

## EW0297

**Bipolar disorder, obesity and cognitive impairment**

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**Introduction** According to scientific literature, cognitive impairment is a disabling feature of the bipolar disorder (BD), present in all the phases of the disease. Obesity and metabolic disorders represent another risk factor for cognitive dysfunctions in BD, since the excess of weight could adversely influence several cognitive domains.

**Objective** To highlight the presence of impairment of cognitive functions in a sample of subjects suffering from BD and obesity.

**Aims** Evaluation of the cognitive performance in a sample of BD patients, considering their anthropometric measures (height and weight) and body mass index (BMI).

**Methods** The neuropsychological battery MATRICS Consensus Cognitive Battery (MCCB) was administered by trained physicians for the evaluation of seven different cognitive domains in 46 patients (mean age: 43.17 years old; 39.13% male), affected by BD enrolled in the psychiatric unit of Azienda Sanitaria Locale and University of Foggia. In particular, cognitive functions assessed were speed of processing, attention/vigilance, working memory, verbal learning, visual learning, reasoning and problem solving, and social cognition. BMI was calculated, and patients were divided into a group of normal weight and another one of overweight or obese, on the base of BMI value (BMI cut-off = 25).

**Results** The obese patients amounted at 56.52%. We have found the presence of cognitive deficits in two of the seven domains assessed, that are speed of processing ( $P < 0.01$ ) and reasoning and problem solving ( $P < 0.05$ ) in the sample of overweight patients.

**Conclusions** Cognitive deficits are clearly revealed in BD patients during the euthymic phase of the disorder. The obesity in BD could contribute to increase dysfunctions in cognitive domains.

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

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## EW0298

**Concordance and discrepancy between subjective and objective cognitive assessment in bipolar disorder: What is influencing this discrepancy?**

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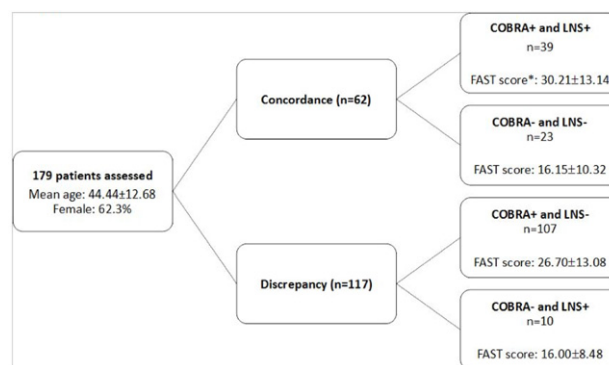
**Introduction** Evidence has shown that some patients with bipolar disorder have a relatively accurate sense of their cognitive abilities, whereas others may overreported or underreported cognitive difficulties, which causes a discrepancy in this measures.

**Objectives** To investigate concordance and discrepancy between subjective and objective cognitive measures, as well as to identify factors that could influence this discrepancy.

**Methods** Patients who met DSM IV-TR criteria for bipolar disorder in partial or full remission (HDRS-17 score  $\leq 12$ ; YMRS score  $\leq 7$ ) were recruited from outpatient clinic at Barcelona and Porto Alegre. Objective cognitive assessment was performed by the Letter-Number Sequencing (LNS-WAIS III). Cognitive Complaints in Bipolar Disorder Rating Scale (COBRA) was used as a subjective cognitive measure.

**Results** Were included 179 patients. We found a concordance between COBRA and LNS in 62 cases, and discrepancy in 117 cases (Fig. 1). The incongruent group (COBRA-and LNS+) have less years of study ( $8.10 \pm 4.01$ ) than the incongruent group (COBRA+ and LNS-) ( $13.44 \pm 4.05$ ,  $P = 0.001$ ), and than congruent group (COBRA-and LNS-) ( $13.75 \pm 4.04$ ,  $P = 0.003$ ). Finally, the congruent group (COBRA+ and LNS+) was the group with higher functioning impairment.

**Conclusions** A few number of false-negative cases were detected, suggesting that COBRA can be used as a screening instrument. A special attention should be provided for subjects with a few years of study, because possibly these subjects presents more difficulty in express its cognitive difficulties.



**Figure 1** Concordance and discrepancy between subjective and objective assessment in bipolar disorder. Legend: LNS: Letter-number sequencing; COBRA: Cognitive Complaints in Bipolar Disorder Rating Scale; FAST: Functional Assessment Short Test. \*Difference is statistically significant for the comparison between COBRA+ LNS+ and COBRA-LNS+ ( $P = 0.011$ ), for the comparison between COBRA+ LNS+ and COBRA-LNS- ( $P = 0.004$ ), and for the comparison between COBRA+ LNS- and COBRA-LNS- ( $P = 0.039$ ).

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

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## EW0299

**Typical and atypical antipsychotics in acute mania: Comparison of effectiveness**

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