sant worsened irritability, racing/crowded thoughts, heightened anxiety and aggressive impulses, mood instability, impaired concentration, insomnia and she had a suicide attempt (antidepressant overdose). After mood stabilizer and atypical antipsychotic, symptoms fully remitted and she is stable in the last year.
Conclusion Self-harm emergencies after bariatric surgery are higher than before surgery. Intentional overdose is considered the most common self-harm mechanism. Psychiatric follow-up after bariatric surgery and early recognition of bipolar depression with mixed features as a distinct condition among the variety of depressive syndromes is essential to reduce the risk of self-harm behaviors and improve treatment outcomes. Premorbid temperamental features, especially hyperthymic and cyclothymic temperaments, are often responsible for such mixed depressive presentations.
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EV192

Mood disorder in epilepsy: A case report

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Introduction A lot of studies have described that up to 50% of patients with epilepsy develop psychiatric disorders: depression, anxiety and psychotic symptoms. We can classify these symptoms according to how they relate in time to seizure occurrence, i.e. pre-ictal/prodromal, ictal, post-ictal or inter-ictal. In this case, we have a 76 years old woman that develops a maniac-episode previously that she has an episode.
Objectives Make a review about the prevalence, risk factors of psychiatric problem in epilepsy (biological, psychosocial and iatrogenic) and report of clinical case.
Methods Review the bi-directional associations between epilepsy and bipolar disorder (epidemiological links, evidence for shared etiology, and the impact of these disorders) with a integrated clinical approach.
Results Theoretically, epilepsy and bipolar disorder share an important number of clinical and neurobiological features. Classic neuropsychiatric literature focused on major depression with data on bipolar disorder remains limited. However, actually there are many evidences that mood instability, mixed irritability even mania is not uncommon in patients with epilepsy.
Conclusions It is important develop more sensitive and specific screening instruments to identify mood disorder in epilepsy's patients. Future research becomes decisive for a better understanding of the similarities between epilepsy and BD, and the treatment of both.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV193

A case of a varenicline-induced mania in a patient with the history of depression

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Introduction Varenicline is an alpha 4 beta 2 nicotinic receptor partial agonist with dopaminergic effects, approved for smoking cessation. The complex interactions and modulations of serotonin and nicotine receptors caused by varenicline may cause mania by its serotonin agonist activity and by its release of dopamine in the striatum. We report a case of a varenicline-induced mania with the history of depression.
Case A 38-year-old female, with the history of depression and have been using sertraline 50 mg/day for a year, admitted for grandiose delusions, decreased need for sleep, increased amount and rapid speech, and agitation. These symptoms began 1 week after she started taking varenicline as prescribed for smoking cessation. Young Mania Score (YMS) was 32. She discontinued sertraline and varenicline after 1 week of use but symptoms of mania continued. The patient smoked about 20 cigarettes a day for more than 10 years. She had a positive history of depression in her family. Her lab work up was unremarkable; including negative urine toxicology and brain CT scan. The patient met DSM-5 criteria for a manic episode and was started on olanzapine 10 mg/day and quetiapine 100 mg/day. The patient's symptoms gradually improved within 1 week with attainment of euthymic mood, improved sleep, and resolution of grandiosity. YMS was 7.
Conclusion Based on this case it might be suggested that patient's and family's psychiatric history should be assessed cautiously before prescribing varenicline for smoking cessation due to development of mood symptoms.
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EV194

C-reactive protein levels are related to suicidality in euthymic patients with bipolar disorder

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Introduction Immune alterations are believed to be an important part in etiopathogenesis of affective disorders. However, it is not clear if the altered immune mediators are related to distinct disorders or particular psychopathology.
Aims The aim of our study was to explore the differences in C-reactive protein levels (CRP) between euthymic BD patients and healthy controls, as well as to explore the relationship between CRP and lifetime presented 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 The CRP levels were significantly higher in BD patients when compared to healthy controls. After covarying for confounders, we observed that CRP levels, in euthymic BD patients, were related to number of previous suicide attempts, but not other indicators of lifetime psychopathology.
Conclusions BD patients per se, and particularly those with more suicide attempts, are more likely to present with proinflammatory state, even when in remission. Previous history of suicide attempts could bear specifically vulnerable endophenotype within BD. Systemic, longitudinal monitoring of the course of illness, and potential inflammatory mediators that underlie its systemic nature is warranted.
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