EPV0126

Evaluation of the executive dysfunction in patients with bipolar disorder

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Introduction: Bipolar disorders (BD) associate impairments in cognitive functioning not restricted to acute mood episodes. The functional impact of these cognitive dysfunctions is significant in many cases, therefore, an extensive evaluation is granted for BD patients from this perspective. Executive dysfunction in BD has been reported, especially during mania and was associated with formal thought disorder, but multiple cognitive deficits may reflect an underlying pathologic process related to the mood disorder itself.
Objectives: To assess the level of executive dysfunction in a sample of patients with type I BD (BDI) using structured measurement methods.
Methods: Five patients diagnosed with BDI (two patients during manic episodes, one during the euthymic phase, and 2 during depressive episodes) were evaluated for working memory (n-back test), verbal fluency (Controlled Oral Word Association Test, COWAT) and verbal learning (Verbal Learning and Memory test, VLMT). All patients were adults, mean age of 35.5 years, and all were undergoing psychotropic treatment with antipsychotics and/or mood stabilizers. Also, five normal healthy controls, matched for age, were evaluated using the same test battery.
Results: All five BDI patients presented dysfunctions (three at a trend level, and one at a significant level, p<0. 01) in at least one cognitive domain, with three patients presenting modifications in all three tests that were administered vs. normal controls. The most affected domain was verbal learning, followed by working memory and verbal fluency. No individual in the control group had significant cognitive deterioration, on any outcome assessed.
Conclusions: Cognitive domains are altered in BDI patients, therefore, a test battery destined to quantify executive dysfunctions, independent of the presence of an acute mood episode or during the euthymic phase, may be useful for case management.

Disclosure of Interest: None Declared

EPV0127

C-reactive protein levels and cognitive functions in patients with bipolar disorder

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Introduction: The pathophysiology of bipolar disorder (BD) is complex and remains uncertain to this day.
Several hypotheses have been suggested, including the involvement of inflammatory mechanisms in its pathogenesis and in eventual cognitive impairment. C-reactive protein (CRP) is one of the most commonly used inflammatory markers. High-sensitivity CRP (hs-CRP) is a more sensitive marker.
Objectives: We aimed to examine hs-CRP levels in patients with BD, and to investigate its relationship with cognitive functions.
Methods: We conducted a cross-sectional study between June 2016 and July 2018 on drug-free BD patients. These participants were hospitalized at the "C" Psychiatry department of HediChaker University Hospital in Sfax-Tunisia which accepts only male patients. The diagnosis of BP disorder was established according to DSM-5 criteria.
We used the Montreal Cognitive Assessment (MoCA) scale to assess cognitive functions in our patients, and blood samples were collected to analyze hs-CRP levels.
Results: Our study included 33 patients whose median age was 33 years, with an interquartile range of 27.5-44 years. The majority (90.3%) were diagnosed with type I of bipolar disorder and 9.7% were diagnosed with type II. At the time of the study, 82.4% had a maniac episode and 17.6% had a depressive one.
The median MOCA scale score was 24 with an interquartile range of 19-26, and the analysis of hs-CRP values revealed a median level of 2.1 (interquartile range: 1.2-7.3).
There was no significant correlation between hs-CRP levels and MOCA scores nor its domains. Table 1 shows the results of this correlation analysis.

Table1: correlation results between hs-CRP levels and MOCA domains

		MOCA	Visuospatial and executive functions	naming	attention	language	abstraction	memory	orientation
hs-CRP	r=	0.157	0.031	-0.092	-0.020	0.099	0.071	0.055	-0.151
	p=	0.415	0.873	0.636	0.918	0.610	0.714	0.775	0.435

We also did not find any significant difference in hs-CRP levels between patients with depressive and maniac episodes.
Conclusions: Our study showed no significant relationship between inflammation and cognitive impairment in bipolar disorder. Further research is needed to better investigate the role of inflammatory processes in this disorder.

Disclosure of Interest: None Declared

EPV0128

Use of Caripracina in a case of manic episode with psychotic symptoms difficult to treat due to side effects with the use of psychotropic medication. A case report

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Introduction: There are manic episodes to involve a challenge in treatment due to finding resistance or secondary effects with the

drugs of choice, this situation oblige forcing us to seek alternatives in the data sheet.
Objectives: To describe the complicated evolution of a case of acute mania difficult to threat with stabilizer drugs and antipsychotics of choice. We discuss the psychopharmacological approach.
Methods: Case summary. We have conduced a systematic review of the descriptions published to date, regarding this case.We presented a case, in a 48-year-old female, admitted to our hospital due to psychopathological descompensation of bipolar affective disorder, where we observed manic and psychotic symtoms.
Results: In the first instance, we started treatment with Lithium and Olanzapine, in increasing doses, along with benzodiazepine support.
During more than four months of follow-up , multiple drugs have been tested sequentially: olanzapine, aripiprazole and quetiapine. We observed a good response but low tolerance issue to secondary effects consisting of severe akathisia, in progressive stiffness (spasticity) and hands tremor, it was very disabling problem for patient, even though the use of biperiden.
This situation forced us to search another option of treatment, different from non-pharmacological therapies (ECT). After checking the literature and publications about it, we decided to start treatment with Caripracine 3mg/24h, for which the therapeutic indication is the treatment of manic with mixed symtoms.
Conclusions: We propose, through a clinical case, the use of cariprazine as a first choice in the acute decompensation of bipolar affective disorder, without symptoms of mixed mania.
During the treatment, the patient presente multiple difficulties and finally, a good response is was obtained with the use of Cariprazine, althought this patient continued showing slight akathisia well tolerated, she was able to leave after four months of hospitalization in the acude mental health unit.

Disclosure of Interest: None Declared

EPV0129

Cut From the Same Cloth: Bipolar disorder and Frontotemporal Dementia – Apropos a Clinical Case

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Introduction: Mood disorders have been reported in the literature as a risk factor for developing cognitive deficits. Bipolar disorder (BD) and Frontotemporal Dementia (FTD) share many common features, often presenting as a differential diagnostic challenge to the clinician. The clinical features of mania, such as euphoria, hyper-sexuality and difficulties in impulse control can mimic the impaired judgment and loss of inhibition seen in FTD. Depressive features such as anhedonia and social isolation can mimic apathy associated with FTD. Of the various subtypes, the behavioural-variant of FTD (bvFTD) is most similar to a manic episode.
Objectives: The authors aim to explore the relationship between BD and FTD, and the implications in differential diagnosis, treatment and prognosis with recourse to a clinical case example.
Methods: A non-systematized review of pertinent literature on the topic with focus on that which is most relevant to the theme was included. The authors present a clinical case of 55 year-old female with history of BD who was hospitalized in the context of a depressive episode with suicidal ideation and disorganized behaviour.
Results: It is not uncommon for patients with bvFTD to be initially diagnosed with BD, whereas on the other hand, patients presenting in late with an inaugural manic episode are considered to have dementia. The literature also reports that patients with BD appear to be at increased risk of a later FTD diagnosis, further contributing the diagnostic difficulties. Core symptoms that present in mood disorders, also make-up the clinical picture of FTD, and vice versa. Correct diagnosis is imperative as early-intervention may have significant impact on prognosis of the clinical pictures. The patient underwent complementary diagnostic imaging testing with magnetic resonance imaging, which documented atrophy in the frontotemporal regions which were not detected on previous exams, thus strongly suggesting a FTD diagnosis in a patient with history of BD.
Conclusions: The literature establishes, especially through various case reports, an apparent clinical overlap between FTD and mood disorders. A multifaceted connection between BD and FTD appears to exist, with clinical and genetic similarities having been described, although further studies are merited demonstrating this relationship. The clinical case highlights the challenges in FTD diagnosis in a patient with prior history of a mood disorder, especially BD, as well as demonstrating the difficult task in establishing a differential diagnosis between the two conditions when the mood disorder presents late in life. The clinician is alerted to the mimicry between the two conditions, taking into account the possibility of a FTD diagnosis in patients with history of BD presenting with unexpected cognitive and behavioural decline.

Disclosure of Interest: None Declared

EPV0130

Bipolar disorder type II - will the new classification help in setting an adequate diagnosis

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Introduction: Bipolar affective disorder type II is often misunderstood, neglected and rarely receives the attention it deserves and often remains undiagnosed. Despite its neglect and insufficient diagnosis, it is an important diagnostic entity because it causes significant suffering and functional impairment, a chronic course of the disease and a high suicide rate. Cognitive impairments and multiple comorbidities that significantly affect the course and outcome of the disease are common.
Objectives: The purpose of this research was to determine the extent of the deficiency in diagnosing bipolar affective disorder type II in daily clinical work.