

EV0067

Social cognition and bipolar disorder:**A preliminary study**F.D.R. Ponte^{1,*}, T.D.A. Cardoso¹, M. Kunz¹, A.R. Rosa²¹ UFRGS, Psychiatry, Porto Alegre, Brazil² UFRGS, Pharmacology, Porto Alegre, Brazil

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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 Clinicas 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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EV0068

Cognitive impairment and its relation to predominant polarity, number of episodes and illness duration in patients with euthymic bipolar affective disorder (BAD)S.S. Ratnatunga^{1,*}, I.C. Kulathilake¹, K. Kokila Medhavini¹, M. Dayabandara², I. Rajapakse¹, R. Hanwella², V. de Silva²¹ NHSL, Psychiatry, Dehiwala, Sri Lanka² University of Colombo, Psychiatry, Colombo, Sri Lanka

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Introduction Previous optimistic assumptions about the prognosis of BAD based on the control of mood symptoms is now challenged as majority of patients continue to have cognitive deficits during the euthymic phase.

Objectives To describe cognitive impairment in euthymic BAD and study the association with clinical characteristics.

Aims Identify the prevalence and severity of cognitive impairment (CI); to correlate CI with the first episode, illness duration, number of episodes and predominant polarity.

Methods Patients attending the psychiatry clinic of the National Hospital of Sri Lanka diagnosed with BAD in the remission phase were recruited. An interviewer-administered questionnaire and Montreal Cognitive Assessment test was used to ascertain clinical characteristics and cognitive functions respectively. Scores of 18–26 described as mild, 10–17 moderate and < 10 as severe cognitive impairment.

Results Total sample size was 58. Mean age=48.84 (SD12.5). Fifty-five percent were females. Mean duration of illness was 179.7 months (SD128.5). A mean of 6 episodes were experienced during the course of illness (min=1, max=18); 58.6% had depression,

37.9% had manic and 3.4% had mixed as their first episode. The predominant polarity was depressive in 65.5%. No cognitive impairment – 8.6%, mild – 63.8%, moderate – 27.6% and none with severe. There was a significant association between the presence of cognitive impairment and the predominant polarity being depressive ($r=10.886$, $df=4$, $P=0.028$). No significant association was found between illness duration, number of episodes or the type of first episode.

Conclusions Patients with a predominant depressive polarity are more likely to experience cognitive impairment. Cognitive impairment had no association with illness duration, type of episode or number of episodes.

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EV0069

Aviation mental disorders – An in-flight case of maniaA. Ribeirinho Marques^{1,*}, M. Veludo Chai², P. Cintra³, V. Gonçalves¹, D. Esteves de Sousa³, M. Albuquerque³, M. Nuno Costa³¹ Hospital Distrital de Santarém, Departamento de Psiquiatria e Saúde Mental, Santarém, Portugal² Private Clinical Practice, Psychiatry, Lisboa, Portugal³ Hospital de Cascais – Dr. José de Almeida, Departamento de Saúde Mental, Cascais, Portugal

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Introduction Due to recent aviation accidents, like German Wings flight 9525, aviation related mental health disorders have recently received much attention. Several psychological disorders have been associated with aviation ever since its beginning, both in passengers and aviation professionals. A clinical case is revised of a 33 years old air hostess, without previous psychiatric history, who was admitted twice in a manic state, and a third time abroad in Nice, France, after prolonged sleep deprivation due to consecutive transatlantic flights.

Objectives Scientific revision of psychological disorders in passengers (flight related psychological stress, flight phobia, post-traumatic stress disorders after plane crashes...), aviation professionals (mood changes, sexual function disorders, jet lag, sleep disorders), ground staff, and populations living within close distance to airports (burnout, circadian rhythms disorders due to high noise levels...).

Methods Research in Pubmed, Medscape, scientific literature and other publications, with the following research terms: aviation related mental health disorders, flight related psychological disorders, flight phobia, aerophobia, aviophobia, flight related anxiety, flight related mood disorders, flight induced mania, psychological stress and air travel; articles in English, Portuguese and Spanish.

Results Fifty-eight articles, one book and four publications were considered relevant; the case of the patient is thoroughly described with data retrieved from the clinical file.

Conclusions Several important issues concerning both mental and physical health are highlighted by this clinical case, yet, surprisingly, scientific knowledge has progressed at a rather slow pace and mental health professionals have not given much attention to this issue.

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EV0070

Bipolar versus schizoaffective disorder: Clinical profiles

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Introduction Differentiating between bipolar (BD) and schizoaffective disorder (SAD) can be challenging, especially during early stages of the illness.

Objectives Comparing clinical profiles and socio-demographic characteristics of patients diagnosed with BD and SAD.

Methods The study, conducted between 2014–2016, included 67 inpatients from the Timisoara Psychiatric Clinic, diagnosed with either BD ($n=35$) or SAD ($n=32$), according to ICD-10 criteria. The following parameters were analyzed: number of episodes, number of times hospitalized, onset age, frequency and nature of psychotic symptoms, family history of psychiatric disorders and socio-demographic characteristics (age, sex, marital status). Data were obtained by direct interview and patient files. Symptom severity was measured with Brief Psychiatric Rating Scale (BPRS).

Results There were no significant differences between the two samples regarding age or sex distribution. Schizoaffective patients were more frequent unmarried ($P=0.007$). Onset age was significantly lower in SAD patients (22.41 years for SAD, 28.36 years for BD). SAD patients had the highest number of episodes and needed more frequent hospitalization. Bipolar patients had higher percentage of family history of affective disorders when compared to schizoaffective patients (41% versus 36%). Hallucinations were more frequently found in schizoaffective patients than in bipolar patients ($P=0.004$). We found no significant differences between the two samples regarding the presence or the type of delusions. The SAD sample had significantly higher BPRS total scores than bipolar patients ($P=0.035$).

Conclusions Although this study revealed numerous similarities between BD and SAD, it also identified differences that may be helpful in establishing the correct diagnosis.

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EV0071

Temporality in mania: Phenomenological, neurobiological and therapeutic consequences

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Manic disturbances of temporality are underemphasized in present-day accounts. For example, they are not included among criteria for manic episodes in DSM or ICD. Nonetheless, as already claimed by Binswanger (1964), aberrant temporality is core to the disorder. Persons with mania live almost exclusively in the present and hardly into the future. Especially in the larger scheme of things, their future is already here. There is no “advancing, developing or maturing,” anticipations have been achieved, and all that I strive for is present – if you will just get out of my way! A half century ago, Binswanger spelled out this temporal foundation for mania and summed up consequences. The manic self, not living into the future, “is not, to borrow a word, an existential self.”

This presentation will describe phenomenological characteristics of such a manic self and then present correlating findings from contemporary neuroscience. Importantly, such findings clarify present

and future therapeutic interventions. Of critical importance is manic chronobiology: clocks in our brains afford receptor sites for the lithium ion. At these sites, lithium potently inhibits the circadian rhythm regulator glycogen synthase kinase 3 and alters the biological cascade that follows. By taking a close look, we can comprehend implications for mania as well as for treatment with lithium: Neurobiologically, lithium disrupts manic rhythm dysregulation and restores a more “normalized” temporality. The consequence is no less than the return of the existential self.

A receptor mechanism of action for lithium additionally portends future specific and safer treatment options “after lithium.”

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EV0072

Putting it all together: How disordered temporality is core to the phenomenology and neurobiology of mania

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Disturbances of temporality in mania, underemphasized in present-day accounts, are nonetheless core to understanding both the phenomenology and the neurobiology of the disorder:

– phenomenology: already in 1954, Binswanger had articulated that persons with mania live almost exclusively in the present and hardly at all into the future. Especially in the larger scheme of things, their future is already here. There is no “advancing, developing or maturing,” anticipations have already been achieved, and all that I strive for is basically present if you will just get out of my way! A half century ago, Binswanger summed up the consequence of manic temporality: the manic self, not living into the future, “is not... an existential self.” This presentation will further describe phenomenological characteristics of such a self in mania;

– findings from contemporary neuroscience correlate remarkably well with the above phenomenology, importantly clarifying present and future therapeutic interventions. Of critical importance in mania, clocks in our brains afford receptor sites for the lithium ion. Once bound to the receptor, lithium potently inhibits the circadian rhythm regulator glycogen synthase kinase 3 (GSK3) and profoundly alters the biological cascade that it initiates. In this presentation, by taking a close look, step-by-step, we will clarify how lithium disrupts mania rhythm dysregulation and restores a more “normalized” temporality. The consequence is no less than the return of the existential self. We will also briefly glance, in this presentation, at the window that lithium cellular efficacy offers for treatment options “after lithium.”

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EV0073

Antidepressants induced mania in patients with diagnosed unipolar depression: Case report and literature discussion

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