

## EW41

### Use of antidepressants in maintenance phase of patients with bipolar disorder in an outpatient setting

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**Introduction** Guidelines for the maintenance treatment of bipolar disorder discourage the use of antidepressants chiefly on grounds of unproven efficacy and risk if mania for bipolar I. However, for patients stabilised on an antidepressant, naturalistic data support its continued use.

**Aim** The aim is to describe use of antidepressants in patients with bipolar disorder in remission seen at an outpatient clinic in Singapore.

**Methods** The case notes of patients with bipolar disorder in remission, seen by psychiatrist in an outpatient psychiatric clinic in a general hospital unit from December 2014 to March 2015 were studied. Data describing the age, sex, type of bipolar disorder and psychotropic medications prescribed, was obtained.

**Results** Forty-two patients were included, of which 13 (31%) were male and 29 (69%) were female. The age ranged from 23 to 82, with mean age of 47 years. Of these 17 (40%) had bipolar I and 25 (60%) had bipolar II. Antidepressant use for maintenance treatment was present in 19 out of 42 (45%) of these patients; of these 7 out of 17 (41%) were bipolar I and 12 out of 25 (48%) were bipolar II. Eighteen out of the 19 (95%) patients who were prescribed antidepressants were on combination treatment with mood stabilizers. Antidepressant type included SSRI (37%), NDRI (37%), SNRI (10.5%), TCA (10.5%), NASSA (5%).

**Conclusion** Almost half of patients with bipolar disorder managed in an individual practice were on antidepressants together with mood stabilisers. They remained in remission with combination treatment, which did not seem to jeopardise their condition.

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

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## EW45

### Towards a redefinition of dissociative spectrum dimensions inside Capgras and misidentification syndromes in bipolar disorder: Case series and literature review

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**Introduction** Misidentification phenomena and Capgras Syndrome (CS) occur in different psychiatric (psychotic or major affective illnesses) and neurological (traumatic brain injury, epilepsy, neurosyphilis, etc.) disorders [1,2]. The aim of this report is to redefine dissociative spectrum dimensions inside CS and misidentification syndromes in patients with Bipolar Disorder (BD).

**Method** Five inpatients were assessed with the SCID-P, SCID-DER, DSS, HRSD, YMRS, a neurological and general medicine review, a first-level brain imaging examination (CT and/or MRI). We conducted a systematic literature review (PubMed, Embase, PsychInfo) using the key terms “Capgras Syndrome” and “Misidentification”. **Results** All patients were diagnosed with type-I BD and had comorbid CS that presented with misidentification phenomena in the context of psychotic mixed state. They reported high scores for autopsychic and affective depersonalization symptoms as well as high SCI-DER (mean = 24.4) and DSS (mean = 13) total scores.

**Discussion and conclusion** To our knowledge in literature, there are not studies that evaluated dissociative spectrum symptoms in CS in BD. This condition of identity and self fragmentation could be the key to shedding light on the interconnection between affective and non-affective psychotic disorders from schizophrenia to BD, and may underscore the possible validity of the concept of the unitary psychosis proposed by Griesinger [3–5]. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations are considered.

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

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## EW46

### Mapping vulnerability to bipolar disorders

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**Introduction** Although early interventions in individuals with bipolar disorder may reduce the associated personal and economic burden, the neurobiologic markers of enhanced risk are unknown. **Objectives** The objective of this paper is to analyze the existence of neurobiological abnormalities in individuals with genetic risk for developing bipolar disorder (HR)

**Material and methods** A literature search was performed in the available scientific literature on the subject study object, by searching MEDLINE.

**Results** There were 37 studies included in this systematic review. The overall sample for the systematic review included 1258 controls and 996 HR individuals. No significant differences were detected between HR individuals and controls in the selected ROIs (regions of interest): striatum, amygdala, hippocampus, pituitary and frontal lobe. The HR group showed increased grey matter volume compared with patients with established bipolar disorder. The HR individuals showed increased neural response in the left superior frontal gyrus, medial frontal gyrus and left insula compared

with controls. The overall results found no significant differences between individuals at high genetic risk and controls since the magnitude of the association as corresponds to an OR < 1.5 (low association)

**Conclusion** There is accumulating evidence for the existence of neurobiologic abnormalities in individuals at genetic risk for bipolar disorder at various scales of investigation. The etiopathogenesis of bipolar disorder will be better elucidated by future imaging studies investigating larger and more homogeneous samples and using longitudinal designs to dissect neurobiologic abnormalities that are underlying traits of the illness from those related to psychopathologic states, such as episodes of mood exacerbation or pharmacologic treatment.

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#### EW47

### Evolution of bipolar disorder over 12 years in a psychiatric hospital

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**Introduction** Bipolar disorder is a leading cause of hospitalization in psychiatric hospitals. It is known that early detection of bipolar disorder is associated with a better prognosis.

**Objectives** The aim of this study is to conduct a demographic analysis of patients hospitalized for bipolar disorder in a single center between 2003 to 2014.

**Methods** Retrospective cohort study of 1230 patients admitted with bipolar disorder diagnosis from 2003 to 2014 at Centre Assistencial Emili Mira i López of Parc Salut Mar of Barcelona. We divided the study in two periods: 2003–2008 and 2009–2014. We analyzed the following variables: frequency of admissions, age, sex and days of hospital stay, comparing both periods. Chi-square test for categorical variables and Student t test for quantitative variables were applied.

**Results** The mean ages at the first and second period are 52 and 47, respectively ( $P < 0.001$ ). There are no significant differences in sex and days of hospitalization. The frequency of admissions on the first and third trimesters is higher than in the second and fourth, although the differences are not statistically significant.

**Conclusions** Despite the large number of patients in the study, there are limitations, such as being a retrospective study and not being adjusted for confounding factors. The average age of patients in the second period is lower than in the first. This could suggest an improvement in early detection of bipolar disorder in the last years. Further research is needed to confirm this hypothesis.

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#### EW50

### Euthymia is not always euthymia: Clinical status of bipolar patients after 6 months of clinical remission

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**Introduction** Most studies selected euthymic patients with bipolar disorder in inter-episodic phase according to clinical remission criteria at least between 1 and 6 months. However, possible differences can exist in the course of clinical symptoms in bipolar patients related to the duration of clinical remission.

**Objectives** The main aim of this study was to evaluate the clinical status of bipolar patients after 6 months of clinical remission.

**Methods** We performed a cross-sectional study of bipolar outpatients in clinical remission for at least 6 months. Bipolar Depression Rating Scale (BDRS), Young Mania Rating scale, Pittsburgh Sleep Quality Index (PSQI) scale, Visual Analogic Scales (VAS) evaluated cognitive impairment were used to assess residual symptomatology of patients. Multivariate analysis (MANCOVA) was conducted for analysing possible differences between 3 groups of patients according to their duration of clinical remission (< 6 months–1 year, < 1 year–3 years, < 3 years–5 years).

**Results** A total of 525 patients were included into the study. The multivariate analysis indicated a significant effect of the duration of clinical remission on the different residual symptoms (Pillai's trace:  $F 4.48$ ,  $P < 0.001$ ). The duration of clinical remission was associated with the significant improvement of the BDRS total score ( $P = 0.013$ ), the PSQI total score ( $P < 0.001$ ) and the cognitive VAS total score ( $P < 0.001$ ).

**Conclusion** These results support a possible improvement of residual symptoms according to the duration of clinical remission in bipolar patients. Any definition of euthymia should specify the duration criteria.

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

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#### EW51

### Emotion processing and social functioning in euthymic bipolar disorder

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**Introduction** A large number of studies have found that patients with bipolar disorders have a poor performance in tasks assessing social cognition.

**Objectives and aims** The present study aimed to investigate whether euthymic bipolar patients (EBP) have a dysfunction in emotion processing when compared to controls. An additional