followed by motor symptoms which comprised (17.2%), and sensory symptoms which constituted (1.7%) only.

**Conclusions:** SD was highly prevalent among patients attending a major outpatient psychiatric clinic in Duhok Governorate/Kurdistan Region of Iraq, and CD was the most common presenting form of SD. Younger age (adolescents and young adults) and female gender comprised the majority of cases. Interestingly, the most common presenting symptom of CD in our sample was pseudo-seizures.

## Disclosure of Interest: None Declared

## **Bipolar Disorders**

## **EPV0089**

## New-Onset Bipolar Disorder in Late Life: a case report and review of literature

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**Introduction:** The elderly represents the fastest growing group of the population. It is fair to assume that the portion of old age patients suffering from bipolar disorder will grow in a similar manner. Elderly patients represent approximately 25% of the bipolar population. Summarizing, 5–10% of patients were 50 years of age when they experienced their first manic episode, constituting the subgroup of late onset bipolar disorder (LOBD).

**Objectives:** The purpose of this case report and literature review is to emphasise the importance of LOBD in old population and to highlight its still sparse-knowledge.

**Methods:** Descriptive case study and review of literature (Arnold,I. et al. Old Age Bipolar Disorder—Epidemiology, Aetiology and Treatment. Medicina **2021**,57,587; Baldessarini et al. Onset-age of bipolar disorders at six international sites. J Affect Disord 2010;121(1-2):143-6).

**Results:** A 60-year-old woman is brought to the emergency department for evaluation by her family. Over the past 7 days, the patient has become increasingly irritable and argumentative, is sleeping less, is talking faster than usual and has begun to express paranoid concerns about her students "stealing my exam". The patient is a university professor.

In the assessment interview she is hyperverbal, expansive, and grandiose. The family has also just recently discovered that she has spent a large sum of money on the Internet.

She has no history of psychiatric contact or substance use disorders; however, she has a family history of severe depression.

In the absence of any plausible non-psychiatric condition that could mimic or induce mania, the working diagnosis is bipolar I disorder, most recent episode (MRE) manic with psychotic features. Image:

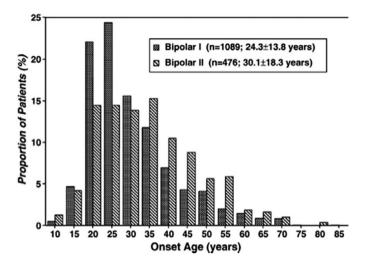


Image 2:

Subgroup	Proportion (%)	Onset-age (yrs) (median±IQR)	z or F	p-value
Diagnosis			6.29	< 0.0001
Bipolar I	69.6	$24.3 \pm 13.8$		
Bipolar II	30.4	$30.1 \pm 18.3$		
Sex				
All bipolar patients			2.90	0.004
Women	54.3	$27.0 \pm 15.9$		
Men	45.7	$24.1\pm14.4$		
Bipolar I patients			2.16	0.031
Women	51.5	$26.0 \pm 14.2$		
Men	48.5	$23.0 \pm 12.8$		
Bipolar II patients			1.24	0.22
Women	60.7	$30.1 \pm 17.5$		
Men	39.3	$29.7 \pm 19.1$		
Onset-type, bipolar I			3.62	0.013
Depression	35.7	$24.5 \pm 14.9$		
Hypomania	0.0	-		
Mania				
Manic	41.6	$24.0 \pm 12.0$		
Mixed	13.7	$27.9 \pm 16.0$		
Psychotic	9.0	$22.7 \pm 9.17$		
Onset-type, bipolar II			1.57	0.12
Depression	90.6	$30.0 \pm 19.5$		
Hypomania	9.4	$34.1 \pm 14.2$		

**Conclusions:** The share of older age bipolar disorder will grow constantly in the next decades and further research on this neglected patient group is urgently required.

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