

Statistical analysis was performed using SPSS 23 version. After the descriptive analysis of the data, we compare the results of the scales.

Results Both disorders show a deterioration of emotional intelligence compared to the general population. There were no statistically significant differences in the comparison of emotional intelligence between schizophrenia and bipolar disorder.

Conclusion Schizophrenia and bipolar disorder have deficits in emotional intelligence, while it is difficult to show differences between them. These changes in emotional intelligence are part of a set of cognitive, social and non-social skills, which are altered in these severe mental disorders.

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EV162

Mixed-effects models: Family burden and functionality in patients with bipolar disorder

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Introduction The bipolar disorder (BD) has an important effect over the lives of patients and families. The attitude of the family is a modifiable factor through specific interventions and it has been related with BD prognosis.

Objectives Study a sample of families and patients with BD.

Aims Compare between two groups its course of burden of caring for family members with BD. Also, we will see the course of the functionality in patients.

Methods Sample of 148 individuals who caring a familiar with BD. Seventy-six of these followed psychoeducation session are going to be experimental group (EG), and the others 72 did not followed any session are going to be control group (CG). There is a follow-up at 6 months and one year. To see the course of the burden and the functionality it will be used mixed models.

Results At baseline, there were not significant differences between CG and EG in objective and subjective burden and functionality. But over time there were significant results in the three cases. For objective burden ($b = -0.016$; $P = 0.0001$) EG presented a drop ($b = -0.014$; $P = 0.0062$), while CG did not show changes ($b = 0.002$; $P = 0.4691$). For subjective burden ($b = -0.014$; $P = 0.0058$) without significant results for CG ($b = -0.352$; $P = 0.3203$) and a significant decrease in EG ($b = -0.017$; $P = 0.003$). For the functionality ($b = 1.474$; $P = 0.000$) there was a significant increase in EG ($b = 1.349$; $P = 0.000$) but not for CG ($b = -0.125$; $P = 0.3828$).

Conclusions Two groups did not differ at baseline however after the psychoeducation sessions appear clear differences, decreasing the burden for EG group and the functionality also improved for EG.

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EV167

Evolution of inflammatory dysregulation and oxidative stress in patients with first episode of mania

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Introduction Recent studies have focused on the imbalance in inflammatory and antioxidant pathways as possible causes of the underlying neurodegenerative processes in bipolar disorder. Thus, the study of these pathways in first episodes of mania (FEM) can increase knowledge about this issue.

Aim To compare plasma concentrations of pro-inflammatory (MCP-1, PGE2, TNF α) and oxidative parameters (TAS, NO₂ and TBARS) between controls and FEM patients and to analyze the evolution of these parameters in patients from baseline to 6 months assessment time.

Methods This study included 44 FEM patients and 79 healthy controls, aged 18 to 40. Blood samples were available for controls at baseline and for patients at baseline and 6 months after. TAS and TBARS were measured using non-EIA assay kits, NO₂ was measured with Griess method and PGE2, MCP-1 and TNF α with ELISA kits.

Results At baseline, TAS was significantly lower in patients than in controls and TBARS, MCP-1 and TNF α were significantly higher in patients. Among patients, TAS and MCP1 were lower at 6 months than at the illness onset and PGE2 and NO₂ were significantly higher than at baseline.

Conclusion Patients presented an increased oxidative damage and also a higher activation of pro-inflammatory pathways than healthy controls at baseline. After 6 months their level of oxidative stress continue increased. Pro-inflammatory parameters decreased overtime (MCP-1 and TNF α) but PGE2, increased surprisingly. This can be due to the fact that antipsychotics are not able to completely reverse baseline inflammation.

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EV168

Treatment of bipolar patients in manic phase: A comparison between asenapine and aripiprazole

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Introduction Agitation is the most evident symptom in an acute manic episode. It can be defined as excessive motor or verbal activity that can degenerate into aggressive behaviour. Both aripiprazole and asenapine are indicated for the treatment of agitation in patients with manic episode.

Aims To retrospectively evaluate the acute effects of drug therapy on psychomotor agitation rated with the PANSS-EC, the change in manic symptoms through the YMRS, the QoL with the SF-36v2 and the cardiometabolic effects of the new oral APS.

Methods We administered the following tests to 13 patients with DBI at T0 (baseline), T1 (after 1 week), T2 (after 4 weeks), T3 (after

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.

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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 400mg 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.