

**Objectives** Several studies have shown effect of CBT for HA-patients. However, these effects have been short or immediate after therapy. To our knowledge no studies have examined long-term effect of CBT for HA over 18 months.

**Aims** To investigate the long-term effect of CBT on HA, focusing on level of HA, quality of life, subjective health complaints and general anxiety. Follow-up time was at least 10 years. Our hypothesis was that the effect was sustained.

**Methods** Patients with HA received 16 sessions of CBT over a period of 12–18 months, and were followed up over at least 10 years. All patients fulfilled criteria for F45.2, hypochondriacal disorder according to ICD-10.

The patients answered several questionnaires, exploring areas such as HA, Quality of life, somatization, and mental health problems. Questionnaires were answered before CBT, after CBT and at follow up. Mixed model analysis was performed in SPSS 23.0 for all questionnaires.

**Results** All scores were found to be significant in the Pre-CBT–Post-CBT and Pre-CBT–FU (0.034– <0.001), and none were found to be significant in the Post-CBT–FU.

**Conclusions** Our findings suggest that for the majority of patients with HA, CBT has a significant and lasting long-term effect. This effect lasts up to ten years post therapy.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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## e-Poster walk: Bipolar disorders - part 1

### EW0019

#### Metabolic syndrome in patients with bipolar disorder treated with atypical antipsychotics, their first-degree relatives and control group

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**Introduction and objective** Patients with serious mental illness have lower life expectancy and higher prevalence of metabolic syndrome compared to normal population. Although, we have little evidence about their first-degree relatives.

**Aims** To compare metabolic syndrome in patients with bipolar disorder treated with atypical antipsychotics, their first degree relatives and healthy subjects in two age groups: under and over 40.

**Methods** This cross-sectional study was conducted on 100 patients with bipolar disorder treated with atypical antipsychotics, 50 first degree relatives and 135 healthy subjects. The prevalence of metabolic syndrome was assessed based on National Cholesterol Education Program (NCEP).

**Results** Under the age of 40, the prevalence of metabolic syndrome was 15.4% in patients with Bipolar disorder, 17.6% in first degree relatives and 7% in healthy subjects. Systolic blood pressure was significantly higher in bipolar disorder patients ( $P=0.004$ ). In those over 40, the prevalence of metabolic syndrome was 31.8% in patients with bipolar disorder, 33.3% in first-degree relatives and 32.8% in healthy subjects. Serum levels of HDL were significantly lower in bipolar disorder patients ( $P=0.002$ ).

**Conclusion** Patients with bipolar disorder and their first-degree relatives have greater chance for cardiovascular disease due to

higher metabolic syndrome. Further investigations are needed for evaluating serious mental illness patients and their relatives.

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

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### EW0020

#### The effect of long-term lithium treatment on renal functions in patients with bipolar disorder

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**Introduction** The effect of lithium on tubular functions leading to decreased urinary concentrating ability is recognized. Although there are several studies type, severity and frequency of renal impairment and its correlation with duration of lithium therapy are not well established.

**Objectives** To explore long-term effects of lithium on patients with chronic bipolar disorder.

**Aims** We aimed to assess patients with bipolar disorder using lithium at least for six years in terms of renal functions, starting from mild impairments to full blown chronic renal failure.

**Methods** Fifty-one patients with bipolar disorder and 38 age and sex matched healthy controls were enrolled for the study. Serum BUN, creatinine, uric acid, electrolytes, calcium (Ca), phosphorus (P), vitamin D (25-OH D3) and eGFR levels were measured. The correlations between renal function and mean lithium levels, duration of lithium treatment and GAF scores were calculated.

**Results** Mean eGFR level of patients with bipolar disorder was significantly lower than that of controls. Serum creatinine, uric acid, Ca and PTH levels were higher, 25-OH D3 levels were lower in the patients than in controls. The duration of lithium treatment was positively correlated with serum creatinine and uric acid levels, negatively correlated with eGFR levels. Mean lithium levels were positively correlated with serum creatinine levels and negatively correlated with eGFR.

**Conclusions** The study revealed that glomerular functioning of the patient group was significantly lower than that of the control group. The findings suggested that both duration of lithium treatment and high serum lithium levels may have a negative impact on glomerular functions.

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

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### EW0021

#### Protocol for developing and validating a multivariable prediction model to individualize the risk of recurrence of bipolar disorder in the perinatal period

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**Introduction** For women with bipolar disorder, childbirth is a high-risk period with 40–50% experiencing a recurrence and 20% developing a severe episode of postpartum psychosis. Bipolar episodes in the perinatal period affect women and their families.