

Introduction Psychiatric disorders are frequent among patients with epilepsy. The association between epilepsy and mood disorders is recognized since the classical antiquity. Recent studies demonstrated that the prevalence of bipolar symptoms in epilepsy patients is more significant than previously expected. In the first half of the twentieth century, Kraepelin and Bleuler were the first to describe a pleomorphic pattern of symptoms claimed to be typical of patients with epilepsy and recently Blumer coined the term interictal dysphoric disorder to identify this condition. Although for some authors, the existence of this condition as a diagnostic entity is still doubtful, for others, it represents a phenotypic copy of bipolar disorder.

Objectives In this work, we start from the phenomenological similarities between the interictal dysphoric disorder and the bipolar disorder, to explore the neurobiological underpinnings that support a possible link between epilepsy and bipolar disorder.

Methods Research of articles published in PubMed and other databases.

Results Interictal dysphoric patients have features that resemble the more unstable forms of bipolar II disorder and benefit from the same therapy used in bipolar depression. Epilepsy and bipolar disorder share features like episodic course, the kindling phenomenon as possible pathogenic mechanisms and the response to antiepileptic drugs. The study of possible common biological processes like neurogenesis/neuroplasticity, inflammation, brain-derived-neurotrophic-factor, hypothalamus pituitary adrenal axis, provided promising but not consensual results.

Conclusions Further efforts to understand the link between epilepsy and bipolar disorder could provide the insight needed to find common therapeutic targets and improve the treatment of both illnesses.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.173>

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Comparison of treatment response of typical and atypical antipsychotics in acute mania

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Introduction The medical treatment of acute mania today mainly includes atypical and typical antipsychotics, lithium or valproate. Atypical antipsychotics are often used as first-line treatment, while typical antipsychotics come with the risk of severe long-term side effects and less used today. However, typical antipsychotics may lead to a faster reduction in the severity of mania or a faster remission of symptoms.

Objective To investigate whether the acute effect of typical antipsychotics differs from atypical antipsychotics measured by a daily mania rating-scale (MAS-M) and duration of treatment in a real-life clinical setting.

Aim To help determine if short-term treatment with typical antipsychotics may still be of benefit in the acute treatment of mania.

Methods This is a retrospective case record study. Patients admitted to an acute hospital ward with acute mania between 2012 and 2015 were included ($n = 100$). The daily use of atypical and typical antipsychotics will be compared by daily change in Bech-Rafaelsen Modified Mania Scale (Mas-M) score and time to discharge. The change in mania over time is presented visually using graph curves.

Results The data extraction and data handling will be executed in the winter 2015–2016.

Conclusions Any preliminary findings will be presented at EPA 2016.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.174>

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The metacognitive functioning in bipolar patients and in bipolar alcoholics patients

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Introduction Metacognition is described as the set of human abilities that allows us to recognize and think about own and other people's mental states. We use these skills in order to overcome psychological and interpersonal issues and to cope emotional, cognitive and behavioral suffering. Studies that focusing on metacognition in bipolar disorder (BD) are still limited and data are controversial. Our purpose is investigating the difference between BD patients and BD patients with alcohol addiction (BD+A), in terms of metacognitive functions. In addition, we want to assess among BD+A whether the increase in metacognitive functions mediates the relationship between symptoms at T0 and T1.

Methods Forty patients were recruited for this study. A set of tests was performed on each patient to formulate a metacognitive and clinical evaluation. A single measurement was performed on 20 BD patients. Two measurements (T0–T1) were carried out on the 20 BD+A patients, after an integrated treatment.

Results Data shown significant differences between these two groups. As regards the treatment of BD+A patients, differences were found between T0 and T1. Among the BD+A patients, reduction in the Beck Cognitive Insight Scale (BCIS-SC, P 0.042) scores between T0 and T1, leads to the prediction of symptom improvement.

Conclusions Our results confirm the existence of a specific profile of metacognitive functioning in these patients. Our results reveal that the metacognitive functions appear to be predictors of the improvement in the remission of symptoms.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.175>

Child and adolescent psychiatry

EW59

Correlation of vitamin D to attention deficit hyperactivity disorder

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ADHD is one of the most common neurodevelopmental psychiatric disorders. Many factors have been identified as the cause of ADHD. ADHD is thought to be the result of interactions between biopsychosocial factors leading to neurobiological change. The aim of this study is to investigate the association between serum level of vitamin D and symptoms of attention deficit hyperactivity disorder (ADHD).

Design This is a case-control study which was conducted in children below 12 years of age from June 2013 to May 2014 at