

Aim To identify sociodemographic, clinical and therapeutic characteristics in subjects with a late-onset BP.

Patients and methods Retrospective and comparative study of 101 patients followed for a BP (12 patients with BP started after 50 years and 89 patients with BP started earlier) from 2009 to 2015, in the department of psychiatry of the University Hospital Farhat Hached, Sousse, Tunisia.

Results The mean age of subjects with late-onset TBP was 46.11 ± 12.85 years. Women were in the majority (65.3%). Ten patients had a novo mania, four patients had a late-onset mania and one patient had a secondary mania. Regarding the socio-demographic data, only the regular professional activity was more reported in the elderly ($P=0.017$). Regarding clinical data, BP type 1 and secondary mania were more reported in elderly with ($P=0.050$ and $P=0.000$ respectively). Elderly had significantly fewer depressive episodes ($P=0.026$), fewer hypomanic episodes ($P=0.000$). The durations of the latest episodes and the last intervals were shorter in elderly ($P=0.045$ and $P=0.000$). Concerning therapeutic data, elderly had fewer hospitalizations ($P=0.045$), required lower mean doses of lithium ($P=0.04$) and greater mean doses of tricyclic antidepressants ($P=0.047$).

Conclusion It is always necessary to look for an organic cause in manic syndrome in late-onset BP. Doses of lithium should be lower. However, doses of TAD should be higher.

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

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EW0025

Serum of bipolar patients induces pro-inflammatory activation of macrophages

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Introduction Evidence has suggested that immune imbalance is involved with bipolar disorder (BD); however, its precise mechanism is poorly understood.

Objective This study investigated whether biochemical changes in the serum from BD patients could modulate the phenotype of macrophages.

Methods Eighteen subjects with BD and healthy individuals ($n=5$) were included in this study. The human monocyte cell line U-937 was activated with PMA (phorbol 12-myristate 13-acetate) and polarization was induced with RPMI-1640 media supplemented with 10% serum from each patient for 24h. Gene expression of selected M1 and M2 markers was assessed by qPCR.

Results Macrophages exposed to serum of manic and depressive BD patients displayed an increase of IL-1 β (6.40 ± 3.47 and 9.04 ± 5.84 versus 0.23 ± 0.11 ; $P<0.05$) and TNF- α (2.23 ± 0.91 and 2.03 ± 0.45 versus 0.62 ± 0.24 ; $P=0.002$ and $P=0.004$, respec-

tively) compared to remitted group. In parallel, U-937 macrophages treated with serum of patients in acute episode displayed a down-regulation of CXCL9 (0.29 ± 0.20 versus 1.86 ± 1.61 ; $P=0.006$) and CXCL10 expression (0.36 ± 0.15 and 0.86 ± 0.24 versus 1.83 ± 0.88 ; $P<0.000$ and $P=0.04$) compared to remitters.

Conclusions Our results are consistent with previous studies showing that changes in peripheral blood markers could modulate M1/M2 polarization in BD. The evidence of macrophages as source of inflammatory cytokines might be helpful to unravel how the mononuclear phagocyte system can be involved in the etiology of BD.

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

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EW0026

Cognitive functions and cognitive styles in young euthymic patients with bipolar I disorder

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Background Cognitive deficits impair patients working and functioning status and may have negative impact on other aspects of thinking.

Objectives Assess the prevalence of cognitive dysfunction in patients with bipolar disorder in euthymic state and to explore cognitive style problems.

Method Case-control naturalistic study, 60 patients with bipolar I disorder in euthymic state according to DSM-IV were recruited and subdivided into two groups each contains of 30 patients; (Group BPM) euthymic patients with recent manic episode, Group BPD euthymic patients with recent depressive episode. Both groups were further compared with control group (Group C) consisted of 30 frequency matched healthy volunteers. Groups were subjected to the following: (1) clinical psychiatric examination, (2) (HAMD-17) and Bech-Rafaelsen Melancholia Scale (MES) for (BPD), (3) (YMRS) and Bech-Rafaelsen Mania Scale (MAS) for (BPM), (4) assessment of euthymic state of mood included both MAS and MES, (5) MMSE, MTS and CDT were performed to assess cognitive functions, (6) cognitive styles evaluation the Social Dysfunction and Aggression Scale SDAS-9 and Arabic Anger Scale.

Results Definite cognitive function impairment and different patterns of cognitive style were detected in case groups. MMSE, MTS and CDT scores were statistically significant. Fear of Failure Scale Scores were higher in BPM; 16 (53.33%) reported severe intensity compared to 16 (53.33%) of BPD Group reporting moderate intensity and 30 (100%) of the control group reporting only mild intensity of fear of failure with statistically significant differences.

Conclusions Patients in euthymic state suffer from cognitive dysfunction and some aspects of cognitive styles that negatively interfere with their performance.

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Improving and assessing public beliefs, knowledge and attitudes towards bipolar disorder in Pakistan

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