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S023

Progressive brain changes associated with persistent negative symptoms following a first episode of psychosis

M. Lepage[1,*], M. Carolina[2], B. Michael[1], C. Mallar[1], J. Ridha[1], M. Ashok[1]
[1] *McGill University, Psychiatry, Montreal, Canada*
[2] *McGill University, integrated program in Neuroscience, Montreal, Canada*
[*] *Corresponding author.*

Early persistent negative symptoms (ePNS) refer to the presence of potentially idiopathic or primary negative symptoms and have been observed following a first episode of psychosis (FEP). There is evidence for cortical changes associated with ePNS and given that a FEP often occurs during a period of ongoing brain development and maturation, neuroanatomical changes may have a specific age related component. The current study examined cortical thickness (CT), hippocampal/amygdala volume and shape as a function of clinical trajectories and age using longitudinal structural imaging in FEP. T1-MRI scans were acquired for early ($n = 21$), secondary ($n = 30$), non-($n = 44$) PNS patients with a FEP, and controls ($n = 44$). Cortical thickness and amygdalar–hippocampal volumes and surface area (SA) metrics were extracted from three time points over a two-year period. Linear mixed models were applied to test for a main effect of group, and age group interactions. Relative to the other groups**,** ePNS patients showed cortical thinning over time in temporal regions and a thickening with age primarily in prefrontal areas. They also exhibited reduced left amygdalar and right hippocampal volumes. Morphometry revealed decreased surface area in ePNS compared to other groups in left central amygdala. The current study demonstrates that FEP patients with ePNS show significantly different CT trajectories with age. Increased CT may be indicative of disruptions in cortical maturation processes within higher-order brain regions. Amygdalar-hippocampal changes with age are also linked to ePNS with converging results from volumetric and morphometric analyses. Taken together, these results could represent dynamic endophenotypes setting these ePNS patients apart from their non-symptomatic peers.
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Symposium: New avenues in the management of bipolar disorder

S024

Mania and depression: What's new?

A. Fagiolini[1,*], G. Amodeo[2]
[1] *University of Siena, School of Medicine, Siena, Italy*
[2] *University of Siena, Molecular Medicine, Siena, Italy*
[*] *Corresponding author.*

Despite the high burden of bipolar disorder and the noticeable progress in its treatment, the disorder still goes frequently misdiagnosed, unrecognized, or not optimally treated. To date, no medication has been specifically developed on the basis of a precise understanding of the pathophysiology of the disorder, or based on the unique characteristics of several subtypes of bipolar disorder or on the medication mechanism of action. Lithium remains on of the gold standard treatments for bipolar disorder. Its mood-stabilizing properties are thought to occur via specific cellular signaling pathways, such as inhibition of glycogen synthase kinase 3, which is considered to regulate cellular apoptosis. Divalproex, carbamazepine and several atypical antipsychotics are also approved for bipolar disease Evidence also suggests that antipsychotics show the ability to treat and prevent mania and/or depression but are often burdened by side effects such as sedation, hortostatic hypotension and weight gain. Hence, while it is clear that there still are several unmet needs especially for what pertains tolerability, efficacy for specific subtypes, and predictability. Novel and more effective treatments are needed and researchers are currently engaging in targeted drug development for bipolar illness, aimed at improving pharmacological strategies with marked and sustained effects. A variety of newer medications are being tested. Some of these drugs target pathways that are similar to those targeted by lithium, while others focus on newer targets, such as opiate receptor and *N*-methyl-D-aspartate (NMDA) receptors. Newer and older treatment strategies for bipolar disorder will be presented and critically reviewed.
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S025

The role of long acting antipsychotics in bipolar disorder

E. Vieta
Hospital Clinic de Barcelona, Psychiatry Bipolar Disorders Program, Barcelona, Spain

Antipsychotics are widely used for the short and long-term treatment of bipolar disorder. Depot and long-acting injectable formulations (LAIs) can be particularly useful for certain subgroups of patients. This lecture will discuss the available data from randomized controlled trials of LAIs in bipolar disorder. A recently published meta-analysis and individual studies assessing depot medications, as well as modern LAIs such as risperidone, paliperidone and aripiprazole, will be reviewed, looking carefully into the prevention of either pole of illness and tolerability. Potential indications and patient profile, based on data and clinical experience, will be discussed.
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S026

Managing cognitive dysfunction in bipolar disorder

K. Miskowiak
University Hospital of Copenhagen, Psychiatric Centre, Copenhagen, Denmark

Cognitive dysfunction, including memory and concentration difficulty, is an emerging treatment target in bipolar disorder. However, a key challenge in the management of these cognitive deficits is the lack of treatments with robust effects on cognition. Further, it is unclear how cognitive dysfunction should be assessed and addressed in the clinical treatment of the disorder. This talk will review the evidence for cognitive impairment in bipolar disorder, including its severity, persistence and impact on patients'