

medical literature are references to cardiac alterations induced by stress.

Objective Takotsubo is a rare cardiac syndrome that occurs most frequently in postmenopausal women after an acute episode of severe physical or emotional stress. In the text that concerns us, we describe a case related to an exacerbation of psychiatric illness, an episode maniform.

Method Woman 71 years old with a history of bipolar I disorder diagnosed at age 20. Throughout her life, she suffered several depressive episodes as both manic episodes with psychotic symptoms. Carbamazepine treatment performed and venlafaxine. He previously performed treatment with lithium, which had to be suspended due to the impact on thyroid hormones and renal function, and is currently in pre-dialysis situation.

She requires significant adjustment treatment, not only removal of antidepressants, but introduction of high doses of antipsychotic and mood stabilizer change of partial responders. In the transcurso income, abrupt change in the physical condition of the patient suffers loss of consciousness, respiratory distress, drop in blood pressure, confusion, making involving several specialists. EEG was performed with abnormal activity, cranial CT, where no changes were observed, and after finally being Echocardiography and coronary angiography performed when diagnosed Takotsubo.

Results/conclusions In this case and with the available literature, we can conclude that the state of acute mania should be added to the list of psychosocial/stressors that can trigger this condition.

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EV0058

Determination of p11 multifunctional protein in human body fluids by enzyme-linked immunosorbent assay

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Objectives The diagnosis of major depressive disorder (MDD) is symptom based due to the lack of biological biomarker. p11 protein was recently found to be an important factor mediating depression-like states and antidepressant responses. The aim of the study was to assess whether p11 protein in urine can serve as a potential biomarker for major depression, and the relationship of its levels among urine, serum and cerebrospinal fluid (CSF).

Methods We obtained urine samples from 13 drug-free MDD patients and 13 age- and gender-matched healthy controls. We also collected urine, serum and cerebrospinal fluid samples from 13 of fracture patients or cesarean section patients in the spinal anesthesia. The concentrations of p11 protein were measured using ELISA.

Results In MDD patients, urine levels of p11 protein were all less than the minimum detectable concentration of the ELISA kit. The urine levels of p11 were detectable only in one healthy control. In the spinal anesthesia patients, we can detect p11 concentrations in both serum and urine in only two patients. Besides, levels of p11 were detectable in the serum of one patient and urine of another patient. We were unable to measure CSF levels of p11 in all patients.

Conclusions Concentrations of p11 protein in the body fluids are very low and unstable. The sensitivity of the current p11 ELISA kit is currently unsatisfactory, requiring the development of an ELISA kit of higher sensitivity to determine whether p11 in body fluids can serve as biomarker for depression.

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EV0059

Korean medication algorithm for bipolar disorder (KMAP-BP): Changes in treatment strategies for bipolar depression over 12 years

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Introduction Many guidelines for bipolar disorders have been introduced based on evidences. In contrast, KMAP-BP was developed by an expert-consensus.

Objective To summarize the medication strategies for bipolar depression over four published KMAP-BP (2002, 2006, 2010, and 2014).

Methods The questionnaire using a nine-point scale had covered some clinical situations with many treatment options about the appropriateness of treatment.

Results For mild-to-moderate depression, antidepressant (AD) + mood stabilizer (MS) in early editions and MS or lamotrigine monotherapy and AAP+(MS or lamotrigine) in later editions were preferred strategies. For severe nonpsychotic depression, MS+AD was the only first-line medication in early editions. In 2014, various medications [MS+AAP (atypical antipsychotic), AAP+lamotrigine, MS+AD] were preferred. Valproate and lithium has been rated as first-line MS in all editions. Lamotrigine were positively preferred later. Adjunctive AD was accepted as first-line strategy for severe depression in all editions. Preference of AAP also has been increased remarkably. Adjunctive AAP was not first-line treatment for mild-to-moderate depression in all editions, but was for nonpsychotic depression in 2010 and 2014 and for psychotic depression in all editions. Recommended AAPs have been changed over 12 years: olanzapine and risperidone in 2002 and quetiapine, aripiprazole, and olanzapine in 2014 were first-line AAP.

Conclusion There have been evident preference changes: increased for AAP and lamotrigine and decreased for AD. The high preferences for aripiprazole and lamotrigine in later editions were likely derived from favorable tolerability.

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EV0060

Obesity and quality of life in bipolar disorder

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