Aims To assess the prevalence, demographics, clinical correlates and course of these euphoric versus irritable pediatric mania.

Methods Systematic review of the available studies assessing the phenomenology, course and outcome of pediatric mania.

Results Eighteen studies reported the number of subjects presenting with either irritable or elated mood during mania. Irritability has been reported to be the most frequent clinical feature of pediatric mania reaching a sensitivity of 95-100% in several samples. Only half the studies reviewed reported on number of episodes or cycling patterns and the described course was mostly chronic and ultra-rapid whereas the classical episodic presentation was less common. Few long-term outcome studies have reported a diagnostic stability of mania from childhood to young adult age. *Conclusions* Severe irritability is the most common presentation of abnormal mood described in children with bipolar disorder. Longitudinal studies of samples with irritable versus elated mood presentation and chronic versus episodic course may help clarify whether these are factors predicting different long-term course, treatment-response and outcome of pediatric onset bipolar disorder.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2220

e-poster walk: Classification of mental disorders and cultural psychiatry

EW0351

Pretreatment predictors of early response revealed by quantitative cerebral blood flow in major depressive disorder

Z. Hou^{1,*}, Z. Wang², W. Jiang¹, Y. Yin¹, Y. Yue¹, Y. Zhang¹, Y. Yuan¹

 ¹ Zhongda Hospital, Medical School of Southeast University, Department of Psychosomatics and Psychiatry, Nanjing, China
² Zhongda Hospital, Medical School of Southeast University, Department of Neurology, Nanjing, China
* Corresponding author.

Objective The potential pattern of regional cerebral blood flow (rCBF) in major depressive disorder (MDD) underlies different response to antidepressants medication remain unclear. This study aimed to investigate the differences of rCBF between patients with different treatment response.

Methods Eighty MDD patients [(44 treatment-responsive depression (RD) and 36 non-responding depression (NRD)] and 42 healthy controls (HC) underwent pulsed arterial spin labeling (PASL) scans in magnetic resonance imaging and clinical estimates. The exact rCBF values of each groups were obtained via quantification evaluation.

Results Compared to NRD, the RD patients showed decreased rCBF values in frontal sensorimotor network (i.e. left paracentral lobule, left medial frontal gyrus, right superior frontal gyrus and right middle frontal gyrus), and further receiver operating curve (ROC) analyses demonstrated that the altered rCBF in these four regions exhibited outstanding performance on distinguishing NRD from RD. The NRD also exhibited reduced rCBF in bilateral cerebellum posterior lobe and right middle occipital gyrus and elevated rCBF in right postcentral gyrus and right middle frontal gyrus as compared to HC.

Conclusions The decreased rCBF in frontal sensorimotor network appeared to be distinct characteristics for NRD, and might be severed as promising neuroimaging markers to differentiate depressed patients with weak early response to antidepressant medication. These findings expand our understanding of neural substrate underlying the antidepressant efficacy. *Disclosure of interest* The authors have not supplied their decla-

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2221

ration of competing interest.

EW0352

Review of Othello syndrome and its relationship with neurological disorders

P. Michielsen^{1,*}, L. De Jonge², S. Petrykiv³, M. Arts⁴

¹ Mental Health Western Northern Brabant, General Adult Psychiatry, Halsteren, The Netherlands

 ² Mental Health Western Northern Brabant, Department of Neuropsychiatry and Geriatric Psychiatry, Halsteren, The Netherlands
³ University of Groningen, University Medical Center Groningen, Department of Clinical Pharmacy and Pharmacology, Groningen, The Netherlands

⁴ University of Groningen, University Medical Center Groningen, Department of Old Age Psychiatry, Groningen, The Netherlands * Corresponding author.

Introduction Othello syndrome is a psychotic disorder characterized by delusion of infidelity or jealousy. It predominantly occurs in the context of specific psychiatric or neurological disorders. Othello syndrome is associated with mental changes including excessive aggression, hostility, and irritability. Patients with Othello syndrome misinterpret the behaviour of the spouse or sexual partner to provide evidence for their false perception.

Objectives and aims The purpose of this paper is to examine the phenomenon of Othello syndrome as a result of specific neurological diseases.

Methods The study design was a retrospective case series of patients with Othello syndrome. We searched the electronic databases PubMed and Embase for review articles and original research using the search terms 'Othello syndrome, Morbid Jealousy, Pathological Jealousy, Delusional Jealousy, Delusions and Infidelity, Delusions of Jealousy or Infidelity'.

Results In the present study of 95 case reports, the relationship between Othello syndrome and a neurological pathology was described. This syndrome was most commonly associated with neurodegenerative diseases (59%), followed by medication induced Othello syndrome (13.7%) and vascular dementia (8.4%). Lesions particularly in the right (dorsolateral) frontal lobes were associated with this syndrome.

Conclusion This study demonstrates that Othello syndrome occurs most frequently in patients with right frontal lobe dysfunction. It is predominantly related with Lewy Body Disease and Alzheimer's disease. Clinicians should keep an "index of suspicion" regarding dementia when Othello syndrome presents in elderly persons.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2222

EW0353

Reward learning and dopamine release in adults with 22q11DS

E. Van Duin¹, Z. Kasanova², M. Beck¹, D. Hernaus¹,

I. Myin-Germeys², T. van Amelsvoort^{1,*}

¹ Maastricht University, Psychiatry, Maastricht, The Netherlands

² KU Leuven, Psychiatry, Leuven, Belgium

* Corresponding author.

Background 22q11.2 deletion syndrome (22q11DS) is a genetic disorder caused by a microdeletion on chromosome 22q11.2 and