

2012. Forty-five consecutive indoor patients diagnosed with bipolar mood disorder using DSM-IV-TR criteria were selected. On day 1, blood was collected for thyroid profile and BPRS 24 item scale version 4.0 was applied. They were started on lithium monotherapy and only lorazepam was used on S.O.S basis. On day 30, the BPRS was applied again to check the response to treatment, statistical analysis was done using SPSS version 16.

**Results** The mean percentage fall of the BPRS score was 40%, with the maximum fall in the subscale of grandiosity and minimum for depression. Age, illness duration, substance use, family history second or later episodes were negatively correlated with treatment response. Pretreatment T4 level was positively correlated, while pretreatment TSH level was negatively correlated with the treatment response.

**Conclusion** Lithium monotherapy proved to be a good agent for first episode of bipolar Mood disorder patients with manic symptoms and pretreatment T4 and TSH level were predictors of treatment response.

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0015

### Use of the polarity index for the analysis of long-term efficacy of drugs used in bipolar disorder

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**Introduction** The study gathered information in order to draw useful conclusions to describe bipolar patients and their clinical management. The data collection was conducted as part of RENDiBi epidemiological study.

**Objectives** The statistical analysis of the collected data will be essential to understand the possible changes in drug treatment, through the help offered by a parameter, Polarity Index (PI), the numerical expression of the efficacy profile of a drug, very useful especially in the long-term management.

**Methods** Administration of a first detection card (demographic data, medical history) and five scales (CGI-BP, Mood Insight Scale, YMRS, HDRS) and a structured interview (MINI). The parameters analyzed were: polarity prevalence, ratios efficiency (IE) (values indicating the effectiveness of treatment compared to manic components and/or depressive), treatment and PI.

**Results** The degree of correlation between PI and IETot is positive and statistically significant. The correlation between PI and IEm is statistically significant; the correlation is however not significant between PI and IEd; treatment with antipsychotics alone has increased PI, while the one with mood stabilizers has lesser; treatment with antipsychotics has increased PI in patients with predominantly polarity than those with manic depressive prevailing polarity.

**Conclusions** There is a correlation between PI and effectiveness on manic symptoms and it is statistically significant (as already evident in the literature). The PI is numerically higher in the treatment of the subject with manic polarity, in agreement with previous studies that associate to the more effective drugs used for the management of manic recurrences a higher PI.

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0016

### Obesity and obstetric complications are associated with rapid-cycling in Italian patients with bipolar disorder

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**Introduction** Rapid cycling (RC) worsens the course of bipolar disorder (BD) being associated with poor response to pharmacotherapy. Previous results about clinical variables potentially associated with RCBD were discordant or unreplicated.

**Objectives** An early diagnosis should be the goal to properly treat RCBD patients.

**Aims** To compare clinical variables between RC and non-RC bipolar patients and to identify related risk factors.

**Methods** A sample of 238 bipolar patients was enrolled from three different community mental health centers. Descriptive analyses were performed on total sample and patients were compared in terms of sociodemographic and clinical variables according to the presence of RC by multivariate analyses of variance (MANOVAs, continuous variables) or  $\chi^2$  tests (qualitative variables). Binary logistic regression was performed to calculate odds ratios.

**Results** Overall, 28 patients (11.8%) had RC. The two groups were not different in terms of age, age at onset, gender distribution, type of family history, type of substance use disorder, history of antidepressant therapy, main antidepressant, psychotic symptoms, comorbid anxiety disorders, suicide attempts, thyroid diseases, diabetes, type of BD, duration of untreated illness, illness duration, duration of antidepressant treatment and GAF scores. In contrast, RC patients had more often a history of obstetric complications ( $P < 0.05$ ), obesity ( $P < 0.05$ ) and a trend to hypercholesterolemia ( $P = 0.08$ ). In addition, RC bipolar patients presented more frequently lifetime MDMA misuse ( $P < 0.05$ ) than patients without RC.

**Conclusions** Obesity and obstetric complications are risk factors for the development of RC in BD. Lifetime MDMA misuse may be more frequent in RC bipolar patients.

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

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0017

### Epidemiology of bipolar spectrum disorder: Results from the general population survey of South Korea

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**Introduction** Patients with subthreshold bipolar disorder (sub-BP) experience severe clinical courses and functional impairments, which are comparable to those with bipolar I and II disorders (BP-I and -II). Nevertheless, lifetime prevalence, socioeconomic correlates and diagnostic overlaps of bipolar spectrum disorder (BPS) have not yet been estimated in the general population of South Korean adults.

**Aims** This study aimed to estimate the lifetime prevalence, correlates and diagnostic comorbidities of BPS using a validated

screening instrument in the nationwide general population of South Korea.

**Methods** A total of 3013 adults among the 2011 Korean Epidemiologic Catchment Area survey (KECA-2011) completed face-to-face interviews using the Korean versions of the composite international diagnostic interview 2.1 and mood disorder questionnaire (K-CIDI and K-MDQ).

**Results** The lifetime prevalence of BPS in the South Korean adults was measured to be 4.3% (95% CI 2.6–6.9). Nearly 80% of the subjects with BPS were codiagnosed with other DSM-IV nonpsychotic mental disorders: 35.4% (95% CI 24.2–48.5) for major depression and dysthymic disorder, 35.1% (95% CI 27.7–43.3) for anxiety disorders and 51.9% (95% CI 40.5–63.1) for alcohol and nicotine use disorders. Younger age (18–34 years) was the only sociodemographic predictor of BPS positivity ( $P=0.014$ ) and the diagnostic overlap patterns were different between men and women.

**Conclusions** Positivity for BPS was estimated to be much greater than the prevalence of DSM-IV BP in South Korea. Most of the respondents with BPS were diagnosed with other major mental disorders and this might be related with mis and/or underdiagnosis of clinically relevant Sub-BP.

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

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**0018**

### Assessment of serum IL-4, 15d-PGJ2, PPAR gamma levels in patients with bipolar disorder



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**Introduction** Many hypotheses have been proposed about development of bipolar disorder including inflammatory processes due to the external and endogenous factors. There are strong evidences that immunological dysfunction is present in bipolar disorder. In the pathophysiology of bipolar disorder, there are many data that support the inflammatory hypothesis.

**Objectives** In this study, to clarify the etiology of bipolar disorder, based on the inflammatory process hypothesis, it is aimed to measure and evaluate serum 15d-PGJ2 and PPAR $\gamma$ , anti-inflammatory cytokine IL-4 levels in patients with bipolar disorder.

**Methods** This study was performed at Ankara Numune Training and Research Hospital. Ninety-five patients are included in the study that were in their mania or remission periods and meet the DSM-V criteria for bipolar disorder. Forty-four healthy volunteers are included in the study as well. Serum IL-4, 15d-PGJ2, PPAR $\gamma$  levels are measured in both groups. Young Mania Scale, Hamilton Depression Scale, demographic data form were given to patient group.

**Results** In our study, 15d-PGJ2, PPAR $\gamma$  levels were found statistically significantly lower in patients with bipolar disorder compared to healthy controls.

**Conclusion** There are differences in anti-inflammatory prostaglandin levels in patients with bipolar disorder who are in their mania period when compared to healthy controls and patients in their remission period. This does not show any significance according to smoking and gender. This implies that inflammation markers could be a good candidate to determine trait markers, which will provide an insight for preventing patient

from mania period or prognosis after the diagnosis of bipolar disorder.

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**0019**

### Impulsivity and brain volume in patients with bipolar disorder type I and bipolar disorder type II



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**Introduction** Impulsivity is a key feature of both bipolar disorder (BD) type I (BDI) and type II (BDII).

**Objective** Structural neuroimaging studies help clarifying brain mechanisms underpinning the regulation of impulsivity in BDI and BDII.

**Aims** To address the question whether grey matter (GM) alterations relate differently with impulsivity in BDI and BDII.

**Methods** We assessed 54 euthymic outpatients, diagnosed with BDI ( $n=28$ ) or BDII ( $n=26$ ) according to DSM-IV-TR criteria. They underwent a 3 T magnetic resonance imaging (MRI) investigation. GM brain volumes were analyzed on a voxel-by-voxel basis using Statistical Parametric Mapping 8. The Barratt Impulsiveness Scale (BIS), version 11A, was used to assess trait impulsivity.

**Results** BDI and BDII patients present an inverse relationship between impulsivity and GM volume in two cerebral areas: the right cerebellum (right crus I) and the interface between the left angular gyrus and the left inferior parietal cortex (Brodmann Area 39, 7, 40). More specifically, a negative relationship for BPI and a positive relationship for BPII were found in both areas.

**Conclusions** Results suggest that the different diagnosis between BDI and BDII could have a significant effect on GM changes according to impulsivity severity and point up the importance of considering the BP subtype distinction in neuroimaging studies on this topic.

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

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**0020**

### Inflammation and neurodegeneration findings in early stage bipolar disorder



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**Introduction** There is growing evidence about neuroinflammation in the aetiopathogenesis of bipolar disorder. Early diagnosis and intervention strategies are thought to be excessively important lately.

**Objectives** To check neuroinflammation levels in early stage bipolar disorder and explore the associations with clinical variables.

**Aims** We aimed to evaluate inflammation and neurodegeneration findings in early stage bipolar disorder.

**Methods** Serum interleukin 1-receptor antagonist (IL-1Ra), interleukin 6 (IL-6), tumor necrosis factor-alpha (TNF- $\alpha$ ), high sensitive C reactive protein (hs-CRP), S100B and neuron specific enolase (NSE) levels were assessed by enzyme-linked immunosorbent assays in a total of 30 patients with bipolar disorder in the early stage and compared with 30 matched healthy controls. The clinical symptoms were rated using Montgomery Asberg Depression Scale,