

**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  $46.11 \pm 12.85$  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 $\beta$  ( $6.40 \pm 3.47$  and  $9.04 \pm 5.84$  versus  $0.23 \pm 0.11$ ;  $P<0.05$ ) and TNF- $\alpha$  ( $2.23 \pm 0.91$  and  $2.03 \pm 0.45$  versus  $0.62 \pm 0.24$ ;  $P=0.002$  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 ( $0.29 \pm 0.20$  versus  $1.86 \pm 1.61$ ;  $P=0.006$ ) and CXCL10 expression ( $0.36 \pm 0.15$  and  $0.86 \pm 0.24$  versus  $1.83 \pm 0.88$ ;  $P<0.000$  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.

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

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#### EW0027

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

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**Background** Studies have shown that beliefs, attitudes and knowledge towards bipolar disorder are influenced by country-specific social and cultural factors. Our study aims to improve and assess public beliefs, knowledge and attitude towards bipolar disorder in Pakistan.

**Methods** We targeted 500 population. A questionnaire was organized into four sections in order to investigate knowledge about bipolar disorder, attitudes and beliefs, treatment options and fighting stigma and help seeking attitudes.

**Results** Of the 500 participants, 28% people were aware of exact definition of bipolar disorder. A widespread belief (85%) was that people suffering from bipolar disorder should avoid talking and telling about their illness. According to 50% respondents people experiencing bipolar disorder “are dangerous to others”, 68% population viewed it as a result of black magic. Sixty-five per cent thought that the best way to recover from bipolar disorder consisted in seeking help from Psychiatrist. Twenty per cent thought to take help from religious people and shrines. Most of people seemed convinced that drugs are addictive (70%) and may cause serious side effects (80%).

**Conclusions** Mental health illness including bipolar disorder can be improved by the positive influence of education, employment availability, respect, social support, rehabilitative services, justice and equity. Lack of education, stigmatization, and cultural norms are the leading barriers towards.

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#### EW0028

### Association between HbA1c and number of episodes in individuals with bipolar disorder

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**Introduction** Bipolar disorder (BD) is associated with an impaired glucose metabolism (IGM) leading to diabetes mellitus Type II (DM). DM influences the medical state of BD individuals and leads to increased mortality. However, there is evidence that IGM is associated with psychiatric symptoms, as well.

**Aim** The study aimed to investigate the association between IGM and number of episodes and their ratio in individuals with BD, separated for gender.

**Methods** HbA1c levels from fasting blood were measured of 162 individuals (46% females) with BD. Furthermore, clinical parameters e.g. number of depressive and (hypo)manic episodes were gathered.

**Results** After adjustment for illness duration and BMI there was a positive correlation in male individuals between HbA1c and number of depressive ( $M = 13.86$ ,  $SD = 14.67$ ;  $r = .308$ ,  $P < 0.05$ ) as well as (hypo)manic episodes ( $M = 17.23$ ,  $SD = 24.24$ ;  $r = 0.263$ ,  $P < 0.05$ ). There was no association in females as well as between HbA1c levels and ratio of episodes.

**Conclusion** Associations between HbA1c and number of episodes in male individuals with BD were found. As there are correlations between IGM and somatic co-morbidities as well as the course of illness the treatment of glucose metabolism is important in BD. However, number of episodes might have an impact on the glucose metabolism due to inflammation processes, but further investigations have to focus on the direction of the found correlation. As gender differences are known in different pathways, they should be considered in research, diagnosis and therapy.

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#### EW0029

### Gender difference among admitted patients with bipolar disorder in a psychiatric service during a three-year period

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**Introduction** Gender differences in bipolar disorder are becoming apparent, but have been less studied compared with major depression. The presentation, clinical features, course and evolution of bipolar disorder differ between men and women. Research data on these differences will help determine whether gender is important in influencing illness variables.

**Objectives** Determine whether men and women with bipolar disorder have statistical significant differences in socio-demographic and clinical data.

**Methods** Charts of all patients with a diagnosis of bipolar disorder admitted in the Coimbra Hospital and University Center over a three-year period (between 2013 and 2015) were reviewed to gather data on socio-demographic, clinical and psychopathological variables to assess differences across genders. Statistical analysis of data with “SPSS21”.

**Results** During a three-year period, 189 patients were admitted with bipolar disorder, the majority were female patients, with ages between 21 and 84 years old. The authors will analyse if there is any statistical significant difference between gender in the rate of bipolar I or II diagnoses, age at onset, symptom presentation, delay in diagnoses, number of depressive, or manic episodes, hospitalisations, involuntarily admissions, number of suicide attempts, co-morbidity rates, negative life events, family history and treatment options. Sociodemographic characteristics will also be analysed.

**Conclusion** Gender differences in bipolar disorder is a controversial issue in the literature. The importance of gender on the course and outcome in bipolar disorder has been widely acknowledged. The limited data suggest that the prevalence is similar between sexes but that the course of illness may be different.

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#### EW0030

### Epidemiological and clinical variables related with the predominant polarity on bipolar disorder: A systematic review

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**Introduction** Type I and type II classification of bipolar disorder (BD) may not provide useful information to the clinician regarding epidemiological and clinical correlates.