Fig. 2

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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.

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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.

References
[1] Hamdani N. Inflammation, and bipolar disorder. Curr Psychiatry 2013.
[2] Halaris A. Mod Trends Pharmacopsychistry 2013;28.
[3] Goldstein B. Inflammation and treatment of bipolar disorder: a systematic review. J Clin Psychiatry 2009.

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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

medical literature are references to cardiac alterations induced by stress.

Objective Takotsubo is a rare cardiac syndrome that occurs most frequently in postmenopausal women after an acute episode of severe physical or emotional stress. In the text that concerns us, we describe a case related to an exacerbation of psychiatric illness, an episode maniform.

Method Woman 71 years old with a history of bipolar I disorder diagnosed at age 20. Throughout her life, she suffered several depressive episodes as both manic episodes with psychotic symptoms. Carbamazepine treatment performed and venlafaxine. He previously performed treatment with lithium, which had to be suspended due to the impact on thyroid hormones and renal function, and is currently in pre-dialysis situation.

She requires significant adjustment treatment, not only removal of antidepressants, but introduction of high doses of antipsychotic and mood stabilizer change of partial responders. In the transcurso income, abrupt change in the physical condition of the patient suffers loss of consciousness, respiratory distress, drop in blood pressure, confusion, making involving several specialists. EEG was performed with abnormal activity, cranial CT, where no changes were observed, and after finally being Echocardiography and coronary angiography performed when diagnosed Takotsubo.

Results/conclusions In this case and with the available literature, we can conclude that the state of acute mania should be added to the list of psychosocial/stressors that can trigger this condition.

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EV0058

Determination of p11 multifunctional protein in human body fluids by enzyme-linked immunosorbent assay

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Objectives The diagnosis of major depressive disorder (MDD) is symptom based due to the lack of biological biomarker. p11 protein was recently found to be an important factor mediating depression-like states and antidepressant responses. The aim of the study was to assess whether p11 protein in urine can serve as a potential biomarker for major depression, and the relationship of its levels among urine, serum and cerebrospinal fluid (CSF).

Methods We obtained urine samples from 13 drug-free MDD patients and 13 age- and gender-matched healthy controls. We also collected urine, serum and cerebrospinal fluid samples from 13 of fracture patients or cesarean section patients in the spinal anesthesia. The concentrations of p11 protein were measured using ELISA.

Results In MDD patients, urine levels of p11 protein were all less than the minimum detectable concentration of the ELISA kit. The urine levels of p11 were detectable only in one healthy control. In the spinal anesthesia patients, we can detect p11 concentrations in both serum and urine in only two patients. Besides, levels of p11 were detectable in the serum of one patient and urine of another patient. We were unable to measure CSF levels of p11 in all patients.

Conclusions Concentrations of p11 protein in the body fluids are very low and unstable. The sensitivity of the current p11 ELISA kit is currently unsatisfactory, requiring the development of an ELISA kit of higher sensitivity to determine whether p11 in body fluids can serve as biomarker for depression.

EV0059

Korean medication algorithm for bipolar disorder (KMAP-BP): Changes in treatment strategies for bipolar depression over 12 years

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Introduction Many guidelines for bipolar disorders have been introduced based on evidences. In contrast, KMAP-BP was developed by an expert-consensus.

Objective To summarize the medication strategies for bipolar depression over four published KMAP-BP (2002, 2006, 2010, and 2014).

Methods The questionnaire using a nine-point scale had covered some clinical situations with many treatment options about the appropriateness of treatment.

Results For mild-to-moderate depression, antidepressant (AD) + mood stabilizer (MS) in early editions and MS or lamotrigine monotherapy and AAP + (MS or lamotrigine) in later editions were preferred strategies. For severe nonpsychotic depression, MS + AD was the only first-line medication in early editions. In 2014, various medications [MS + AAP (atypical antipsychotic), AAP + lamotrigine, MS + AD] were preferred. Valproate and lithium has been rated as first-line MS in all editions. Lamotrigine were positively preferred later. Adjunctive AD was accepted as first-line strategy for severe depression in all editions. Preference of AAP also has been increased remarkably. Adjunctive AAP was not first-line treatment for mild-to-moderate depression in all editions, but was for nonpsychotic depression in 2010 and 2014 and for psychotic depression in all editions. Recommended AAPs have been changed over 12 years: olanzapine and risperidone in 2002 and quetiapine, aripiprazole, and olanzapine in 2014 were first-line AAP.

Conclusion There have been evident preference changes: increased for AAP and lamotrigine and decreased for AD. The high preferences for aripiprazole and lamotrigine in later editions were likely derived from favorable tolerability.

EV0060

Obesity and quality of life in bipolar disorder

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