group ($n = 73$) and matched according to age, gender, and body mass index (BMI). Lifetime psychopathology has been assessed according to predominant polarity as well as previous history of suicide attempts and psychotic episodes.
Results The CRP levels were significantly higher in BD patients when compared to healthy controls. After covarying for confounders, we observed that CRP levels, in euthymic BD patients, were related to number of previous suicide attempts, but not other indicators of lifetime psychopathology.
Conclusions BD patients per se, and particularly those with more suicide attempts, are more likely to present with proinflammatory state, even when in remission. Previous history of suicide attempts could bear specifically vulnerable endophenotype within BD. Systemic, longitudinal monitoring of the course of illness, and potential inflammatory mediators that underlie its systemic nature is warranted.
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