

(17–24, 25–45, 46–65 years). The records of patients aged 65–85 years old were also examined but showed significantly less presence of GAD in comparison to other age groups. Temperament was assessed using the activity specific 12-trait structure of temperament questionnaire. Consistent with the hypotheses of the FET, patients with GAD reported lower mean scores on the traits of social-verbal endurance, mental endurance, plasticity and sensation seeking and higher mean scores in the trait of impulsivity, than healthy individuals. GAD was associated with significantly lower self-confidence in women than in men. The results suggest that new versions of the DSM should consider an increase of impulsivity and a decrease in plasticity of behavior as criteria symptoms of anxiety. Moreover, the results suggest that the current criterion of fatigue should be specified as more related to social-verbal and mental aspects and less to physical aspects of endurance.

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## 0012

### **Predictors of remission at 1-year follow-up among ocd patients: Findings from The Netherlands obsessive-compulsive disorder association (NOCDA) study**

L. Tibi<sup>1,\*</sup>, P. van Oppen<sup>2</sup>, A. van Balkom<sup>2</sup>, M. Eikelenboom<sup>2</sup>, G. Anholt<sup>1</sup>

<sup>1</sup> Ben Gurion University, Psychology, Be'er Sheva, Israel

<sup>2</sup> VU University Medical Center, Psychiatry, Amsterdam, The Netherlands

\* Corresponding author.

**Introduction** Obsessive-compulsive disorder (OCD) is described as a chronic condition. However, relatively little is known about predictors affecting its long-term outcome.

**Objective** To examine the contribution of clinical and interpersonal determinants in predicting remission status of 254 OCD patients at one-year follow-up (FU1).

**Methods** We used the baseline and FU1 data of The Netherlands obsessive-compulsive disorder association (NOCDA) study. Clinical predictors were chronicity level, depressive and obsessive-compulsive symptom severity. Suspected interpersonal factors included attachment style, social support and expressed emotion. Remission status was defined using the Yale-Brown obsessive-compulsive symptom (Y-BOCS) scale.  $\chi^2$  tests and ANOVAs were used for bivariate analyses, followed by multivariate multinomial logistic regression analyses to assess main effects and interactions in predicting remission status at FU1.

**Results** Bivariate tests demonstrated significant differences in remission status as a function of chronicity level, depressive and obsessive-compulsive symptom severity and social support. Regression analyses revealed that increased baseline OCD severity reduced the odds for both partial and full remission at FU1 (OR = .87, 95%CI = .82–.93,  $P < 0.001$ ). Increased depressive severity at baseline reduced the odds for partial remission at FU1 (OR = .95, 95%CI = .91–.98,  $P < 0.01$ ). Interactions analyses demonstrated that the adverse effects of OCD severity on partial remission disappeared at the presence of secure attachment (IOR = 1.11, 95%CI = 1.05–1.24,  $P < 0.05$ ) and high social support (IOR = .88, 95%CI = .78–.98,  $P < 0.05$ ).

**Conclusions** The contribution of clinical severity is critical for understanding the prognosis of OCD. The interpersonal context of OCD patients may mitigate the unfavorable effect of severity on outcome, thus should be addressed in treatment.

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## 0013

### **The effectiveness of the inference based approach to treating obsessive-compulsive disorder with poor insight; a randomized controlled multicentre trial**

H. Visser<sup>1,\*</sup>, H. van Megen<sup>1</sup>, T. van Balkom<sup>2</sup>

<sup>1</sup> GGZ centraal, psychiatry, Amersfoort, The Netherlands

<sup>2</sup> GGZ ingeest, psychiatry, Amsterdam, The Netherlands

\* Corresponding author.

**Background** There is an urgent need for an effective psychological treatment for patients with obsessive compulsive disorder (OCD) with poor insight, since this disorder is associated with severe suffering and a low quality of life. The inference based approach (IBA), a new psychotherapy for OCD specifically targets insight in OCD. In a randomized controlled multicentre trial, the effectiveness of IBA was compared to the effectiveness of CBT for treating patients with OCD with poor insight. In this study, 24 sessions of IBA were tested versus 24 sessions of CBT. Ninety patients with a main diagnosis of OCD with poor insight according to the DSM-IV criteria participated in the study. The primary outcome was reduction of the obsessive-compulsive symptoms.

**Results** In both conditions, a significant OCD symptom reduction was reached, but no condition effects were established. Post hoc, in a small subgroup of patients with the worst insight ( $n = 23$ ), it was found that the patients treated with the IBA reached a significantly higher OCD symptom reduction than patients treated with CBT [estimated marginal mean =  $-7.77$ ,  $t(219.45) = -2.4$ ,  $P = 0.017$ ]. Of patients treated with IBA, 41.9% were responder and 20.9% completely recovered. Of the patients treated with CBT, 42.6% were responder and 12.8% recovered.

**Conclusion** Patients with OCD with poor insight improve significantly after psychological treatment. The results of this study suggest that both CBT and the IBA are effective treatments for OCD with poor insight. The IBA might be more promising than CBT for patients with more extreme poor insight.

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

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## **Oral communications: Bipolar disorders**

### 0014

#### **Thyroid profile and its relationship with response to treatment with lithium in bipolar mood disorder patients**

P. Avinash<sup>1,\*</sup>, K. Pathak<sup>2</sup>

<sup>1</sup> Himalayan Institute Of Medical Sciences, Psychiatry, Motihari, India

<sup>2</sup> Lgb Regional Institute Of Mental Health, Psychiatry, Tezpur, India

\* Corresponding author.

**Introduction** There is substantial evidence that even minor perturbation of thyroid function plays a significant role in clinical course and treatment outcome in depressive disorder; however the same is not yet clear in bipolar disorders.

**Aims and objectives** To study the relationship between pretreatment thyroid profile and response to treatment with lithium along with other predictors of response to treatment with lithium in cases of bipolar mood disorder.

**Methods** This study was conducted in the indoor facilities of a regional Institute of Mental Health, Tezpur, India in the year of

2012. Forty-five consecutive indoor patients diagnosed with bipolar mood disorder using DSM-IV-TR criteria were selected. On day 1, blood was collected for thyroid profile and BPRS 24 item scale version 4.0 was applied. They were started on lithium monotherapy and only lorazepam was used on S.O.S basis. On day 30, the BPRS was applied again to check the response to treatment, statistical analysis was done using SPSS version 16.

**Results** The mean percentage fall of the BPRS score was 40%, with the maximum fall in the subscale of grandiosity and minimum for depression. Age, illness duration, substance use, family history second or later episodes were negatively correlated with treatment response. Pretreatment T4 level was positively correlated, while pretreatment TSH level was negatively correlated with the treatment response.

**Conclusion** Lithium monotherapy proved to be a good agent for first episode of bipolar Mood disorder patients with manic symptoms and pretreatment T4 and TSH level were predictors of treatment response.

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

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0015

### Use of the polarity index for the analysis of long-term efficacy of drugs used in bipolar disorder

L. Borraccino<sup>1,\*</sup>, O. Todarello<sup>2</sup>, A. Rampino<sup>2</sup>, G. Di Sciascio<sup>2</sup>, A. Bellomo<sup>1</sup>

<sup>1</sup> *Università di Foggia, dipartimento di medicina clinica e sperimentale, Foggia, Italy*

<sup>2</sup> *Università di Bari, dipartimento di scienze neurologiche e psichiatriche, Bari, Italy*

\* *Corresponding author.*

**Introduction** The study gathered information in order to draw useful conclusions to describe bipolar patients and their clinical management. The data collection was conducted as part of RENDiBi epidemiological study.

**Objectives** The statistical analysis of the collected data will be essential to understand the possible changes in drug treatment, through the help offered by a parameter, Polarity Index (PI), the numerical expression of the efficacy profile of a drug, very useful especially in the long-term management.

**Methods** Administration of a first detection card (demographic data, medical history) and five scales (CGI-BP, Mood Insight Scale, YMRS, HDRS) and a structured interview (MINI). The parameters analyzed were: polarity prevalence, ratios efficiency (IE) (values indicating the effectiveness of treatment compared to manic components and/or depressive), treatment and PI.

**Results** The degree of correlation between PI and IETot is positive and statistically significant. The correlation between PI and IEm is statistically significant; the correlation is however not significant between PI and IEd; treatment with antipsychotics alone has increased PI, while the one with mood stabilizers has lesser; treatment with antipsychotics has increased PI in patients with predominantly polarity than those with manic depressive prevailing polarity.

**Conclusions** There is a correlation between PI and effectiveness on manic symptoms and it is statistically significant (as already evident in the literature). The PI is numerically higher in the treatment of the subject with manic polarity, in agreement with previous studies that associate to the more effective drugs used for the management of manic recurrences a higher PI.

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

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0016

### Obesity and obstetric complications are associated with rapid-cycling in Italian patients with bipolar disorder

A. Caldiroli<sup>1,\*</sup>, M. Buoli<sup>1</sup>, B. Dell'Osso<sup>1</sup>, G.S. Carnevali<sup>1</sup>, M. Serati<sup>1</sup>, T. Suppes<sup>2</sup>, T.A. Ketter<sup>2</sup>, A.C. Altamura<sup>1</sup>

<sup>1</sup> *IRCCS Foundation Ca' Granda Ospedale Maggiore Policlinico, Psychiatry, Milan, Italy*

<sup>2</sup> *Stanford University- School of Medicine, Psychiatry and Behavioral Sciences, Stanford, CA, USA*

\* *Corresponding author.*

**Introduction** Rapid cycling (RC) worsens the course of bipolar disorder (BD) being associated with poor response to pharmacotherapy. Previous results about clinical variables potentially associated with RCBD were discordant or unreplicated.

**Objectives** An early diagnosis should be the goal to properly treat RCBD patients.

**Aims** To compare clinical variables between RC and non-RC bipolar patients and to identify related risk factors.

**Methods** A sample of 238 bipolar patients was enrolled from three different community mental health centers. Descriptive analyses were performed on total sample and patients were compared in terms of sociodemographic and clinical variables according to the presence of RC by multivariate analyses of variance (MANOVAs, continuous variables) or  $\chi^2$  tests (qualitative variables). Binary logistic regression was performed to calculate odds ratios.

**Results** Overall, 28 patients (11.8%) had RC. The two groups were not different in terms of age, age at onset, gender distribution, type of family history, type of substance use disorder, history of antidepressant therapy, main antidepressant, psychotic symptoms, comorbid anxiety disorders, suicide attempts, thyroid diseases, diabetes, type of BD, duration of untreated illness, illness duration, duration of antidepressant treatment and GAF scores. In contrast, RC patients had more often a history of obstetric complications ( $P < 0.05$ ), obesity ( $P < 0.05$ ) and a trend to hypercholesterolemia ( $P = 0.08$ ). In addition, RC bipolar patients presented more frequently lifetime MDMA misuse ( $P < 0.05$ ) than patients without RC.

**Conclusions** Obesity and obstetric complications are risk factors for the development of RC in BD. Lifetime MDMA misuse may be more frequent in RC bipolar patients.

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

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0017

### Epidemiology of bipolar spectrum disorder: Results from the general population survey of South Korea

S. Chang<sup>1,\*</sup>, C. Tae Young<sup>2</sup>, J. Sung-Won<sup>3</sup>

<sup>1</sup> *Kyungpook National University Hospital, Psychiatry, Daegu, Republic of Korea*

<sup>2</sup> *Catholic University of Daegu School of Medicine, Psychiatry, Daegu, Republic of Korea*

<sup>3</sup> *Keimyung University-DongSan Medical Center, Department of Psychiatry, Daegu, Republic of Korea*

\* *Corresponding author.*

**Introduction** Patients with subthreshold bipolar disorder (sub-BP) experience severe clinical courses and functional impairments, which are comparable to those with bipolar I and II disorders (BP-I and -II). Nevertheless, lifetime prevalence, socioeconomic correlates and diagnostic overlaps of bipolar spectrum disorder (BPS) have not yet been estimated in the general population of South Korean adults.

**Aims** This study aimed to estimate the lifetime prevalence, correlates and diagnostic comorbidities of BPS using a validated