Introduction Prior studies have indicated that both high and low school achievement are associated with development of bipolar disorder (BD). We believe that the latter association may be due to the confounding effect of family history of mental disorder.
Objective To further investigate the association between school achievement and subsequent development of BD by adding adjustment for family history of mental disorder.
Methods We are conducting a historical prospective cohort study based on data from nationwide Danish registers. The cohort consists of all individuals born in Denmark 1986–97 of Danish-born parents, who were alive and living in Denmark at age 16 years, and who have completed final examinations in 9th grade between 2002 and 2014 ($n = 578{,}247$). The cohort members will be followed until death, emigration, development of bipolar disorder, or end of study, whichever comes first. Hazard rate ratios for bipolar disorder will be calculated in a Cox model using the *z*-score for examination grades as unit of exposure. The regression analyses will be adjusted for a series of potential confounders including family history of mental disorder.
Results We expect to find a positive association between high school achievement and development of BD. In contrast, we expect to demonstrate that the association between low school achievement and BD detected in prior studies is due to confounding by family history of mental disorder. The results will be shown at the conference.
Conclusions By further testing the potential link between eminence and BD, we hope to contribute to a more balanced perception of BD.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0303

Emotional deficits in remitted bipolar and schizoaffective patients

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Introduction Both bipolar and schizoaffective patients have deficient social skills persisting even during the remission of the clinical symptoms. These deficits may represent impediments for the social reintegration and recovery of these patients.
Objectives The purpose of the study was to assess and compare emotion recognition abilities of schizoaffective and bipolar patients during remission.
Methods The study was conducted between 2014 and 2016 on remitted outpatients, diagnosed with either bipolar disorder ($n = 38$) or schizoaffective disorder ($n = 32$), according to ICD 10 criteria, and a healthy control group ($n = 65$). In order to evaluate patients' ability of understanding the emotional expressions of other people, we used the revised version of the "Reading the Mind in the Eyes" test ("Eyes test").
Results The patient group consisted of 41 (58.6%) women and 29 (41.4%) men, with a mean age of 43.57 years (SD = 10.56). The control group was comprised of 25 males (38.5%) and 40 females (61.5%), with a mean age of 42.03 years (SD = 11.07). We found statistically significant differences ($P = 0.003$) between the patient groups and the control group regarding emotion recognition abilities (poorer emotion recognition skills than the control group in both bipolar and schizoaffective patients). Patients with schizoaffective disorder gave significantly more incorrect answers in the "Eyes test" than bipolar patients ($P = 0.015$). Although not statistically significant, women had better emotion recognition abilities than men, both in the patient sample and the control group.
Conclusions Schizoaffective patients have more severe emotional deficits than bipolar patients during euthymic periods.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0304

Lurasidone adjunctive to lithium or valproate for prevention of recurrence in patients with bipolar I disorder

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Introduction Information is not available on the maintenance efficacy of lurasidone in bipolar disorder.
Objectives/aims To evaluate the recurrence prevention efficacy of lurasidone plus lithium (Li) or valproate (VPA) for the maintenance treatment of bipolar disorder.
Methods Patients with bipolar I disorder received up to 20 weeks of open-label lurasidone (20–80 mg/d) plus Li or VPA. Patients who achieved consistent clinical stability were randomized to 28 weeks of double-blind treatment with lurasidone (20–80 mg/d) or placebo, plus Li or VPA.
Results A total of 496 patients met stabilization criteria and were randomized to adjunctive lurasidone vs. placebo. Fewer patients in the lurasidone group had recurrence of any mood episode compared with the placebo group, with a hazard ratio of 0.71 ($P = 0.078$). In pre-planned secondary analyses, recurrence rates were significantly lower for the lurasidone group treated with a modal open-label dose of 80 mg/d (hazard ratio [HR], 0.35; $P = 0.020$); when patients presented with an index episode of depression (HR = 0.57; $P = 0.039$); and when outcome was time-to-all-cause discontinuation (HR = 0.72; $P = 0.034$), or time-to-recurrence based on symptom severity criteria (HR = 0.53; $P = 0.025$).
Conclusions In patients stabilized on lurasidone plus Li or VPA, continued treatment was associated with non-significant reduction in risk of recurrence of any mood disorder (primary). Consistent with dose-response effects observed during acute treatment of bipolar depression, risk of recurrence on lurasidone was significantly reduced after open-label treatment with the 80 mg/d dose, and in the 20–80 mg/d dose in patients presenting with an index episode of depression.
Clinicaltrials.gov: NCT01358357.
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