[2] Hospital de Magalhães Lemos, Serviço de Psiquiatria, Porto, Portugal
* Corresponding author.

Introduction Mixed features refers to the presence of high and low symptoms occurring at the same time, or as part of a single episode, in people experiencing an episode of mania or depression. In most forms of bipolar disorder, moods alternate between elevated and depressed over time. A person with mixed features experiences symptoms of both mood "poles" – mania and depression – simultaneously or in rapid sequence.
Aims and objectives To review the nosological status of bipolar mixed states and its treatment.
Methods Online search/review of the literature has been carried out, using Medline/Pubmed, concerning "mixed states", "affective disorder", "bipolar disorder".
Results The presence of depressive symptomatology during acute mania has been termed mixed mania, dysphoric mania, depressive mania or mixed bipolar disorder. Highly prevalent, mixed mania occurs in at least 30% of bipolar patients. Correct diagnosis is a major challenge. The presence of mixed features is associated with a worse clinical course and higher rates of comorbidities. There is ongoing debate about the role of antidepressants in the evolution of such states.
Conclusions Clinical vigilance and careful evaluation are required to ensure mixed states are not missed in the clinical context. Atypical antipsychotics are emerging as the medications of choice in the pharmacological management of mixed states.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1170

EV186

The late-onset bipolar disease: A case report

A. Lopes*, P. Sales
Hospital Garcia de Orta, Psychiatry, Almada, Portugal
* Corresponding author.

The prevalence of bipolar disorder after 65 years is 0.1 to 0.4%. Mania represents 4.6% to 18.5% of all psychiatric admissions in geriatrics in the USA. It has some specificity in terms of clinical presentation, evolution, prognosis and treatment.
We report the case of a patient who presented a first manic episode after 65 years. E.H, AP, 67 years old, single, without personal and familial psychiatric history, addressed to psychiatric emergencies for psychomotor agitation and euphoric mood. He presented two months ago a manic access with almost total insomnia, euphoria, psychomotor agitation and delusions of grandeur. The balance sheet reveals no incorrections (blood count, thyroid balance, serology: TPHA, VDRL, hepatitis B and C, HIV). The cerebral CT was normal. The patient has been received a quetiapine 200 mg/day, olanxapine 10 mg/day and valproate 1000 mg/day. The evolution after three weeks was favorable.
The late-onset bipolar disorder is characterized by: a less intense euphoria, replaced by anger and irritability, a more elements of persecution, disinhibiting and impulsivity. Respecting to that, this case is an exception. The most common confounding symptoms and behavioral disorders. A higher frequency of neurological diseases is noted in elderly subjects with a bipolar disorder and, so, a neuropsychiatric rigorous evaluation is fundamental to exclude the possibility of an organic pathology for the manic access. The prescription of psychotropic drugs in the elderly must be under monitoring.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1171

EV187

Control of attention in bipolar disorder: Effects of perceptual load in processing task-irrelevant facial expressions

J. Grave[1], S. Soares[2], N. Madeira[3,*], P. Rodrigues[4], T. Santos[5], C. Roque[6], S. Morais[6], C. Pereira[5], V. Santos[6]
[1] University of Aveiro, Department of Education, Aveiro, Portugal
[2] Center for Health Technology and Services Research CINTESIS-UA, Department of Education, University of Aveiro, Aveiro, Portugal
[3] Coimbra Hospital and University Centre, Department of Psychiatry, Coimbra, Portugal
[4] University of Beira Interior, Department of Psychology and Education, Covilhã, Portugal
[5] Baixo-Vouga Hospital Centre, Department of Psychiatry and Mental Health, Aveiro, Portugal
[6] Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal
* Corresponding author.

Bipolar disorder (BD), along with schizophrenia, is one of the most severe psychiatric conditions and is correlated with attentional deficits and emotion dysregulation. Bipolar patients appear to be highly sensitive to the presence of emotional distractors. Yet, no study has investigated whether perceptual load modulates the interference of emotionally distracting information. Our main goal was to test whether bipolar patients are more sensitive to task-irrelevant emotional stimulus, even when the task demands a high amount of attentional resources.
Fourteen participants with BD I or BD II and 14 controls, age- and gender-matched, performed a target-letter discrimination task with emotional task-irrelevant stimulus (angry, happy and neutral facial expressions). Target-letters were presented among five distractor-letters, which could be the same (low perceptual load) or different (high perceptual load). Participants should discriminate the target-letter and ignore the facial expression. Response time and accuracy rate were analyzed.
Results showed a greater interference of facial stimuli at high load than low load, confirming the effectiveness of perceptual load manipulation. More importantly, patients tarried significantly longer at high load. This is consistent with deficits in control of attention, showing that bipolar patients are more prone to distraction by task-irrelevant stimulus only when the task is more demanding. Moreover, for bipolar patients neutral and angry faces resulted in a higher interference with the task (longer response time), compared to controls, suggesting an attentional bias for neutral and threating social cues. Nevertheless, a more detailed investigation regarding the attentional impairments in social context in BD is needed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1172

EV188

Clinical overlap between behavioral variant of frontotemporal dementia and bipolar disorder: A case report

P. Oliveira[1], C. Roque[2], V. Santos[1], N. Madeira[2,*]
[1] Coimbra Hospital and University Centre, Psychiatry, Coimbra, Portugal
[2] Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal
* Corresponding author.

The behavioral variant of frontotemporal dementia (FTD) often begins with psychiatric symptoms, including changes in personal conduct and/or interpersonal behavior. Prior to developing cog-