

Sexual problems are positively correlated at an early age of onset of bipolar disorder ($P=0.001$).

The lack of desire, the sexual excitation disorder and the decrease in the frequency of sexual intercourse are positively correlated with the depressive phase of bipolar disorder.

Conclusion A better understanding of sexual behavior in women with bipolar disorder and the early screening of the sexual disorders must be integrated into the management of the disease. It can improve their quality of life and adherence to therapy.

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

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Psychosocial functioning impairment in euthymic patients with bipolar disorder II: The role of clinical factors

R.S. İlhan^{1,*}, V. Senturk-Cankorur²

¹ Dr. Nafiz Korez Sincan State Hospital, Ministry of Health, Psychiatry, Ankara, Turkey

² Ankara University School of Medicine, Psychiatry, Ankara, Turkey

* Corresponding author.

Introduction Growing body of evidence have showed that euthymic bipolar patients have poor psychosocial functioning. Most of the studies have focused on the psychosocial functioning in euthymic bipolar disorder (BD)-I patients. On the contrary, there have been limited researches investigating psychosocial functioning in euthymic BD-II patients. Moreover, the factors associated with psychosocial functioning in euthymic patients with BD II have been also understudied.

Objectives/aims Aim of our study was to investigate the association between clinical variables and poor psychosocial functioning in euthymic BD-II patients. Hypothesis of this study was that euthymic BD-II patients would have low level of psychosocial functioning compared with healthy individuals.

Methods BD-II ($n=37$) and healthy subjects ($n=35$) were compared in terms of their psychosocial functioning which were assessed by Functional Assessment Short Test (FAST). The euthymic state was confirmed by low scores both on the Hamilton Depression Rating Scale (HDRS) and the Young Mania Rating Scale (YMRS). Anxiety symptoms were also assessed by Hamilton Anxiety Rating Scale (HARS) in both groups. Clinical variables were taken as independent variables and FAST scores were taken as dependent variable in order to run correlation analysis in BD-II group.

Results No socio-demographic differences were found between two groups. Euthymic BD-II patients had significantly higher FAST, HARS, HDRS YMRS scores compared with healthy individuals. Only HDRS scores correlated with FAST scores of BD-II patients.

Conclusions This study indicated that euthymic BD-II patients had poorer psychosocial functioning. And subclinical depressive symptoms were associated with poor psychosocial functioning.

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

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Insight in bipolar disorder through the course of manic episode and its clinical correlates

E. Ince^{1,*}, C. Aksoy-Poyraz², M.K. Arıkan², B.C. Poyraz², S. Turan², A. Sakalli-Kani², E. Aydin²

¹ Istanbul University, Istanbul Faculty of Medicine, Department of Psychiatry, Istanbul, Turkey

² Istanbul University, Cerrahpaşa Faculty of Medicine, Department of Psychiatry, Istanbul, Turkey

* Corresponding author.

Introduction Insight is a well-documented phenomenon for psychotic disorders. It has been studied extensively in schizophrenia and its association with clinical outcomes has drawn increased attention. Although less is known for affective disorders, recent studies point out that impaired insight in bipolar disorder may take part in patients' overall well-being.

Aims Exploring the main components of insight in psychiatry, particularly in bipolar disorder.

Objectives With this study, we wanted to examine how clinical and cognitive insights change in patients with bipolar disorder through their hospitalization period and how they correlate with symptom severity and neuropsychological functioning.

Methods In this prospective study, inpatients with bipolar I disorder who were presented by manic episode with psychotic features were included. The patients were assessed with Young Mania Rating Scale, Beck Cognitive Insight Scale, Schedule for the Assessment of Insight-Expanded Version (SAI-E) and a neuropsychological test battery both at the time of admission and discharge.

Results As of October 2015, a total number of 20 patients with bipolar I disorder participated in the study. Preliminary results revealed a significant improvement in the total score of clinical insight, which was measured with SAI-E by the time of discharge ($P=0.001$). This transition was strongly correlated with the decrease in symptom severity ($P=0.006$, $r=-0.61$). Improved clinical insight exhibited significant correlation with the increase in patients' memory span ($P=0.007$, $r=-0.596$).

Conclusion The preliminary results suggest that changes in symptom severity and working memory might be the determinants of improvement in clinical insight of inpatients with bipolar disorder through manic episode.

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Decrease in prolactine levels after treatment with aripiprazole during a manic episode: A case report

J.M. Coll^{1,*}, G. Martínez-Alés¹, N. Salgado²

¹ Hospital Universitario La Paz, Psychiatry, Madrid, Spain

² Hospital Dr. Rodriguez Lafora, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction Hyperprolactinemia can produce clinical symptoms affecting the patient's quality of life and therefore limiting therapeutic approaches to bipolar disorder.

Case report We report a case of a 46-year-old woman, with a 10 year history of type I bipolar disorder and a microprolactinoma, who was admitted to a psychiatry inpatient unit due to a manic episode. Current symptoms at the moment of admission included hyperthymia, verbiage, flight of ideas and insomnia. Menstrual changes and galactorrhea had been present previously. Aripiprazole was introduced, reaching a dose of 30 mg/day, in addition to her usual treatment with lithium and gabapentin. Response to treatment was good and euthymia was reached within 10 days. Moreover, gabapentin was substituted by Valproic acid, and the patient was discharged once therapeutic levels were attained. Prolactin levels were measured at the moment of admission (128.75 ng/mL) and after 11 days of treatment (92.93 ng/mL).

Discussion Choosing an adequate antipsychotic agent can reduce the risk of iatrogenesis and thus enhance adherence to treatment and quality of life. Aripiprazole had previously shown a high potential at decreasing levels of prolactine. In this case, clinical practice supports scientific evidence.

Conclusions Aripiprazole is an effective treatment for type I bipolar disorder. Especially, it can be a treatment of choice in patients suffering from symptoms related to high levels of prolactine, even using a high dosage.