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Haloperidol, risperidone and quetiapine in the treatment of acute severe manic episode in bipolar disorder: The experience at the mood disorder unit in Milan

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Introduction Patients affected by severe manic episode, often with delusional symptoms, are commonly treated with a combination of mood stabilizers, antipsychotics and other sedatives. The choice of a specific drug, dose and term is still debated.

Objectives A naturalistic study on a sample of 84 inpatients affected by acute severe mania treated with a combination therapy. **Aims** To compare efficacy and tolerability of haloperidol/risperidone/quetiapine in association with lithium and/or valproate.

Methods Eighty-four bipolar inpatients affected by a manic episode according to DSM-5 criteria. Drugs administered according to our best practice. Clinical course weekly monitored with Young Mania Rating Scale (YMRS) for 4 weeks. Extrapiramidal side effects (EPSE) monitored with Saint Hans Rating Scale (SHRS).

Results Twenty-five men (29.76%) and 59 women (70.24%); mean age 43.37 ± 13.58 years. Mean YMRS score T0 40.27 ± 9.04 . Forty-one patients (48.81%) treated with haloperidol (3.4 mg/die); 16 (19.05%) with risperidone (4.3 mg/die); 27 (32.14%) with quetiapine (438 mg/die). The 3 groups showed no difference regarding clinical characteristics and YMRS basal scores. Chi² analysis confirmed an higher response rate (50% of reduction of YMRS final score compared to T0) with haloperidol ($\chi^2 = 14.88$; $P = 0.00$). The repeated-measures model analysis showed a significant decrease ($P < 0.05$) in YMRS scores in haloperidol vs. risperidone vs. quetiapine patients for all time points from second week. No statistical difference for EPSE was found.

Conclusions We suggest that haloperidol could be advisable in the treatment of severe mania, with rapid efficacy, even with low doses. Occurrence of EPSE was not considerable during the acute treatment. Studies with a larger sample size, randomization, fixed doses, double blind design are needed.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.146>

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Late-onset bipolar disorder: What else?

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Introduction Geriatric-onset of a first-episode mania is a rare psychiatric condition, which may be caused by a heterogeneous group of non-psychiatric conditions. To confirm late-onset bipolar disorder (LOBD) diagnosis, secondary-mania causes should be ruled out.

Objectives To provide a comprehensive review reporting prevalence, features, differential diagnosis, comorbidity and treatment of LOBD.

Methods The literature was systematically reviewed by online searching using PubMed[®]. The authors selected review papers with the words "Late-onset mania" and/or "Late-onset bipolar" in the title and/or abstract published in the last 10 years.

Results and discussion With population ageing, LOBD is becoming a more prevalent disorder. Clinical presentation may be atypical and confounding, making the diagnosis not always obvious. Several non-psychiatric conditions must be considered in an elderly patient presenting with new-onset mania, namely stroke, dementia, hyperthyroidism or infection causing delirium. Only then LOBD diagnosis may be done, making that an exclusion diagnosis. Comorbidities, such as hypertension or renal insufficiency are often present in the elderly and must be taken into account when choosing a mood stabilizer.

Conclusions LOBD remains a complex and relatively understudied disorder with important diagnostic and therapeutic implications. This diagnosis must be kept in mind for every elderly patient presenting with new-onset mania. Further investigations could contribute to a better understanding of LOBD etiopathogenesis and to set out better treatment guidelines.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.147>

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Telemedicine and bipolar disorder

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Show the efficacy of an innovate telemedicine psyeducational invention based on a psychoeducational intervention treatment with a group of bipolar patients.

Objetives To assess the efficacy of an innovate telemedicine psyeducational treatment (TPT) based on a psychoeducational intervention (21 sessions) with an additional support through telemedicine which has 12 videos versus treatment as usual (TAU) based on psychiatry reviews. Specifically, the objective was to evaluate patients' efficacy of psyeducational treatment with telemedicine (TPT) in the functionality, depressive symptoms and manic symptoms.

Methods Thirty-eight patients with bipolar disorder were included in the study and randomly distributed in the two groups. The telemedicine treatment is performed through a www.puedoser.es web platform provided by Astra Zeneca. In the web platform is available forums, emails and digital-course with the sessions worked as a reminder. In order to assess the effectiveness of treatments, FAST scale was administered at baseline and 6 months after the intervention. To obtain the results we used comparative data analysis.

Results In patients, we found a low daily functionality. The main issues were: interpersonal cognitive area ($t = -2.611$; $P = 0.014$) and interpersonal-area ($t = -2.617$; $P = 0.014$). We found, at baseline, that TPT group had worse overall results in daily functionality ($t = -2.876$; $P = 0.008$). After intervention, there is an improvement in the daily functionality of the TPT group. This improvement occurred in cognitive area ($z = -3.24$; $P < 0.001$), leisure area ($z = -1.85$; $P = 0.065$) and interpersonal area ($z = -1.72$; $P = 0.086$).

Conclusions The psychoeducational program combined with telemedicine shows to be more effective than TAU in the improvement of general patient functioning in bipolar disorder patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.148>