

2012. Forty-five consecutive indoor patients diagnosed with bipolar mood disorder using DSM-IV-TR criteria were selected. On day 1, blood was collected for thyroid profile and BPRS 24 item scale version 4.0 was applied. They were started on lithium monotherapy and only lorazepam was used on S.O.S basis. On day 30, the BPRS was applied again to check the response to treatment, statistical analysis was done using SPSS version 16.

Results The mean percentage fall of the BPRS score was 40%, with the maximum fall in the subscale of grandiosity and minimum for depression. Age, illness duration, substance use, family history second or later episodes were negatively correlated with treatment response. Pretreatment T4 level was positively correlated, while pretreatment TSH level was negatively correlated with the treatment response.

Conclusion Lithium monotherapy proved to be a good agent for first episode of bipolar Mood disorder patients with manic symptoms and pretreatment T4 and TSH level were predictors of treatment response.

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0015

Use of the polarity index for the analysis of long-term efficacy of drugs used in bipolar disorder

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Introduction The study gathered information in order to draw useful conclusions to describe bipolar patients and their clinical management. The data collection was conducted as part of RENDiBi epidemiological study.

Objectives The statistical analysis of the collected data will be essential to understand the possible changes in drug treatment, through the help offered by a parameter, Polarity Index (PI), the numerical expression of the efficacy profile of a drug, very useful especially in the long-term management.

Methods Administration of a first detection card (demographic data, medical history) and five scales (CGI-BP, Mood Insight Scale, YMRS, HDRS) and a structured interview (MINI). The parameters analyzed were: polarity prevalence, ratios efficiency (IE) (values indicating the effectiveness of treatment compared to manic components and/or depressive), treatment and PI.

Results The degree of correlation between PI and IETot is positive and statistically significant. The correlation between PI and IEm is statistically significant; the correlation is however not significant between PI and IEd; treatment with antipsychotics alone has increased PI, while the one with mood stabilizers has lesser; treatment with antipsychotics has increased PI in patients with predominantly polarity than those with manic depressive prevailing polarity.

Conclusions There is a correlation between PI and effectiveness on manic symptoms and it is statistically significant (as already evident in the literature). The PI is numerically higher in the treatment of the subject with manic polarity, in agreement with previous studies that associate to the more effective drugs used for the management of manic recurrences a higher PI.

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

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0016

Obesity and obstetric complications are associated with rapid-cycling in Italian patients with bipolar disorder

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Introduction Rapid cycling (RC) worsens the course of bipolar disorder (BD) being associated with poor response to pharmacotherapy. Previous results about clinical variables potentially associated with RCBD were discordant or unreplicated.

Objectives An early diagnosis should be the goal to properly treat RCBD patients.

Aims To compare clinical variables between RC and non-RC bipolar patients and to identify related risk factors.

Methods A sample of 238 bipolar patients was enrolled from three different community mental health centers. Descriptive analyses were performed on total sample and patients were compared in terms of sociodemographic and clinical variables according to the presence of RC by multivariate analyses of variance (MANOVAs, continuous variables) or χ^2 tests (qualitative variables). Binary logistic regression was performed to calculate odds ratios.

Results Overall, 28 patients (11.8%) had RC. The two groups were not different in terms of age, age at onset, gender distribution, type of family history, type of substance use disorder, history of antidepressant therapy, main antidepressant, psychotic symptoms, comorbid anxiety disorders, suicide attempts, thyroid diseases, diabetes, type of BD, duration of untreated illness, illness duration, duration of antidepressant treatment and GAF scores. In contrast, RC patients had more often a history of obstetric complications ($P < 0.05$), obesity ($P < 0.05$) and a trend to hypercholesterolemia ($P = 0.08$). In addition, RC bipolar patients presented more frequently lifetime MDMA misuse ($P < 0.05$) than patients without RC.

Conclusions Obesity and obstetric complications are risk factors for the development of RC in BD. Lifetime MDMA misuse may be more frequent in RC bipolar patients.

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

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0017

Epidemiology of bipolar spectrum disorder: Results from the general population survey of South Korea

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Introduction Patients with subthreshold bipolar disorder (sub-BP) experience severe clinical courses and functional impairments, which are comparable to those with bipolar I and II disorders (BP-I and -II). Nevertheless, lifetime prevalence, socioeconomic correlates and diagnostic overlaps of bipolar spectrum disorder (BPS) have not yet been estimated in the general population of South Korean adults.

Aims This study aimed to estimate the lifetime prevalence, correlates and diagnostic comorbidities of BPS using a validated