

## EV0067

### Social cognition and bipolar disorder: A preliminary study

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**Aim** To assess the clinical outcomes associated with social cognition impairment in euthymic patients with bipolar disorder.

**Method** It was a cross-sectional study with convenience sample. The diagnose of bipolar disorder was performed by psychiatrist, using DSM-IV criteria, at bipolar disorder program – Hospital de Clinicas de Porto Alegre (Brazil), where the sample was recruited. The social cognition was assessed by psychologists using the Reading the Mind in the Eyes Test.

**Results** We included 46 euthymic BD patients: BD I (n=39), women (n=32), age (49.11±13.17), and years of education (10.56±3.80). Patients with social cognition impairment were not different of patients without social cognition impairment regarding socio demographic factors (gender, age, educational level, marital status, and employment status). Patients with social cognitive impairment showed higher rates of BD I patients (P=0.036) and higher proportion of hospitalization in the first episode (P=0.033), as compared to patients without social cognition impairment.

**Conclusion** This is a preliminary study demonstrating that BD patients with social cognition impairment show worse clinical outcomes. Severe BD onset seems to be an important predictor of social cognition impairment. However, more studies are needed investigating social cognition impairment in subjects with bipolar disorder.

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

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## EV0068

### Cognitive impairment and its relation to predominant polarity, number of episodes and illness duration in patients with euthymic bipolar affective disorder (BAD)

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**Introduction** Previous optimistic assumptions about the prognosis of BAD based on the control of mood symptoms is now challenged as majority of patients continue to have cognitive deficits during the euthymic phase.

**Objectives** To describe cognitive impairment in euthymic BAD and study the association with clinical characteristics.

**Aims** Identify the prevalence and severity of cognitive impairment (CI); to correlate CI with the first episode, illness duration, number of episodes and predominant polarity.

**Methods** Patients attending the psychiatry clinic of the National Hospital of Sri Lanka diagnosed with BAD in the remission phase were recruited. An interviewer-administered questionnaire and Montreal Cognitive Assessment test was used to ascertain clinical characteristics and cognitive functions respectively. Scores of 18–26 described as mild, 10–17 moderate and < 10 as severe cognitive impairment.

**Results** Total sample size was 58. Mean age=48.84 (SD12.5). Fifty-five percent were females. Mean duration of illness was 179.7 months (SD128.5). A mean of 6 episodes were experienced during the course of illness (min=1, max=18); 58.6% had depression,

37.9% had manic and 3.4% had mixed as their first episode. The predominant polarity was depressive in 65.5%. No cognitive impairment – 8.6%, mild – 63.8%, moderate – 27.6% and none with severe. There was a significant association between the presence of cognitive impairment and the predominant polarity being depressive ( $r=10.886$ ,  $df=4$ ,  $P=0.028$ ). No significant association was found between illness duration, number of episodes or the type of first episode.

**Conclusions** Patients with a predominant depressive polarity are more likely to experience cognitive impairment. Cognitive impairment had no association with illness duration, type of episode or number of episodes.

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

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## EV0069

### Aviation mental disorders – An in-flight case of mania

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**Introduction** Due to recent aviation accidents, like German Wings flight 9525, aviation related mental health disorders have recently received much attention. Several psychological disorders have been associated with aviation ever since its beginning, both in passengers and aviation professionals. A clinical case is revised of a 33 years old air hostess, without previous psychiatric history, who was admitted twice in a manic state, and a third time abroad in Nice, France, after prolonged sleep deprivation due to consecutive transatlantic flights. **Objectives** Scientific revision of psychological disorders in passengers (flight related psychological stress, flight phobia, post-traumatic stress disorders after plane crashes...), aviation professionals (mood changes, sexual function disorders, jet lag, sleep disorders), ground staff, and populations living within close distance to airports (burnout, circadian rhythms disorders due to high noise levels...).

**Methods** Research in Pubmed, Medscape, scientific literature and other publications, with the following research terms: aviation related mental health disorders, flight related psychological disorders, flight phobia, aerophobia, aviophobia, flight related anxiety, flight related mood disorders, flight induced mania, psychological stress and air travel; articles in English, Portuguese and Spanish.

**Results** Fifty-eight articles, one book and four publications were considered relevant; the case of the patient is thoroughly described with data retrieved from the clinical file.

**Conclusions** Several important issues concerning both mental and physical health are highlighted by this clinical case, yet, surprisingly, scientific knowledge has progressed at a rather slow pace and mental health professionals have not given much attention to this issue.

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

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## EV0070

### Bipolar versus schizoaffective disorder: Clinical profiles

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