benign intracranial hypertension is diagnosed and the treatment with lithium must be stopped. We replace lithium treatment by Asenapine monotherapy. The evolution of the patient was very positive. Taking account of the adverse effects of lithium and reducing them can facilitate the adherence to treatment and also benefit early remission and less deterioration in each episode.

Conclusions It is fundamental to promote a comprehensive approach to each patient, including psychotherapy, psychoeducation as well as appropriate medication. The knowledge of the described effects helps us to determinate the appropriate medication for each patient.

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

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EV156

Severe behavioral disturbances in bipolar disorder: A case report

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Introduction Behavioral disturbances are common in psychiatric patients. This symptom may be caused by several disorders and clinical status.

Case report We report the case of a 40 year-old male who was diagnosed of nonspecific psychotic disorder, alcohol dependence, cannabis abuse and intellectual disability. The patient was admitted into a long-stay psychiatric unit because of behavioral disturbances consisted in aggressive in the context of a chronic psychosis consisted in delusions of reference and auditory pseudohallucinations. During his admission the patient received the diagnosis of bipolar disorder type 1, presenting more severe behavioral disturbances during these mood episodes. It was necessary to make diverse pharmacological changes to stabilize the mood of the patient. Finally, the treatment was modified and it was prescribed clozapine (25 mg/24 h), clotiapine (40 mg/8 h), levomepromazine (200 mg/24 h), topiramate (125 mg/12 h), clomipramine (150 mg/24 h) and clorazepate dipotassium (50 mg/24 h). With this treatment, the patient showed a considerable improvement of symptoms, presenting euthymic and without behavioral disturbances.

Discussion In this case report, we present a patient with severe behavioral disturbances. The inclusion of bipolar disorder in the diagnosis of the patient was very important for the correct treatment and management, because of depressive and manic mood episodes the behavioral disturbances were exacerbated.

Conclusions Patients with behavioral disturbances could present psychotic and affective symptoms as cause of them. It is necessary to explore these symptoms and try different treatments to improve them.

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

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EV157

The influence of treatment modality on long-term neurocognitive functioning in treatment resistant bipolar depressed inpatients treated with pharmacotherapy or electroconvulsive therapy

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Introduction Bipolar depression is difficult to manage, and causes considerable disability and distress for patients and their surroundings. Electroconvulsive therapy (ECT) is an effective treatment, but there are concerns regarding long-term neurocognitive impairment, and in particular autobiographical memory.

Objectives To compare the long-term effects of algorithm-based pharmacologic treatment (APT) and ECT in treatment-resistant bipolar depression as measured with standard neurocognitive tests and autobiographical memory interview.

Aims To examine the long-term neurocognitive effects of ECT.

Methods In this multicenter randomized controlled trial 73 in-patients with treatment resistant bipolar depression were randomized to either APT or unilateral ECT. Patients were assessed at baseline and at 6 months. Neurocognitive functions were assessed with the MATRICS Consensus Cognitive Battery (MCCB), Wechsler Abbreviated Scale of Intelligence (WASI) and the Autobiographical Memory Inventory - Short form (AMI-SF). At 6 months, neurocognitive data were available for 26 patients (APT $n = 11$, ECT $n = 15$).

Results There were no group-differences at baseline.
At 6 months, there was no group-difference in MCCB-score (APT 44.9 vs. ECT 46.0, *P*-value: 0.707), or WASI total IQ-score (APT 103.9 vs. ECT 107.2, *P*-value: 0.535). There were indications of (*P*-value: 0.109) poorer AMI-SF consistency score in the ECT group (APT 72.3% vs. ECT 64.3%).

Conclusions This study does not find that ECT causes long-term impairment in neurocognitive function as measured with standard neuropsychological tests. We find a trend towards poorer autobiographical memory in the ECT-group, and there needs to be further research regarding this.

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

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EV158

Discontinuation of antipsychotic therapy in severe mania: A six months follow-up study

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Introduction Independently of the drug choice, antimaniac treatment has to be continued at least until full remission. Most guidelines recommend continuation therapy for 6–12 months but controlled studies are lacking.

Objectives A six months follow-up study on a sample of 57 inpatients affected by mania at Mood Disorder Unit.

Aims To evaluate a timeframe for the discontinuation of the antipsychotic therapy.

Methods Fifty-seven bipolar inpatients affected by a manic episode according to DSM-5 criteria. Patients treated according to our pharmacological protocol with a mood stabilizer (lithium

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