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Age at menarche is related to number of previous depressive episodes in patients with bipolar disorder

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Introduction Oestrogen fluctuations may be an important factor in the etiology of bipolar disorder and age at menarche is associated with the clinical course of BD. Moreover, it is associated with traits related to mood.
Aims The aim of our study was to explore the differences in age at menarche between euthymic BD patients and healthy controls, as well as to explore the relationship between age at menarche and lifetime psychopathology within BD.
Methods The study group consisted of 83 patients diagnosed with BD, compared to the healthy control group ($n = 73$) and matched according to age, gender, and body mass index (BMI). Lifetime psychopathology has been assessed according to predominant polarity as well as previous history of suicide attempts and psychotic episodes.
Results Age at menarche in BD patients was similar to that in controls. After covarying for confounders, we observed that age at menarche is negatively related to number of previous depressive episodes in euthymic BD patients, but not other indicators of lifetime psychopathology.
Conclusions BD patients with earlier age at menarche are more likely to present with more depressive episodes in the course of illness. Systemic, longitudinal monitoring of the course of illness, and potential hormonal fluctuations within particular groups of patients are warranted.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1180

EV197

The importance of establishing a good differential diagnosis in bipolar disorder

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Diagnosis plays a key role in identification of a disease, learn about its course, management and predicting prognosis. In mental health, diseases are often complex and coalesce of different symptoms. Diagnosing a mental health condition requires careful evaluation of the symptoms and excluding other differential disorders that may share common symptoms. Diagnose hastily can lead to misdiagnosis. A premature diagnosis or misdiagnosis has clear negative consequences. This is one of the problems related to mental health and one needs to optimize the diagnostic process to achieve a balance between sensitivity and specificity. Currently, the diagnosis of bipolar disorder (BD) is one of the major mental health conditions that is often misdiagnosed.
To differentiate BD from unipolar depression with recurrent episodes or with personality disorder (PD), especially type Cluster B – with features shared with mania/hypomania like mental instability or impulsivity, it is important to differentiate between a diagnosis and its comorbidity. BD is often misdiagnosed as personality disorder and vice versa specially when both are coexisting (almost 20% of patients with bipolar disorder type II are misdiagnosed as personality disorders). This is common especially with borderline PD, although in some cases the histrionic PD may also be misdiagnosed as mania.
Due to the inconsistency in patient care involving different psychiatrists combined with difficulty in obtaining a precise patient history and family history leads to loss of key information which in turn leads to misdiagnosis of the condition. The time delay in making the correct diagnosis cause by such inconsistencies may worsen the prognosis of the disease in the patient.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1182

EV200

The role of medical condition in perplexity inside psychotic mixed states in bipolar disorder: Case series and literature review

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Introduction In literature Leonard introduce, after Wernike (1900) and Kleist (1928), the concept of cycloid psychoses, and he gives again a weight to the mixed forms in affective disorders [1–4]. A lot of different medical conditions cause pychiatric problems, like hyperammonemia, hyponatiremia, thyroid disfunction, urinary infections and still others. The aim of our study is to evaluate the role of a medical condition in perplexity inside psychotic mixed states in bipolar disorder (BD). We propouse three different cases and literature review.
Method Three patients with perplexity in BD were assessed with: the SCID-P for axis I diagnosis, HRSD, YMRS, internistical examination, blood test exams and urinanalysis, and first level brain imagin (CT and/or MRI). We conducted a systematic review of the literature (PubMed, Embase, PsychInfo), using the terms "bipolar disorder", "mixed states", "perplexity" and "medical condition".
Results All our patients present: hyperammonemia, reduction of TSH and presence of infection at the urinanalysis, and a resolution of perplexity with the normalization of the blood test and urinanalysis.
Discussion and conclusion To our knowledge there are not studies that confirm the relationship between thyroid and epatic dysfunction, and urinary infection with perplexity in psychotic mixed states in BD, and the resolution with the normalization of blood and urinary exams. Further research is warranted to replicate our clinical observations and to confirm our results.
Disclosure of interest The authors have not supplied their declaration of competing interest.
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http://dx.doi.org/10.1016/j.eurpsy.2016.01.1185