

nitive impairment, differentiating FTD from primary psychiatric disorders might be challenging.

This work presents a case of a manic episode with psychotic features in a 61-year-old man, whom personality changes and daily life difficulties arouse and persist after optimal management of the active manic and psychotic symptoms. Neuropsychological assessment detailed severe deficits among visuospatial and planning performances. Structural neuroimaging (CT-scan) primary revealed a global pattern of brain volume reduction. Severe perfusion deficits on frontal and both parietal lobes were shown on 99mTc-HMPAO single-photon emission computed tomography (SPECT). The hypothesis of probable FTD (behavioral variant) was established.

The present case highlights how putative atypical and late-onset forms of bipolar disorder (BD) might instead progress to FTD. Several links are being advanced between the BD and FTD, for instance the close involvement of the *C9ORF72* gene in a group of BD patients which progresses to dementia. These relations have actually been on focus recently. The field is however still relatively unexplored.

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Significant response to amantadine in a patient with malignant catatonia: A case report

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Purpose Catatonia is a complication of bipolar disorder, which is a constellation of symptoms such as catalepsy, mutism, and stupor. Standard therapy for catatonia contains benzodiazepines and electroconvulsive therapy. An uncomplicated catatonia is usually a benign condition. On the other hand, malignant catatonia is a life-threatening condition that is complicated with fever, autonomic instability, delirium, and rigidity. The syndrome is typically fulminant and progresses rapidly within a few days without appropriate intervention. Several previous reports suggested that some catatonia are associated with the overstimulation of N-methyl-D-aspartate (NMDA) receptor, and that amantadine may have an effectiveness for catatonia, as a NMDA receptor antagonist. We report a case of successful treatment for malignant catatonia refractory to benzodiazepines, by using amantadine.

Materials and methods/case A 64-year-old Japanese woman with bipolar disorder was referred to our hospital because of 8-week prolonged fever. On admission, she was in febrile and stuporous states. Severe rigidity was observed in her extremities. Blood tests, lumbar puncture, and blood cultures were all negative. Brain MRI was normal. Consequently, we reached a diagnosis of malignant catatonia, and thus we gave additional benzodiazepines for her catatonic symptoms. However, there was no improvement, and we finally add a 50 mg/day amantadine for her malignant catatonic state.

Result Her fever resolved in a few days. Gradual dose-titration of amantadine led her clinical manifestation to completely disappeared.

Conclusion Amantadine can be a potential option as one of the pharmacological therapies for refractory malignant catatonia.

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Social functioning and social cognition in bipolar disorder: Is there a connection?

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Introduction The research interest in social cognition in bipolar disorder has increased in a significant way in the last decade showing major impairments, especially in mental state reasoning, even during euthymia (Samamé et al., 2012; Samamé et al., 2015). Social cognitive processes in humans describe the ways individuals draw inferences about other people's beliefs and the ways they weigh social situational factors in making these inferences (Green et al., 2008). A causal relationship between social cognition deficits and global functioning has been already established in schizophrenic populations (Green et al., 2015). But there is still little information regarding the relation between social cognition and social functioning in bipolar disorder.

Aims To review the relationship between general/social functioning and social cognitive impairments in bipolar patients.

Methods A systematic review of literature was conducted. Relevant articles were identified through literature searches in PubMed/Medline, EBSCOHost and Google Scholar databases dating from 2000 to 2015 using the keywords "bipolar", "social cognition", "theory of mind", "mentalizing", "emotion recognition", "emotion processing", "functioning" and "quality of life".

Results The findings of the review will be discussed, regarding the specificity of the thymic state of the patients and the social cognition instruments used.

Conclusions To the best of our knowledge, the present review is the first to explore specifically the relation between the social cognition deficits and the general/social functioning of bipolar patients. This exploration is of interest for a better comprehension of this disorder to improve the outcome of the patients.

Keywords Bipolar disorder; Social cognition; Functioning

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First episode of bipolar depression and suicide attempt after bariatric surgery in a 45-year-old woman

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Introduction Weight loss positively influences mental health but findings are mixed in patients undergoing bariatric surgery. The permanent changes in body image, diet-related stress, and unmet expectations could increase mental health problems such as major depression and self-harm behaviors. Mixed symptoms during major depressive episode were often misdiagnosed as agitated depression, and should be regarded as a risk factor for suicide and rapid cycling course of illness.

Method Single case report.

Results A 45-year-old woman, initially diagnosed as a unipolar depressive episode after bariatric surgery, did not show improvement after SSRI treatment. She had no history of previous episode but her temperament was described as hyperthymic. Antidepressants