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Introduction Mixed features refers to the presence of high and low symptoms occurring at the same time, or as part of a single episode, in people experiencing an episode of mania or depression. In most forms of bipolar disorder, moods alternate between elevated and depressed over time. A person with mixed features experiences symptoms of both mood "poles" – mania and depression – simultaneously or in rapid sequence.
Aims and objectives To review the nosological status of bipolar mixed states and its treatment.
Methods Online search/review of the literature has been carried out, using Medline/Pubmed, concerning "mixed states", "affective disorder", "bipolar disorder".
Results The presence of depressive symptomatology during acute mania has been termed mixed mania, dysphoric mania, depressive mania or mixed bipolar disorder. Highly prevalent, mixed mania occurs in at least 30% of bipolar patients. Correct diagnosis is a major challenge. The presence of mixed features is associated with a worse clinical course and higher rates of comorbidities. There is ongoing debate about the role of antidepressants in the evolution of such states.
Conclusions Clinical vigilance and careful evaluation are required to ensure mixed states are not missed in the clinical context. Atypical antipsychotics are emerging as the medications of choice in the pharmacological management of mixed states.
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EV186

The late-onset bipolar disease: A case report

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The prevalence of bipolar disorder after 65 years is 0.1 to 0.4%. Mania represents 4.6% to 18.5% of all psychiatric admissions in geriatrics in the USA. It has some specificity in terms of clinical presentation, evolution, prognosis and treatment.
We report the case of a patient who presented a first manic episode after 65 years. E.H, AP, 67 years old, single, without personal and familial psychiatric history, addressed to psychiatric emergencies for psychomotor agitation and euphoric mood. He presented two months ago a manic access with almost total insomnia, euphoria, psychomotor agitation and delusions of grandeur. The balance sheet reveals no incorrections (blood count, thyroid balance, serology: TPHA, VDRL, hepatitis B and C, HIV). The cerebral CT was normal. The patient has been received a quetiapine 200 mg/day, olanxapine 10 mg/day and valproate 1000 mg/day. The evolution after three weeks was favorable.
The late-onset bipolar disorder is characterized by: a less intense euphoria, replaced by anger and irritability, a more elements of persecution, disinhibiting and impulsivity. Respecting to that, this case is an exception. The most common confounding symptoms and behavioral disorders. A higher frequency of neurological diseases is noted in elderly subjects with a bipolar disorder and, so, a neuropsychiatric rigorous evaluation is fundamental to exclude the possibility of an organic pathology for the manic access. The prescription of psychotropic drugs in the elderly must be under monitoring.
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EV187

Control of attention in bipolar disorder: Effects of perceptual load in processing task-irrelevant facial expressions

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Bipolar disorder (BD), along with schizophrenia, is one of the most severe psychiatric conditions and is correlated with attentional deficits and emotion dysregulation. Bipolar patients appear to be highly sensitive to the presence of emotional distractors. Yet, no study has investigated whether perceptual load modulates the interference of emotionally distracting information. Our main goal was to test whether bipolar patients are more sensitive to task-irrelevant emotional stimulus, even when the task demands a high amount of attentional resources.
Fourteen participants with BD I or BD II and 14 controls, age- and gender-matched, performed a target-letter discrimination task with emotional task-irrelevant stimulus (angry, happy and neutral facial expressions). Target-letters were presented among five distractor-letters, which could be the same (low perceptual load) or different (high perceptual load). Participants should discriminate the target-letter and ignore the facial expression. Response time and accuracy rate were analyzed.
Results showed a greater interference of facial stimuli at high load than low load, confirming the effectiveness of perceptual load manipulation. More importantly, patients tarried significantly longer at high load. This is consistent with deficits in control of attention, showing that bipolar patients are more prone to distraction by task-irrelevant stimulus only when the task is more demanding. Moreover, for bipolar patients neutral and angry faces resulted in a higher interference with the task (longer response time), compared to controls, suggesting an attentional bias for neutral and threating social cues. Nevertheless, a more detailed investigation regarding the attentional impairments in social context in BD is needed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV188

Clinical overlap between behavioral variant of frontotemporal dementia and bipolar disorder: A case report

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The behavioral variant of frontotemporal dementia (FTD) often begins with psychiatric symptoms, including changes in personal conduct and/or interpersonal behavior. Prior to developing cog-

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

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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-