

12 weeks) and T4 (after 24 weeks): PANSS-EC, YMRS, SF-36v2, CGI-BD, CGI-S, HAM-D, BPRS. We also considered weight, height, BMI, ECG and complete blood count.

**Results** Patients recruitment and statistical analyses are still in progress. Our preliminary results suggest that there is not a marked difference between the two drugs. We highlighted that there has been a noticeable decrease in results at PANSS as well as at YMRS from T0 to T4 and patients showed an improvement in QoL. Only one patient treated with asenapine showed an increase in the results of HAM-D.

**Conclusions** Results suggest the efficacy of the two new APS but further recruitment and data collection are needed to better understand their impact on agitation and QoL, including the metabolic profile, with the aim to help clinicians to make a more accurate choice of drug for each specific patient.

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

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## EV169

### Depot aripiprazole as maintenance treatment in bipolar disorder: Report of a case

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**Introduction** Recently, depot aripiprazole was approved as a maintenance treatment for schizophrenia. However, long-acting antipsychotics has not been established efficacy in manic episode or maintenance treatment of bipolar disorder.

**Aims** Describe a clinical case of multiresistant bipolar disorder. **Methods** Thirty-nine years old male, diagnosed since 8 years ago with bipolar disorder, current episode manic with psychotic symptoms, admitted to Acute Psychiatrist Unit. It was his seventh internment. He was dysphoric, had insomnia, and showed many psychotic symptoms like grandiose delusions and delusions of reference. He thought he was a famous painter from nineteenth century.

His disorder was refractory to mood stabilizers monotherapy and to many neuroleptic and, like olanzapine 30 mg/day, depot risperidone, zuclophenxol, haloperidol, palmitate paliperidone, He was on treatment with lithium 1200 mg/day (lithemia 0.62 prior to admission) and oral aripiprazole 15 mg/day that he was not taking regularly. Poor compliance to oral treatment. No awareness of illness.

**Results** during the patient admission, we started long-acting aripiprazole 400mg per 28–30 days. First 3 days he persisted dysphoric, hostile, and showing delusions of mind being read. From the fourth day, delusions disappeared and later he was calmer and more friendly, He was discharged 9 days later fully euthymic.

For 6 months follow-up, the patient came once a month to community center for aripiprazole injection and he was taking lithium regularly. Last lithemia 0.65 mEq/L.

**Conclusion** Long-acting antipsychotics, like depot aripiprazole could be a useful alternative to oral medication, specially when there is no awareness of illness and there is low adherence to oral treatment.

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

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## EV171

### Manic episode associated with interferon alpha therapy: A case report

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Interferon alpha is a cytokine with antiviral and antineoplastic action, which is commonly used for treatment of Hepatitis C and B, malignant melanoma, Kaposi's sarcoma, kidney cancer and certain hematologic diseases. It is well-known some of its neuropsychiatric symptoms such as depressive symptoms, cognitive impairment, chronic fatigue, dysphoria and anxiety, but there are also other less common like mania, psychotic symptoms and suicide risk that have been reported. These symptoms interfere in the quality of life very significantly, which at the end can affect treatment adherence.

We report a case of a 33-year-old man who was taken to the emergency department by his family referring nervousness, irritability, verbose, and insomnia during the last 5 days. The patient had not psychiatric history. He was diagnosed with a malignant melanoma stage III A a year ago which required to start interferon alpha treatment.

Patient and family tell that symptoms began after forgetting last interferon dose. In the psychopathology exploration, we could observe mood lability, delusion ideas of prosecution, which includes his entire family and autorreferentiality. In the emergency room the blood test, urine drug test and CT were normal.

During the admission, and in collaboration with the Oncology service, it was agreed the reintroduction and maintenance of interferon combined with olanzapine up to 30 mg/day and clonazepam up to 6 mg/day, which resulted in the resolution of symptoms in two weeks.

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

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## EV172

### Sexual behavior in women with bipolar disorder

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**Introduction** Women with bipolar disorder warrant special consideration with regard to sexual health. The impairment in sexual function would be frequent but underestimated and contributes to non-compliance with treatments.

**Aims** (1) Evaluate sexuality among a population of women affected by bipolar disorder.

(2) Determine the factors associated with impaired sexual function. **Methods** This is a cross-sectional and descriptive study during the period ranging from 1st September to 15 October 2015.

It was conducted in 40 women suffering from bipolar disorder.

The exclusion criteria were: relapse period in sick, age over 60 years or severe somatic comorbidity.

The evaluation of sexual function was made using the "Sexual Behavior Questionnaire" (SBQ).

**Results** The mean age was 30 years. Bipolar disorder type I accounted for 72.5%.

According to the SBQ, 37.5% of patients had a desire disorder, 57.5% had a frequency less than 3 times per week sexual intercourse, 45% had a drop in excitation and 42.5% were not satisfied with their sex life.

Sexual problems are positively correlated at an early age of onset of bipolar disorder ( $P=0.001$ ).

The lack of desire, the sexual excitation disorder and the decrease in the frequency of sexual intercourse are positively correlated with the depressive phase of bipolar disorder.

**Conclusion** A better understanding of sexual behavior in women with bipolar disorder and the early screening of the sexual disorders must be integrated into the management of the disease. It can improve their quality of life and adherence to therapy.

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

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## EV179

### Psychosocial functioning impairment in euthymic patients with bipolar disorder II: The role of clinical factors

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**Introduction** Growing body of evidence have showed that euthymic bipolar patients have poor psychosocial functioning. Most of the studies have focused on the psychosocial functioning in euthymic bipolar disorder (BD)-I patients. On the contrary, there have been limited researches investigating psychosocial functioning in euthymic BD-II patients. Moreover, the factors associated with psychosocial functioning in euthymic patients with BD II have been also understudied.

**Objectives/aims** Aim of our study was to investigate the association between clinical variables and poor psychosocial functioning in euthymic BD-II patients. Hypothesis of this study was that euthymic BD-II patients would have low level of psychosocial functioning compared with healthy individuals.

**Methods** BD-II ( $n=37$ ) and healthy subjects ( $n=35$ ) were compared in terms of their psychosocial functioning which were assessed by Functional Assessment Short Test (FAST). The euthymic state was confirmed by low scores both on the Hamilton Depression Rating Scale (HDRS) and the Young Mania Rating Scale (YMRS). Anxiety symptoms were also assessed by Hamilton Anxiety Rating Scale (HARS) in both groups. Clinical variables were taken as independent variables and FAST scores were taken as dependent variable in order to run correlation analysis in BD-II group.

**Results** No socio-demographic differences were found between two groups. Euthymic BD-II patients had significantly higher FAST, HARS, HDRS YMRS scores compared with healthy individuals. Only HDRS scores correlated with FAST scores of BD-II patients.

**Conclusions** This study indicated that euthymic BD-II patients had poorer psychosocial functioning. And subclinical depressive symptoms were associated with poor psychosocial functioning.

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

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## EV180

### Insight in bipolar disorder through the course of manic episode and its clinical correlates

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**Introduction** Insight is a well-documented phenomenon for psychotic disorders. It has been studied extensively in schizophrenia and its association with clinical outcomes has drawn increased attention. Although less is known for affective disorders, recent studies point out that impaired insight in bipolar disorder may take part in patients' overall well-being.

**Aims** Exploring the main components of insight in psychiatry, particularly in bipolar disorder.

**Objectives** With this study, we wanted to examine how clinical and cognitive insights change in patients with bipolar disorder through their hospitalization period and how they correlate with symptom severity and neuropsychological functioning.

**Methods** In this prospective study, inpatients with bipolar I disorder who were presented by manic episode with psychotic features were included. The patients were assessed with Young Mania Rating Scale, Beck Cognitive Insight Scale, Schedule for the Assessment of Insight-Expanded Version (SAI-E) and a neuropsychological test battery both at the time of admission and discharge.

**Results** As of October 2015, a total number of 20 patients with bipolar I disorder participated in the study. Preliminary results revealed a significant improvement in the total score of clinical insight, which was measured with SAI-E by the time of discharge ( $P=0.001$ ). This transition was strongly correlated with the decrease in symptom severity ( $P=0.006$ ,  $r=-0.61$ ). Improved clinical insight exhibited significant correlation with the increase in patients' memory span ( $P=0.007$ ,  $r=-0.596$ ).

**Conclusion** The preliminary results suggest that changes in symptom severity and working memory might be the determinants of improvement in clinical insight of inpatients with bipolar disorder through manic episode.

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

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## EV181

### Decrease in prolactine levels after treatment with aripiprazole during a manic episode: A case report

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**Introduction** Hyperprolactinemia can produce clinical symptoms affecting the patient's quality of life and therefore limiting therapeutic approaches to bipolar disorder.

**Case report** We report a case of a 46-year-old woman, with a 10 year history of type I bipolar disorder and a microprolactinoma, who was admitted to a psychiatry inpatient unit due to a manic episode. Current symptoms at the moment of admission included hyperthymia, verbiage, flight of ideas and insomnia. Menstrual changes and galactorrhea had been present previously. Aripiprazole was introduced, reaching a dose of 30 mg/day, in addition to her usual treatment with lithium and gabapentin. Response to treatment was good and euthymia was reached within 10 days. Moreover, gabapentin was substituted by Valproic acid, and the patient was discharged once therapeutic levels were attained. Prolactin levels were measured at the moment of admission (128.75 ng/mL) and after 11 days of treatment (92.93 ng/mL).

**Discussion** Choosing an adequate antipsychotic agent can reduce the risk of iatrogenesis and thus enhance adherence to treatment and quality of life. Aripiprazole had previously shown a high potential at decreasing levels of prolactine. In this case, clinical practice supports scientific evidence.

**Conclusions** Aripiprazole is an effective treatment for type I bipolar disorder. Especially, it can be a treatment of choice in patients suffering from symptoms related to high levels of prolactine, even using a high dosage.