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Bipolar disorders

EV151

Do bipolar II and bipolar I disorder have different genotypes and why do we observe unipolar depression converting to bipolar II and then bipolar I?

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We review the recent literature in order to establish the importance of a spectrum for bipolar affective disorder, and that unipolar depression, bipolar II and bipolar I are discrete entities that may however evolve in sequence. We discuss clinical, genetic and neurobiological data which illustrate the differences between bipolar I and bipolar II. To fit the data we suggest a series of multiple mood disorder genotypes, some of which evolve into other conditions on the bipolar spectrum. Thence, we discuss the nature of the bipolar spectrum and demonstrate how this concept can be used as the basis of a staging model for bipolar disorder.
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EV152

Use of lithium in acute mania in adolescents

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The aim of the present study was to investigate whether the use of lithium followed recommended practice in acutely manic adolescent inpatients. This study was a 12-month retrospective review of patients with manic episode admitted to Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital. Length of stay, medication data, serum levels and adverse effects were recorded for patients who started lithium treatment within average of 7 days of admission ($n = 52$). Average length of stay was 23.63 (SD = 17.6). The maximum dose prescribed within 24 h of starting treatment was 721.15 mg (SD = 239.5). The maximum daily dose was reached in an average of 7 days to 1136.5 mg (SD = 336.4). The average time after starting treatment until the first recorded serum level was 5 days. The average serum level reached was 0.5 mEq/L (SD = 0.22), which was raised to 0.6 mEq/L (SD = 0.3) at discharge with an average daily dose of 1038.46 mg (SD = 460). In 8 admissions (15.4%), one adverse effect was recorded that could have been related to lithium treatment but adverse events did not lead to discontinuation of drug. The literature supports that rapidly attained high serum levels are associated with positive outcomes. In this current study, clinicians used a relatively slow dose titration and lower serum levels were obtained suggesting that lithium was not considered as a primary agent for treating mania. Taking advantage of lithium especially for the maintenance treatment of bipolar disorder and tolerability may have driven these findings.
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EV153

Mental health and drug

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Introduction Bipolar disorder (BD) is often associated with various comorbidities. It is substance use disorders (SUD) one of the most frequent comorbidities.
The ECA study (Epidemiologic Catchment Area) observed a prevalence over the life of the 56, 1% for any TUS in the total sample of patients with bipolar disorder. In subjects with bipolar I disorder prevalence was 60.7%, and those of type II 48.1.
In the OMS study conducted in America, Europe and Asia, the results confirm the high rates of disorders in patients diagnosed with bipolar disorder regardless of the country of study.
Case This is a male, 32, who came first to the Provincial Drug Addiction Service of Huelva in 2009 for cocaine, cannabis and alcohol.
In his personal history, he relates a convulsive episode at 14 years and one manic episode associated with consumption of cocaine in 2002 which began to be treated by a team of Mental Health and Provincial Center for Addictions.
He entered twice in a therapeutic community in 2009 for treatment for their disorder dependence on cocaine, alcohol and cannabis.
It has required admission to the Unit Hospitalization twice in 2012, with the discharge diagnosis of manic episode secondary to drug consumption.
Conclusions Most epidemiological studies in recent decades note the high prevalence of comorbidity BD + SUD.
BD-SUD comorbidity is particularly complex because each disorder affects the evolution of the other and they are frequently multiple comorbidities. In addition, it implies a worse clinical and functional outcome as well as poorer therapeutic response.
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EV154

Case study: Bipolar disease in treatment with asenapine

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Objectives Analysis of the treatment alternatives for patients diagnosed with a bipolar disorder of torpid evolution. Revision of the possible adverse effects of lithium and its impact on the adherence to treatment.
Methods We revise the clinical evolution of a patient diagnosed with Bipolar disorder type I, with the following characteristics: at least two maniac episodes per year, consumption of toxic substances and high sensibility to antipsychotics and euthymics.
Results We will describe the case of a 23-years-old patient diagnosed with bipolar disorder type I. During the course of the illness,

benign intracranial hypertension is diagnosed and the treatment with lithium must be stopped. We replace lithium treatment by Asenapine monotherapy. The evolution of the patient was very positive. Taking account of the adverse effects of lithium and reducing them can facilitate the adherence to treatment and also benefit early remission and less deterioration in each episode.

Conclusions It is fundamental to promote a comprehensive approach to each patient, including psychotherapy, psychoeducation as well as appropriate medication. The knowledge of the described effects helps us to determinate the appropriate medication for each patient.

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EV156

Severe behavioral disturbances in bipolar disorder: A case report

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Introduction Behavioral disturbances are common in psychiatric patients. This symptom may be caused by several disorders and clinical status.

Case report We report the case of a 40 year-old male who was diagnosed of nonspecific psychotic disorder, alcohol dependence, cannabis abuse and intellectual disability. The patient was admitted into a long-stay psychiatric unit because of behavioral disturbances consisted in aggressive in the context of a chronic psychosis consisted in delusions of reference and auditory pseudohallucinations. During his admission the patient received the diagnosis of bipolar disorder type 1, presenting more severe behavioral disturbances during these mood episodes. It was necessary to make diverse pharmacological changes to stabilize the mood of the patient. Finally, the treatment was modified and it was prescribed clozapine (25 mg/24 h), clotiapine (40 mg/8 h), levomepromazine (200 mg/24 h), topiramate (125 mg/12 h), clomipramine (150 mg/24 h) and clorazepate dipotassium (50 mg/24 h). With this treatment, the patient showed a considerable improvement of symptoms, presenting euthymic and without behavioral disturbances.

Discussion In this case report, we present a patient with severe behavioral disturbances. The inclusion of bipolar disorder in the diagnosis of the patient was very important for the correct treatment and management, because of depressive and manic mood episodes the behavioral disturbances were exacerbated.

Conclusions Patients with behavioral disturbances could present psychotic and affective symptoms as cause of them. It is necessary to explore these symptoms and try different treatments to improve them.

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EV157

The influence of treatment modality on long-term neurocognitive functioning in treatment resistant bipolar depressed inpatients treated with pharmacotherapy or electroconvulsive therapy

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Introduction Bipolar depression is difficult to manage, and causes considerable disability and distress for patients and their surroundings. Electroconvulsive therapy (ECT) is an effective treatment, but there are concerns regarding long-term neurocognitive impairment, and in particular autobiographical memory.

Objectives To compare the long-term effects of algorithm-based pharmacologic treatment (APT) and ECT in treatment-resistant bipolar depression as measured with standard neurocognitive tests and autobiographical memory interview.

Aims To examine the long-term neurocognitive effects of ECT.

Methods In this multicenter randomized controlled trial 73 in-patients with treatment resistant bipolar depression were randomized to either APT or unilateral ECT. Patients were assessed at baseline and at 6 months. Neurocognitive functions were assessed with the MATRICS Consensus Cognitive Battery (MCCB), Wechsler Abbreviated Scale of Intelligence (WASI) and the Autobiographical Memory Inventory - Short form (AMI-SF). At 6 months, neurocognitive data were available for 26 patients (APT $n = 11$, ECT $n = 15$).

Results There were no group-differences at baseline.
At 6 months, there was no group-difference in MCCB-score (APT 44.9 vs. ECT 46.0, *P*-value: 0.707), or WASI total IQ-score (APT 103.9 vs. ECT 107.2, *P*-value: 0.535). There were indications of (*P*-value: 0.109) poorer AMI-SF consistency score in the ECT group (APT 72.3% vs. ECT 64.3%).

Conclusions This study does not find that ECT causes long-term impairment in neurocognitive function as measured with standard neuropsychological tests. We find a trend towards poorer autobiographical memory in the ECT-group, and there needs to be further research regarding this.

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EV158

Discontinuation of antipsychotic therapy in severe mania: A six months follow-up study

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Introduction Independently of the drug choice, antimaniac treatment has to be continued at least until full remission. Most guidelines recommend continuation therapy for 6–12 months but controlled studies are lacking.

Objectives A six months follow-up study on a sample of 57 inpatients affected by mania at Mood Disorder Unit.

Aims To evaluate a timeframe for the discontinuation of the antipsychotic therapy.

Methods Fifty-seven bipolar inpatients affected by a manic episode according to DSM-5 criteria. Patients treated according to our pharmacological protocol with a mood stabilizer (lithium