Fig. 2

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.383

EV0055

Late-onset bipolar illness: Literature review and case report

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Introduction Late-onset bipolar-illness (LOBI) diagnosis comprises those patients whose first mania episode occurs aged 60 or older. Traditionally, it has been considered as a secondary disorder, accompanying other conditions such as dementia. While this is true for some cases, LOBI is a wider concept, which has its own features and also includes other entities.
Objectives To describe the main features of LOBI.
Methods Critical review of the literature and description of the case of a 72-year-old woman diagnosed with LOBI.
Results While only 6–8% of all new cases of bipolar disorder (BD) occur in people older than 60, recent research suggests an increase of first episodes in this age group. LOBI is less associated with family history compared to early onset BD and seems to occur more frequently in women.
LOBI presents with better premorbid functioning and atypical psychopathology as compared to early onset. Also, there is a higher prevalence of mixed episodes and a higher frequency of episodes per year, with a great risk of suicide. LOBI patients have more cognitive impairment and higher rates of comorbid psychiatric disorders. These patients show some specific neuroimaging signs, including subcortical hyperintensities.
Quetiapine and valproate have proved useful, but the pharmacokinetic and pharmacodynamic characteristics of older patients must be taken into account.
Conclusion The reported case identifies similarities between LOBI and classical BD. However, both this case and the literature review reveal that LOBI has specific features that differentiate it from classical BD. Further research is needed to characterise the condition and improve its management.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.384

EV0056

Correlation between alterations of inflammatory markers and treatment with atypical antipsychotics in patients diagnosed with bipolar affective disorder

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Introduction Clinical evidences suggests that cerebral inflammatory processes are involved in the development of major affective disorders [1].
Obvious correlations exist between changes of inflammatory markers such as acute-phase protein C (PCR) and VES, in patients with bipolar spectrum diagnosis [2].
Objectives Our aim is demonstrating the correlations between changes of PCR and VES and pharmacological treatment with atypical antipsychotics in patients with acute bipolar disorder, highlighting a trend.
Method Twenty patients with bipolar disorder were assessed at the entrance (T0), after three weeks (T1) and after six weeks (T2) of hospitalization using specific rating scales and blood tests routines include PCR and VES.
Results Is possible to appreciate a correlation between the affective phase of bipolar disorder and inflammatory markers with a proportional trend (Table 1).
Discussion and conclusion The scores obtained seem to confirm the effect of antipsychotic in both sense of psychiatric symptomatology reduction and in anti-inflammatory action.
A confirmation of a correlation between the resolution of affective disorders and normalization of inflammatory markers confirm the intrinsic anti-inflammatory activity of such drug compounds [3].

Table 1

	PCR mg/L	VES mm/h	MADRAS	YMRS	CGI	BPRS
t0	17.85 ± 10	13.10 ± 9	9.30 ± 11	24.27 ± 10	3.95 ± 1	84.65 ± 30
t1	4.55 ± 4[a]	12.65 ± 8[b]	4.30 ± 5[a]	3.85 ± 5[a]	2.65 ± 1[a]	65.50 ± 21[a]
t2	1.45 ± 3[c,d]	12.75 ± 8[b]	2.45 ± 3[c,d]	1.65 ± 2[c,d]	1.80 ± 1[c,d]	54.30 ± 17[c,d]

[a] $P < 0.01$ vs. T0
[b] $P > 0.01$ vs. T0/T1.
[c] $P < 0.01$ vs. T0.
[d] $P < 0.01$ vs. T1.

Disclosure of interest The authors have not supplied their declaration of competing interest.
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http://dx.doi.org/10.1016/j.eurpsy.2017.01.385

EV0057

A broken heart

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Introduction Within the various cultures and throughout the centuries has observed the relationship between emotional states and heart function, colloquially calling him “heartbroken”. Also in the