

12 weeks) and T4 (after 24 weeks): PANSS-EC, YMRS, SF-36v2, CGI-BD, CGI-S, HAM-D, BPRS. We also considered weight, height, BMI, ECG and complete blood count.

**Results** Patients recruitment and statistical analyses are still in progress. Our preliminary results suggest that there is not a marked difference between the two drugs. We highlighted that there has been a noticeable decrease in results at PANSS as well as at YMRS from T0 to T4 and patients showed an improvement in QoL. Only one patient treated with asenapine showed an increase in the results of HAM-D.

**Conclusions** Results suggest the efficacy of the two new APS but further recruitment and data collection are needed to better understand their impact on agitation and QoL, including the metabolic profile, with the aim to help clinicians to make a more accurate choice of drug for each specific patient.

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

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## EV169

### Depot aripiprazole as maintenance treatment in bipolar disorder: Report of a case

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**Introduction** Recently, depot aripiprazole was approved as a maintenance treatment for schizophrenia. However, long-acting antipsychotics has not been established efficacy in manic episode or maintenance treatment of bipolar disorder.

**Aims** Describe a clinical case of multiresistant bipolar disorder.

**Methods** Thirty-nine years old male, diagnosed since 8 years ago with bipolar disorder, current episode manic with psychotic symptoms, admitted to Acute Psychiatrist Unit. It was his seventh internment. He was dysphoric, had insomnia, and showed many psychotic symptoms like grandiose delusions and delusions of reference. He thought he was a famous painter from nineteenth century.

His disorder was refractory to mood stabilizers monotherapy and to many neuroleptic and, like olanzapine 30 mg/day, depot risperidone, zuclopenthixol, haloperidol, palmitate paliperidone, He was on treatment with lithium 1200 mg/day (lithemia 0.62 prior to admission) and oral aripiprazole 15 mg/day that he was not taking regularly. Poor compliance to oral treatment. No awareness of illness.

**Results** during the patient admission, we started long-acting aripiprazole 400 mg per 28–30 days. First 3 days he persisted dysphoric, hostile, and showing delusions of mind being read. From the fourth day, delusions disappeared and later he was calmer and more friendly, He was discharged 9 days later fully euthymic.

For 6 months follow-up, the patient came once a month to community center for aripiprazole injection and he was taking lithium regularly. Last lithemia 0.65 mEq/L.

**Conclusion** Long-acting antipsychotics, like depot aripiprazole could be a useful alternative to oral medication, specially when there is no awareness of illness and there is low adherence to oral treatment.

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

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## EV171

### Manic episode associated with interferon alpha therapy: A case report

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Interferon alpha is a cytokine with antiviral and antineoplastic action, which is commonly used for treatment of Hepatitis C and B, malignant melanoma, Kaposi's sarcoma, kidney cancer and certain hematologic diseases. It is well-known some of its neuropsychiatric symptoms such as depressive symptoms, cognitive impairment, chronic fatigue, dysphoria and anxiety, but there are also other less common like mania, psychotic symptoms and suicide risk that have been reported. These symptoms interfere in the quality of life very significantly, which at the end can affect treatment adherence.

We report a case of a 33-year-old man who was taken to the emergency department by his family referring nervousness, irritability, verbose, and insomnia during the last 5 days. The patient had not psychiatric history. He was diagnosed with a malignant melanoma stage III A a year ago which required to start interferon alpha treatment.

Patient and family tell that symptoms began after forgetting last interferon dose. In the psychopathology exploration, we could observe mood lability, delusion ideas of prosecution, which includes his entire family and autorreferentiality. In the emergency room the blood test, urine drug test and CT were normal.

During the admission, and in collaboration with the Oncology service, it was agreed the reintroduction and maintenance of interferon combined with olanzapine up to 30 mg/day and clonazepam up to 6 mg/day, which resulted in the resolution of symptoms in two weeks.

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## EV172

### Sexual behavior in women with bipolar disorder

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**Introduction** Women with bipolar disorder warrant special consideration with regard to sexual health. The impairment in sexual function would be frequent but underestimated and contributes to non-compliance with treatments.

**Aims** (1) Evaluate sexuality among a population of women affected by bipolar disorder.

(2) Determine the factors associated with impaired sexual function.

**Methods** This is a cross-sectional and descriptive study during the period ranging from 1st September to 15 October 2015. It was conducted in 40 women suffering from bipolar disorder. The exclusion criteria were: relapse period in sick, age over 60 years or severe somatic comorbidity.

The evaluation of sexual function was made using the "Sexual Behavior Questionnaire" (SBQ).

**Results** The mean age was 30 years. Bipolar disorder type I accounted for 72.5%.

According to the SBQ, 37.5% of patients had a desire disorder, 57.5% had a frequency less than 3 times per week sexual intercourse, 45% had a drop in excitation and 42.5% were not satisfied with their sex life.