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Risk factors for suicide behaviors in bipolar disorder: A closer look

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Introduction Suicide behaviors (suicide acts and suicide attempts) are a major concern for clinicians treating patients with psychiatric disorders. Among them, patients with bipolar disorder (BD) have the highest prevalence of suicide behaviors, accounting for up to one-quarter of all completed suicides. Additionally, suicide remains the leading cause of avoidable death in patients with BD.

Aims This work aims to review the main risk factors for suicide behaviors in patients with BD.

Methods The MEDLINE/Pubmed database was searched using the keywords “bipolar disorder” with: “suicide”; “suicide attempt”; and “suicide risk factors”. Articles published in the last 10 years were considered.

Results It is estimated that 25% to 50% of patients with BD will attempt suicide at least once in their lifetime and, that 10% to 15% will die. The risk factors for suicide behaviors in patients with BD have been widely studied and their knowledge is crucial for identifying patients at risk.

The main risk factors include previous suicide attempts, family history of suicide and hopelessness. Other risk factors have also been identified: depressive polarity of first mood episode; rapid cycling; increasing severity of affective episodes; depressive polarity of the latest mood episode; mixed affective states; early age of onset; and comorbid anxiety disorders, substance use disorders and cluster B personality disorders.

Conclusions Prevention of suicide behaviors is crucial when treating patients with BD. Therefore, the knowledge of these risk factors is of extreme importance in order to promptly identify patients at risk and adopt the proper preventive therapeutic interventions.

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Mindfulness effects on cognition: Preliminary resultsA. Flores^{1,*}, G. González¹, G. Lahera², C. Bayón¹, M. Bravo¹, B. Rodríguez Vega¹, C. Avedillo¹, R. Villanueva¹, S. Barbeito³, M. Saenz³, A. García Alocén³, A. Ugarte³, A. González Pinto³, M. Vaughan¹, L. Carballeira¹, P. Pérez¹, P. Barga¹, N. García¹, C. De Dios¹¹ Hospital Universitario La Paz, Department of Psychiatry, Madrid, Spain² Universidad de Alcalá, Department of Medicine and Medical Specialties, School of Medicine, Madrid, Spain³ Hospital Universitario Araba, Department of Psychiatry, Vitoria-Gasteiz, Spain

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Background Mindfulness-based cognitive therapy (MBCT) is a psychotherapeutic intervention that has been shown effective in several clinical conditions. Nevertheless, research is still needed on its effectiveness on cognition.

Objective To analyze possible effects on cognition of the addition of MBCT intervention versus a brief structured group psycho-education to the standard treatment of subsyndromal bipolar depression. Our hypothesis was that MBCT could improve some aspects of cognitive function to a higher degree than psycho-education and treatment as usual (TAU).

Methods/design A randomized, multicenter, prospective, versus active comparator, evaluator-blinded clinical trial was conducted. Forty patients with BD and subclinical or mild depressive symptoms were randomly allocated to:

- MBCT added to psychopharmacological treatment ($n = 16$);
- a brief structured group psycho-educational intervention added to psychopharmacological treatment ($n = 17$);
- standard clinical management, including psychopharmacological treatment ($n = 7$).

Assessments were conducted at screening, baseline, post-intervention (8 weeks) and 4-month follow-up.

Results Cognition results point to significant improvement in Stroop Color test as well as processing speed in TMT A test ($P < 0.05$) in the two psychological intervention groups versus TAU.

Conclusion These preliminary findings suggest that the addition of MBCT or psycho-education to usual treatment could improve some cognitive dimensions in subsyndromal bipolar depressive patients.

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EV0054

The blue-eyed man: A case of Waardenburg syndrome type 1 associated with mania and autistic spectrum disorder

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Waardenburg syndrome (WS) is a rare genetic disorder characterised by varying degrees of sensorineural deafness, dystopia canthorum, musculokeletal defects, pigmentation anomalies such as bright blue iris, greying hair and in some cases intestinal pathology.

A 21-year-old Chinese gentleman, diagnosed with WS type 1 (Figs. 1 and 2) at the age of two, presented at the emergency unit with manic symptoms for the past one month such as irritability, grandiosity, flight of ideas and reduced need for sleep. With regards to social integration, he had features suggestive of autism spectrum disorder (ASD). He often played by himself and was fixated on particular toys. He was eventually admitted to the psychiatric ward for acute management of mania. He was stabilised on olanzapine 10 mg BD and sodium valproate 600 mg BD. His sodium valproate was cross-titrated with lithium in the ward and his manic features gradually subsided. He was discharged well after 2 weeks of admission with lithium 300 mg BD and olanzapine 10 mg BD. WS type 1 has been localised to the locus 2q35 and researchers have identified that a tetranucleotide repeat marker on 2q35 is strongly associated with recurrent mood symptoms.

In conclusion, it is important to note that individuals with WS may be at higher risk to develop ASD and mood disorders.



Fig. 1



Fig. 2

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EV0055

Late-onset bipolar illness: Literature review and case report

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Introduction Late-onset bipolar-illness (LOBI) diagnosis comprises those patients whose first mania episode occurs aged 60 or older. Traditionally, it has been considered as a secondary disorder, accompanying other conditions such as dementia. While this is true for some cases, LOBI is a wider concept, which has its own features and also includes other entities.

Objectives To describe the main features of LOBI.

Methods Critical review of the literature and description of the case of a 72-year-old woman diagnosed with LOBI.

Results While only 6–8% of all new cases of bipolar disorder (BD) occur in people older than 60, recent research suggests an increase of first episodes in this age group. LOBI is less associated with family history compared to early onset BD and seems to occur more frequently in women.

LOBI presents with better premorbid functioning and atypical psychopathology as compared to early onset. Also, there is a higher prevalence of mixed episodes and a higher frequency of episodes per year, with a great risk of suicide. LOBI patients have more cognitive impairment and higher rates of comorbid psychiatric disorders. These patients show some specific neuroimaging signs, including subcortical hyperintensities.

Quetiapine and valproate have proved useful, but the pharmacokinetic and pharmacodynamic characteristics of older patients must be taken into account.

Conclusion The reported case identifies similarities between LOBI and classical BD. However, both this case and the literature review reveal that LOBI has specific features that differentiate it from classical BD. Further research is needed to characterise the condition and improve its management.

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

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EV0056

Correlation between alterations of inflammatory markers and treatment with atypical antipsychotics in patients diagnosed with bipolar affective disorder

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Introduction Clinical evidences suggests that cerebral inflammatory processes are involved in the development of major affective disorders [1].

Obvious correlations exist between changes of inflammatory markers such as acute-phase protein C (PCR) and VES, in patients with bipolar spectrum diagnosis [2].

Objectives Our aim is demonstrating the correlations between changes of PCR and VES and pharmacological treatment with atypical antipsychotics in patients with acute bipolar disorder, highlighting a trend.

Method Twenty patients with bipolar disorder were assessed at the entrance (T0), after three weeks (T1) and after six weeks (T2) of hospitalization using specific rating scales and blood tests routines include PCR and VES.

Results Is possible to appreciate a correlation between the affective phase of bipolar disorder and inflammatory markers with a proportional trend (Table 1).

Discussion and conclusion The scores obtained seem to confirm the effect of antipsychotic in both sense of psychiatric symptomatology reduction and in anti-inflammatory action.

A confirmation of a correlation between the resolution of affective disorders and normalization of inflammatory markers confirm the intrinsic anti-inflammatory activity of such drug compounds [3].

Table 1

	PCR mg/L	VES mm/h	MADRAS	YMRS	CGI	BPRS
t0	17.85 ± 10	13.10 ± 9	9.30 ± 11	24.27 ± 10	3.95 ± 1	84.65 ± 30
t1	4.55 ± 4 ^a	12.65 ± 8 ^b	4.30 ± 5 ^a	3.85 ± 5 ^a	2.65 ± 1 ^a	65.50 ± 21 ^a
t2	1.45 ± 3 ^{c,d}	12.75 ± 8 ^b	2.45 ± 3 ^{c,d}	1.65 ± 2 ^{c,d}	1.80 ± 1 ^{c,d}	54.30 ± 17 ^{c,d}

^a $P < 0.01$ vs. T0

^b $P > 0.01$ vs. T0/T1.

^c $P < 0.01$ vs. T0.

^d $P < 0.01$ vs. T1.

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

References

- [1] Hamdani N. Inflammation, and bipolar disorder. *Curr Psychiatry* 2013.
- [2] Halaris A. *Mod Trends Pharmacopsychistry* 2013;28.
- [3] Goldstein B. Inflammation and treatment of bipolar disorder: a systematic review. *J Clin Psychiatry* 2009.

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EV0057

A broken heart

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Introduction Within the various cultures and throughout the centuries has observed the relationship between emotional states and heart function, colloquially calling him “heartbroken”. Also in the