

## EW0297

**Bipolar disorder, obesity and cognitive impairment**

M. La Montagna<sup>1,\*</sup>, E. Stella<sup>1</sup>, F. Ricci<sup>1</sup>, L. Borraccino<sup>1</sup>, A.I. Triggiani<sup>2</sup>, F. Panza<sup>3</sup>, D. Seripa<sup>3</sup>, G. Miscio<sup>3</sup>, A. Bellomo<sup>1</sup>, M. Lozupone<sup>1</sup>

<sup>1</sup> University of Foggia, Department of Mental Health, Foggia, Italy

<sup>2</sup> Laboratory of Physiology- University of Foggia, Department of Clinical and Experimental Medicine, Foggia, Italy

<sup>3</sup> IRCCS Casa Sollievo della Sofferenza, Department of Medical Sciences, San Giovanni Rotondo, Italy

\* Corresponding author.

**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.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2167>

## EW0298

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

F. Lima<sup>1,\*</sup>, T. Cardoso<sup>1</sup>, C. Bonnin<sup>2</sup>, A. Martinez-Aran<sup>2</sup>, E. Vieta<sup>2</sup>, A. Rosa<sup>3</sup>

<sup>1</sup> Universidade Federal do Rio Grande do Sul, Postgraduate Program in Psychiatry and Behavioral Sciences, Porto Alegre, Brazil

<sup>2</sup> University of Barcelona, Bipolar Disorders Program, Barcelona, Spain

<sup>3</sup> Universidade Federal do Rio Grande do Sul, Department of Pharmacology, Porto Alegre, Brazil

\* Corresponding author.

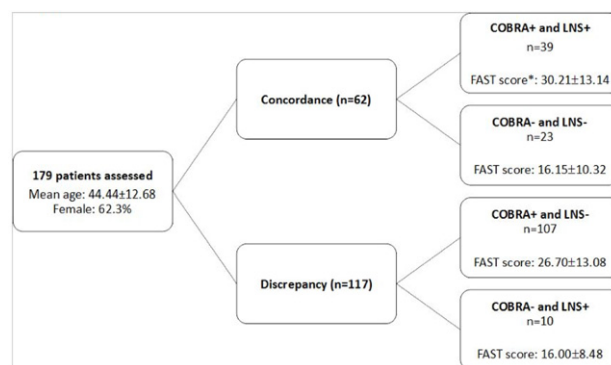
**Introduction** Evidence has shown that some patients with bipolar disorder have a relatively accurate sense of their cognitive abilities, whereas others may overreported or underreported cognitive difficulties, which causes a discrepancy in this measures.

**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.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2168>

## EW0299

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

C.R. Medici<sup>1,2,3,\*</sup>, L.M. Kai<sup>2</sup>, S.B. Kristensen<sup>4</sup>, C. Kirkedal<sup>1,2</sup>, S.P.V. Straszek<sup>1</sup>

<sup>1</sup> Aarhus University Hospital, Department of Affective Disorders, Aarhus, Denmark

<sup>2</sup> Aarhus University Hospital, Psychiatric Research Academy, Department of Affective Disorders, Aarhus, Denmark

<sup>3</sup> Aarhus University Hospital, Department of Clinical Epidemiology, Aarhus, Denmark

<sup>4</sup> Aarhus University, Section of Biostatistics, Aarhus, Denmark

\* Corresponding author.

**Introduction** Mania is challenging to treat. Typical antipsychotics may be more efficient compared with atypical antipsychotics, however, with unfavourable side effects.

**Objectives** To help the clinician choose between typical and atypical antipsychotics.

**Aims** To investigate the correlation between change in severity of mania and the corresponding day to day use of typical and atypical antipsychotics.

**Methods** This retrospective case record study included patients admitted with mania (International Classification of Diseases 10th revision code F30, F31.0, F31.1, F31.2 or F31.6) at the Department of Affective Disorders, Aarhus University Hospital, Denmark, between January 2013, and December 2015. The dose of typical and atypical antipsychotics was standardized as defined daily dose according to the World Health Organization's guidelines. The severity of mania was measured daily with the Modified Bech-Rafaelsen Mania Scale (MAS-M), a validated, nurse administered scale (MAS-M). We applied a linear regression in a mixed model approach to compare the Mas-M score over time under the influence of typical and atypical antipsychotics, respectively, adjusted for baseline characteristics.

**Results** We included 43 patients. Patients receiving typical antipsychotics had more recent hospital admissions, a higher dosage antipsychotics and more constraint. The baseline MAS-M score was higher in patients receiving typical antipsychotics. The daily change in MAS-M score was  $-0.25$  for typical antipsychotics and  $-0.23$  for atypical antipsychotics with a difference of  $0.02$  (95% CI  $0.008-0.039$ ).

**Conclusions** The rate of improvement of mania may be independent of baseline illness or type of antipsychotic medication. This may be confounded by indication.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2169>

### EW0300

#### Neuropsychological differences between bipolar and borderline personality disorder patients

I. Michopoulos<sup>1,\*</sup>, K. Tournikioti<sup>1</sup>, R. Gournellis<sup>1</sup>, P. Ferentinos<sup>1</sup>, K. Vassilopoulou<sup>1</sup>, A. Karavia<sup>1</sup>, M. Papadopoulou<sup>2</sup>, A. Douzenis<sup>1</sup>

<sup>1</sup> National and Kapodistrian University of Athens, Medical School, 2nd Department of Psychiatry, "Attikon" Hospital, Athens, Greece

<sup>2</sup> Ygeias Melathron" Hospital, Department of Neurology, Athens, Greece

\* Corresponding author.

**Introduction** There is a continuing debate about the differences and similarities between bipolar disorder (BD) and borderline personality disorder (BPD).

**Objectives** Only few studies have focused on the neuropsychological profile of these two disorders.

**Aims** We studied the differences on memory, executive function and inhibitory control between BD and BPD patients.

**Methods** Twenty-nine patients with BD in euthymia, 27 patients with BPD and 22 healthy controls matched for age and education were included in the study. All of them were female. BD patients who could also be diagnosed with BPD were excluded from the study. Participants were administered a series of tests from the Cambridge Neuropsychological Test Automated Battery (CANTAB), assessing memory, executive function and inhibitory control.

**Results** BD and BPD patients performed worse than controls in general. Significant differences were found in the PAL test; BD patients had 46.71, BPD patients had 36.56 and controls had 15.77 errors ( $P=0.004$ ). BPD patients performed worse in the IE/ED set-shifting test; they made 48.16 errors while BD patients made 23.64 and controls 16.14 ( $P=0.001$ ). BPD patients performed better in the

problem-solving task (SOC), they solved 10.0, BD patients 6.32 and controls 8.32 problems ( $P<0.001$ ).

BD and BPD patients had similar performance in the SST inhibition task but worse than controls ( $P=0.03$ ).

**Conclusions** BD and BPD seem to have differences in neuropsychological performance. BD patients show more deficits in memory learning and problem solving while BPD patients show more deficits in set shifting.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2170>

### EW0301

#### Could soluble intercellular adhesion molecule-1 be associated with state affective symptomatology in healthy adults?

M. Pantovic<sup>1,\*</sup>, B. Dunjic Kostic<sup>1</sup>, N. Petronijevic<sup>2</sup>, M. Velimirovic<sup>2</sup>, T. Nikolic<sup>2</sup>, V. Jurisic<sup>3</sup>, M. Lackovic<sup>1</sup>, S. Totic<sup>1</sup>, A. Jovanovic<sup>1</sup>, A. Damjanovic<sup>1</sup>, M. Ivkovic<sup>1</sup>

<sup>1</sup> Clinic for Psychiatry Clinical Centre of Serbia, Department for Affective Disorders, Belgrade, Serbia

<sup>2</sup> School of Medicine, Institute of Medical Biochemistry, Belgrade, Serbia

<sup>3</sup> School of Medicine, Department of Pathophysiology, Kragujevac, Serbia

\* Corresponding author.

**Introduction** Immune parameters are frequently associated with mood disorders and affective temperaments. In our study, we investigate the role of soluble intercellular adhesion molecule-1 (sICAM-1) in affective temperaments and mood symptoms in healthy adults.

**Methods** Healthy adults were screened for psychiatric disorders using the non-patient version of the Structured Clinical Interview for DSM-IV-I and II. Affective temperaments were evaluated with Temperament Evaluation of Memphis, Pisa, Paris and San Diego-Autoquestionnaire (TEMPS-A). State mood symptoms were assessed using the Young Mania Rating Scale (YMRS) and Montgomery-Åsberg Depression Rating Scale (MADRS). Serum sICAM-1 levels were measured using enzyme-linked immunosorbent assay.

**Results** We identified no association between sICAM-1 levels and affective temperament scores. We identified correlation between sICAM-1 levels and manic symptoms measured by YMRS. Furthermore, sICAM-1 was a significant predictor of manic symptoms in a linear regression model with age, gender, BMI and smoking habits as confounding variables.

**Conclusions** Our findings suggest that sICAM-1 could be a relevant immune factor for severity of state affective symptoms and could contribute to better understanding of complexity of affective disorders.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2171>

### EW0302

#### The association between school achievement and subsequent development of bipolar disorder

S.D. Pedersen<sup>1,\*</sup>, L. Petersen<sup>2</sup>, O. Mors<sup>1</sup>, S.D. Østergaard<sup>1</sup>

<sup>1</sup> Aarhus University Hospital, Department of Clinical Medicine-Psychosis Research Unit, Risskov, Denmark

<sup>2</sup> National Centre for Register-based Research, Department of Economics and Business Economics, Aarhus BSS, Aarhus, Denmark

\* Corresponding author.