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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1166

EV182

Clinical and socio-demographic profile of bipolar I disorder patients

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Introduction The bipolar disorder (BD) is a chronic and severe disease which diagnosis and treatment are still raising the issues.
Aims To show a potential clinical and socio-demographic profile in BD patients.
Objective We hypothesized that BD patients have a particular clinical and socio-demographic characteristics.
Methods This was a descriptive and retrospective study which assesses 49 BD's outpatients. The diagnosis was accorded to DSM-IV criteria. The enrollment was conducted from January 2010 to August 2015. The socio-demographic and clinical data were collected by a preestablished railing.
Results The mean age was 39.7 years with a sex ratio of 1.33. Six patients (12.2%) lived in urban zones and 61% ($n=30$) patients have a lowly socioeconomic conditions. Celibacy was the prevailing civil status in 57.1% ($n=28$) among which 17 lived in family home. Thirty-four (69.4%) patients were unemployed.
A primary school level was found in 34.7% of the cases ($n=17$). Nineteen patients (38.8%) were schooled until the secondary level and 9 patients (18.4%) followed a university program.
Addiction to smoking was found at 26 patients (53%) whose half of them had moreover an alcoholic poisoning. The mean age at the diagnosis was 35.6 years with an inaugural manic episode in 63.4% ($n=31$) of the cases. The average number of relapse was 1.23 and the mean duration of follow-up was 3.2 years.
Conclusion The knowledge of the profile of the consultants, their socio-demographic and clinical characteristics would allow to adapt the offer of care to the request.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1167

EV183

Association between the 5-HTTLPR genotype and childhood impulsivity in subjects with bipolar II disorder

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Objective It has been suggested that the features of childhood ADHD are significantly associated with adult mood disorders. Some genetic factors may be common to both ADHD and mood disorders underlie the association between these two phenotypes. The present study aimed to determine whether a genetic role may be played by the serotonin transporter-linked polymorphic region (5-HTTLPR) in the childhood ADHD features of adult patients with mood disorders.
Methods The present study included 232 patients with MDD, 154 patients with BPD, and 1288 normal controls. Childhood ADHD features were assessed with the Korean version of the Wender Utah Rating Scale. The total score and the scores of three factors (impulsivity, inattention, mood instability) from the WURS-K were analyzed to determine whether they were associated with the 5-HTTLPR genotype.
Results In the BPD II group, the 5-HTTLPR genotype was significantly associated with the total score ($P=0.029$) and the impulsivity factor ($P=0.004$) on the WURS-K. However, the inattention and mood instability factors were not associated with the 5-HTTLPR genotype, and the MDD and normal control groups did not exhibit any significant associations between the WURS-K scores and the 5-HTTLPR genotype.
Conclusion The present findings suggest that the 5-HTTLPR genotype may play a role in the impulsivity component of childhood ADHD in patients with BPD II. Because of a small sample size and a single candidate gene, further studies investigating other candidate genes using a larger sample are warranted to more conclusively determine any common genetic links.
Keywords 5-HTTLPR; ADHD; Biopolar II disorder; Childhood; Impulsivity; WURS-K
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1168

EV184

Thyroid dysfunction in inpatients with affective disorders

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Introduction Thyroid dysfunction has been linked to psychiatric disorders, particularly to affective disorders. Moreover, aging of the population receiving mental health care leads to an increased epidemiological risk of thyroid disease.
Objectives Assess the prevalence of abnormal thyroid function, and its correlations to clinical factors, in an acute psychiatric inpatients ward dedicated to affective disorders.
Aims Reflect on the clinical relevance of thyroid function screening on admission in mental health care.
Methods Retrospective, descriptive study, concerning inpatient episodes from a 12 month period (January to December 2015) in a ward dedicated to affective disorders, in a tertiary psychiatric hospital.
Results The prevalence of thyroid dysfunction across all psychiatric diagnostic groups was 11%. Preliminary data has shown higher prevalence in non-elderly women with personality disorder as a main diagnosis (30%, $P=0.017$). Only women were under thyroid replacement therapy, which was significantly more prevalent in those diagnosed with bipolar disorder.
Conclusion The relatively high prevalence of thyroid dysfunction underlines the relevance of its screening in mental health inpatients. Our results were consistent with the known epidemiology of thyroid disease. Correlations with bipolar and personality disorder were noted, which can contribute to improve the understanding of clinical-epidemiological relationships between thyroid disease and specific psychiatric disorders.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1169

EV185

Recognition and treatment of bipolar mixed states

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Introduction Mixed features refers to the presence of high and low symptoms occurring at the same time, or as part of a single episode, in people experiencing an episode of mania or depression. In most forms of bipolar disorder, moods alternate between elevated and depressed over time. A person with mixed features experiences symptoms of both mood "poles" – mania and depression – simultaneously or in rapid sequence.
Aims and objectives To review the nosological status of bipolar mixed states and its treatment.
Methods Online search/review of the literature has been carried out, using Medline/Pubmed, concerning "mixed states", "affective disorder", "bipolar disorder".
Results The presence of depressive symptomatology during acute mania has been termed mixed mania, dysphoric mania, depressive mania or mixed bipolar disorder. Highly prevalent, mixed mania occurs in at least 30% of bipolar patients. Correct diagnosis is a major challenge. The presence of mixed features is associated with a worse clinical course and higher rates of comorbidities. There is ongoing debate about the role of antidepressants in the evolution of such states.
Conclusions Clinical vigilance and careful evaluation are required to ensure mixed states are not missed in the clinical context. Atypical antipsychotics are emerging as the medications of choice in the pharmacological management of mixed states.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1170

EV186

The late-onset bipolar disease: A case report

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The prevalence of bipolar disorder after 65 years is 0.1 to 0.4%. Mania represents 4.6% to 18.5% of all psychiatric admissions in geriatrics in the USA. It has some specificity in terms of clinical presentation, evolution, prognosis and treatment.
We report the case of a patient who presented a first manic episode after 65 years. E.H, AP, 67 years old, single, without personal and familial psychiatric history, addressed to psychiatric emergencies for psychomotor agitation and euphoric mood. He presented two months ago a manic access with almost total insomnia, euphoria, psychomotor agitation and delusions of grandeur. The balance sheet reveals no incorrections (blood count, thyroid balance, serology: TPHA, VDRL, hepatitis B and C, HIV). The cerebral CT was normal. The patient has been received a quetiapine 200 mg/day, olanxapine 10 mg/day and valproate 1000 mg/day. The evolution after three weeks was favorable.
The late-onset bipolar disorder is characterized by: a less intense euphoria, replaced by anger and irritability, a more elements of persecution, disinhibiting and impulsivity. Respecting to that, this case is an exception. The most common confounding symptoms and behavioral disorders. A higher frequency of neurological diseases is noted in elderly subjects with a bipolar disorder and, so, a neuropsychiatric rigorous evaluation is fundamental to exclude the possibility of an organic pathology for the manic access. The prescription of psychotropic drugs in the elderly must be under monitoring.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1171

EV187

Control of attention in bipolar disorder: Effects of perceptual load in processing task-irrelevant facial expressions

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Bipolar disorder (BD), along with schizophrenia, is one of the most severe psychiatric conditions and is correlated with attentional deficits and emotion dysregulation. Bipolar patients appear to be highly sensitive to the presence of emotional distractors. Yet, no study has investigated whether perceptual load modulates the interference of emotionally distracting information. Our main goal was to test whether bipolar patients are more sensitive to task-irrelevant emotional stimulus, even when the task demands a high amount of attentional resources.
Fourteen participants with BD I or BD II and 14 controls, age- and gender-matched, performed a target-letter discrimination task with emotional task-irrelevant stimulus (angry, happy and neutral facial expressions). Target-letters were presented among five distractor-letters, which could be the same (low perceptual load) or different (high perceptual load). Participants should discriminate the target-letter and ignore the facial expression. Response time and accuracy rate were analyzed.
Results showed a greater interference of facial stimuli at high load than low load, confirming the effectiveness of perceptual load manipulation. More importantly, patients tarried significantly longer at high load. This is consistent with deficits in control of attention, showing that bipolar patients are more prone to distraction by task-irrelevant stimulus only when the task is more demanding. Moreover, for bipolar patients neutral and angry faces resulted in a higher interference with the task (longer response time), compared to controls, suggesting an attentional bias for neutral and threating social cues. Nevertheless, a more detailed investigation regarding the attentional impairments in social context in BD is needed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1172

EV188

Clinical overlap between behavioral variant of frontotemporal dementia and bipolar disorder: A case report

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The behavioral variant of frontotemporal dementia (FTD) often begins with psychiatric symptoms, including changes in personal conduct and/or interpersonal behavior. Prior to developing cog-