Introduction Mania is challenging to treat. Typical antipsychotics may be more efficient compared with atypical antipsychotics, however, with unfavourable side effects.
Objectives To help the clinician choose between typical and atypical antipsychotics.
Aims To investigate the correlation between change in severity of mania and the corresponding day to day use of typical and atypical antipsychotics.
Methods This retrospective case record study included patients admitted with mania (International Classification of Diseases 10th revision code F30, F31.0, F31.1, F31.2 or F31.6) at the Department of Affective Disorders, Aarhus University Hospital, Denmark, between January 2013, and December 2015. The dose of typical and atypical antipsychotics was standardized as defined daily dose according to the World Health Organization's guidelines. The severity of mania was measured daily with the Modified Bech-Rafaelsen Mania Scale (MAS-M), a validated, nurse administered scale (MAS-M). We applied a linear regression in a mixed model approach to compare the Mas-M score over time under the influence of typical and atypical antipsychotics, respectively, adjusted for baseline characteristics.
Results We included 43 patients. Patients receiving typical antipsychotics had more recent hospital admissions, a higher dosage antipsychotics and more constraint. The baseline MAS-M score was higher in patients receiving typical antipsychotics. The daily change in MAS-M score was–0.25 for typical antipsychotics and–0.23 for atypical antipsychotics with a difference of 0.02 (95% CI 0.008–0.039).
Conclusions The rate of improvement of mania may be independent of baseline illness or type of antipsychotic medication. This may be confounded by indication.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2169

EW0300

Neuropsychological differences between bipolar and borderline personality disorder patients

I. Michopoulos[1,*], K. Tournikioti[1], R. Gournellis[1], P. Ferentinos[1], K. Vassilopoulou[1], A. Karavia[1], M. Papadopoulou[2], A. Douzenis[1]
[1] *National and Kapodistrian University of Athens, Medical School, 2nd Department of Psychiatry, "Attikon" Hospital, Athens, Greece*
[2] *Ygeias Melathron" Hospital, Department of Neurology, Athens, Greece*
* *Corresponding author.*

Introduction There is a continuing debate about the differences and similarities between bipolar disorder (BD) and borderline personality disorder (BPD).
Objectives Only few studies have focused on the neuropsychological profile of these two disorders.
Aims We studied the differences on memory, executive function and inhibitory control between BD and BPD patients.
Methods Twenty-nine patients with BD in euthymia, 27 patients with BPD and 22 healthy controls matched for age and education were included in the study. All of them were female. BD patients who could also be diagnosed with BPD were excluded from the study. Participants were administered a series of tests from the Cambridge Neuropsychological Test Automated Battery (CANTAB), accessing memory, executive function and inhibitory control.
Results BD and BPD patients performed worse than controls in general. Significant differences were found in the PAL test; BD patients had 46.71, BPD patients had 36.56 and controls had 15.77 errors ($P = 0.004$). BPD patients performed worse in the IE/ED set-shifting test; they made 48.16 errors while BD patients made 23.64 and controls 16.14 ($P = 0.001$). BPD patients performed better in the problem-solving task (SOC), they solved 10.0, BD patients 6.32 and controls 8.32 problems ($P < 0.001$).
BD and BPD patients had similar performance in the SST inhibition task but worse than controls ($P = 0.03$).
Conclusions BD and BPD seem to have differences in neuropsychological performance. BD patients show more deficits in memory learning and problem solving while BPD patients show more deficits in set shifting.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2170

EW0301

Could soluble intercellular adhesion molecule-1 be associated with state affective symptomatology in healthy adults?

M. Pantovic[1,*], B. Dunjic Kostic[1], N. Petronijevic[2], M. Velimirovic[2], T. Nikolic[2], V. Jurisic[3], M. Lackovic[1], S. Totic[1], A. Jovanovic[1], A. Damjanovic[1], M. Ivkovic[1]
[1] *Clinic for Psychiatry Clinical Centre of Serbia, Department for Affective Disorders, Belgrade, Serbia*
[2] *School of Medicine, Institute of Medical Biochemistry, Belgrade, Serbia*
[3] *School of Medicine, Department of Pathophysiology, Kragujevac, Serbia*
* *Corresponding author.*

Introduction Immune parameters are frequently associated with mood disorders and affective temperaments. In our study, we investigate the role of soluble intercellular adhesion molecule-1 (sICAM-1) in affective temperaments and mood symptoms in healthy adults.
Methods Healthy adults were screened for psychiatric disorders using the non-patient version of the Structured Clinical Interview for DSM-IV-I and II. Affective temperaments were evaluated with Temperament Evaluation of Memphis, Pisa, Paris and San Diego-Autoquestionnaire (TEMPS-A). State mood symptoms were assessed using the Young Mania Rating Scale (YMRS) and Montgomery-Åsberg Depression Rating Scale (MADRS). Serum sICAM-1 levels were measured using enzyme-linked immunosorbent assay.
Results We identified no association between sICAM-1 levels and affective temperament scores. We identified correlation between sICAM-1 levels and manic symptoms measured by YMRS. Furthermore, sICAM-1 was a significant predictor of manic symptoms in a linear regression model with age, gender, BMI and smoking habits as confounding variables.
Conclusions Our findings suggest that sICAM-1 could be a relevant immune factor for severity of state affective symptoms and could contribute to better understanding of complexity of affective disorders.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2171

EW0302

The association between school achievement and subsequent development of bipolar disorder

S.D. Pedersen[1,*], L. Petersen[2], O. Mors[1], S.D. Østergaard[1]
[1] *Aarhus University Hospital, Department of Clinical Medicine-Psychosis Research Unit, Risskov, Denmark*
[2] *National Centre for Register-based Research, Department of Economics and Business Economics, Aarhus BSS, Aarhus, Denmark*
* *Corresponding author.*

https://doi.org/10.1016/j.eurpsy.2017.01.2172 Published online by Cambridge University Press

Introduction Prior studies have indicated that both high and low school achievement are associated with development of bipolar disorder (BD). We believe that the latter association may be due to the confounding effect of family history of mental disorder.
Objective To further investigate the association between school achievement and subsequent development of BD by adding adjustment for family history of mental disorder.
Methods We are conducting a historical prospective cohort study based on data from nationwide Danish registers. The cohort consists of all individuals born in Denmark 1986–97 of Danish-born parents, who were alive and living in Denmark at age 16 years, and who have completed final examinations in 9th grade between 2002 and 2014 ($n = 578{,}247$). The cohort members will be followed until death, emigration, development of bipolar disorder, or end of study, whichever comes first. Hazard rate ratios for bipolar disorder will be calculated in a Cox model using the *z*-score for examination grades as unit of exposure. The regression analyses will be adjusted for a series of potential confounders including family history of mental disorder.
Results We expect to find a positive association between high school achievement and development of BD. In contrast, we expect to demonstrate that the association between low school achievement and BD detected in prior studies is due to confounding by family history of mental disorder. The results will be shown at the conference.
Conclusions By further testing the potential link between eminence and BD, we hope to contribute to a more balanced perception of BD.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2172

EW0303

Emotional deficits in remitted bipolar and schizoaffective patients

R.S. Romosan*, A.M. Romosan, L.M. Ienciu, L. Dehelean, A.C. Bredicean
"Victor Babes" University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania
* *Corresponding author.*

Introduction Both bipolar and schizoaffective patients have deficient social skills persisting even during the remission of the clinical symptoms. These deficits may represent impediments for the social reintegration and recovery of these patients.
Objectives The purpose of the study was to assess and compare emotion recognition abilities of schizoaffective and bipolar patients during remission.
Methods The study was conducted between 2014 and 2016 on remitted outpatients, diagnosed with either bipolar disorder ($n = 38$) or schizoaffective disorder ($n = 32$), according to ICD 10 criteria, and a healthy control group ($n = 65$). In order to evaluate patients' ability of understanding the emotional expressions of other people, we used the revised version of the "Reading the Mind in the Eyes" test ("Eyes test").
Results The patient group consisted of 41 (58.6%) women and 29 (41.4%) men, with a mean age of 43.57 years (SD = 10.56). The control group was comprised of 25 males (38.5%) and 40 females (61.5%), with a mean age of 42.03 years (SD = 11.07). We found statistically significant differences ($P = 0.003$) between the patient groups and the control group regarding emotion recognition abilities (poorer emotion recognition skills than the control group in both bipolar and schizoaffective patients). Patients with schizoaffective disorder gave significantly more incorrect answers in the "Eyes test" than bipolar patients ($P = 0.015$). Although not statistically significant, women had better emotion recognition abilities than men, both in the patient sample and the control group.
Conclusions Schizoaffective patients have more severe emotional deficits than bipolar patients during euthymic periods.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2173

EW0304

Lurasidone adjunctive to lithium or valproate for prevention of recurrence in patients with bipolar I disorder

J. Calabrese[1], A. Pikalov[2,*], J. Cucchiaro[2], Y. Mao[2], A. Loebel[2]
[1] *Case Western Reserve University, University Hospitals Case Medical Center, Cleveland, USA*
[2] *Sunovion Pharmaceuticals Inc., Medical Affairs, Fort Lee, USA*
* *Corresponding author.*

Introduction Information is not available on the maintenance efficacy of lurasidone in bipolar disorder.
Objectives/aims To evaluate the recurrence prevention efficacy of lurasidone plus lithium (Li) or valproate (VPA) for the maintenance treatment of bipolar disorder.
Methods Patients with bipolar I disorder received up to 20 weeks of open-label lurasidone (20–80 mg/d) plus Li or VPA. Patients who achieved consistent clinical stability were randomized to 28 weeks of double-blind treatment with lurasidone (20–80 mg/d) or placebo, plus Li or VPA.
Results A total of 496 patients met stabilization criteria and were randomized to adjunctive lurasidone vs. placebo. Fewer patients in the lurasidone group had recurrence of any mood episode compared with the placebo group, with a hazard ratio of 0.71 ($P = 0.078$). In pre-planned secondary analyses, recurrence rates were significantly lower for the lurasidone group treated with a modal open-label dose of 80 mg/d (hazard ratio [HR], 0.35; $P = 0.020$); when patients presented with an index episode of depression (HR = 0.57; $P = 0.039$); and when outcome was time-to-all-cause discontinuation (HR = 0.72; $P = 0.034$), or time-to-recurrence based on symptom severity criteria (HR = 0.53; $P = 0.025$).
Conclusions In patients stabilized on lurasidone plus Li or VPA, continued treatment was associated with non-significant reduction in risk of recurrence of any mood disorder (primary). Consistent with dose-response effects observed during acute treatment of bipolar depression, risk of recurrence on lurasidone was significantly reduced after open-label treatment with the 80 mg/d dose, and in the 20–80 mg/d dose in patients presenting with an index episode of depression.
Clinicaltrials.gov: NCT01358357.
Sponsored by Sunovion Pharmaceuticals Inc.
Disclosure of interest Drs. Pikalov, Cucchiaro, Mao, and Loebel are employees of Sunovion Pharmaceuticals IncDr. Calabrese has received research support from Abbott, AstraZeneca, Bristol-Myers Squibb, Cephalon, Cleveland Foundation, Eli Lilly, GlaxoSmithKline, Janssen, Lundbeck, NARSAD, Repligen, Stanley Medical Research Institute, Takeda, and Wyeth. Dr. Calabrese consulted to or served on advisory boards of Abbott, AstraZeneca, Bristol-Myers Squibb, Cephalon, Dainippon Sumitomo, Elan, EPI-Q, Inc., Forest, France Foundation, GlaxoSmithKline, Hoffman LaRoche, Janssen, Johnson and Johnson, Lundbeck, Merck, Neurosearch, OrthoMcNeil, Otsuka, Pfizer, Repligen, Servier, Solvay, Sunovion, Supernus, Synosia, Takeda, Teva, and Wyeth. Dr. Calabrese has provided CME lectures supported by AstraZeneca, Bristol-Myers Squibb, France Foundation, GlaxoSmithKline, Janssen, Johnson and Johnson, Merck, Sanofi-Aventis, Schering-Plough, Pfizer, Solvay, Sunovion, and Wyeth.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2174