Results Ninety-four percent of patients are taking mood stabilizer treatment (68% lithium, 24% valproate, 1% and 1% carbamazepine and lamotrigine). Four percent take lithium and valproate in combination. Forty-eight percent of patients are taking some antipsychotic (atypical about 90%). Of these, only 10% in injectable form, and 5% take both oral and injectable antipsychotics.
Conclusions The diminished use of injectable antipsychotics, well below recent publications, draws the attention. You can probably explain this low proportion of injectable medication because we are generally dealing with stable patients with a long-term disorder.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0064

Misdiagnose bipolar disorder: About a case report

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Introduction Early stages of bipolar disorder are sometimes misdiagnosed as depressive disorders. This symptomatology can lead to misinterpretation and under diagnosis of bipolar disorders.
Objectives/aims To describe a patient with a new diagnosis of bipolar disorder after 23 years of psychiatric care.
Methods We report a case of a 66-year-old man, with a previous psychiatric diagnosis of recurrent depressive disorder for the last 23 years, after a hospitalization in a psychiatric inpatient unit because of a major depressive episode. In subsequent years, he was regularly followed in psychiatric consultation with description of recurrent long periods of depressed mood requiring therapeutic setting, alternating with brief remarks of not valued slightly maladjusted behaviour. At 65, he came to the emergency room presenting with observable expansive and elevated mood, disinhibited behaviour, grandiose ideas and overspending, leading to his hospitalization with the diagnosis of a manic episode. In the inpatient unit care, we performed blood tests, cranial-computed tomography (CT) and a cognitive assessment. His medication has also been adjusted.
Results Laboratory investigations were unremarkable. Cranial-CT showed some subcortical atrophy of frontotemporal predominance, without corroboration by the neuropsychological evaluation. The patient was posteriorly transferred to a residential unit for stabilization, where he evolved with major depressive symptoms that needed new therapeutic adjustment. Later he was discharged with the diagnosis of bipolar disorder.
Conclusions Our case elucidates the importance of ruling out bipolar disorder in patients presenting with depressive symptoms alternating with non-specific maladjusted behaviour, which sometimes can be a challenging task.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0065

A case report of comorbid Munchausen type factitious disorder with bipolar II disorder

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We present an uncommon case of a 46-year-old woman suffering from Munchausen type factitious disorder comorbid with bipolar II disorder.
The patient was diagnosed with major depression disorder 4 years ago during her hospitalization in the internal medicine department after a suicide attempt and SSRI was prescribed.
Since the onset of the disorder the patient started complaining for physical symptoms, migrating from hospital to hospital seeking pathological and surgical interventions, fabulating her medical history. In the last 3 years, the patient visited the emergency room of university hospital of Ioannina 85 times and she was hospitalized in internal medicine or surgical clinics 16 times, performing 19CR, 11 CT and 4MRI.
Many times, she turned to the police suing the treating doctors. During her hospitalizations she refused psychiatric evaluation. Twelve months ago the patient finally visited a psychiatrist, bipolar II disorder was diagnosed and administrated quetiapine with good results to both, mood and ER visits (7 visits in one year and 1 hospitalization).
During the analysis of her mood switches, we observed non-euphoric hypomanic episodes and association of the hypomanic phase with the factitious behavior.
This case report reinforces the importance of maintaining a clinical suspicion of major psychopathology coexistence with factitious disorder.
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EV0066

Social cognition and bipolar disorder: A preliminary study

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Aim To assess the clinical outcomes associated with social cognition impairment in euthymic patients with bipolar disorder.
Method It was a cross-sectional study with convenience sample. The diagnose of bipolar disorder was performed by psychiatrist, using DSM-IV criteria, at bipolar disorder program – Hospital de Clinicas de Porto Alegre (Brazil), where the sample was recruited. The social cognition was assessed by psychologists using the Reading the Mind in the Eyes Test.
Results We included 46 euthymic BD patients: BD I ($n = 39$), women ($n = 32$), age (49.11 ± 13.17), and years of education (10.56 ± 3.80). Patients with social cognition impairment were not different of patients without social cognition impairment regarding socio demographic factors (gender, age, educational level, marital status, and employment status). Patients with social cognitive impairment showed higher rates of BD I patients ($P = 0.036$) and higher proportion of hospitalization in the first episode ($P = 0.033$), as compared to patients without social cognition impairment.
Conclusion This is a preliminary study demonstrating that BD patients with social cognition impairment show worse clinical outcomes. Severe BD onset seems to be an important predictor of social cognition impairment. However, more studies are needed investigating social cognition impairment in subjects with bipolar disorder.
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