

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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EV179

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

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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.

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EV180

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

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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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EV181

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

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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.

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

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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.

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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

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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.

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EV185

Recognition and treatment of bipolar mixed states

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