benign intracranial hypertension is diagnosed and the treatment with lithium must be stopped. We replace lithium treatment by Asenapine monotherapy. The evolution of the patient was very positive. Taking account of the adverse effects of lithium and reducing them can facilitate the adherence to treatment and also benefit early remission and less deterioration in each episode.

Conclusions It is fundamental to promote a comprehensive approach to each patient, including psychotherapy, psychoeducation as well as appropriate medication. The knowledge of the described effects helps us to determinate the appropriate medication for each patient.

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EV156

Severe behavioral disturbances in bipolar disorder: A case report

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Introduction Behavioral disturbances are common in psychiatric patients. This symptom may be caused by several disorders and clinical status.

Case report We report the case of a 40 year-old male who was diagnosed of nonspecific psychotic disorder, alcohol dependence, cannabis abuse and intellectual disability. The patient was admitted into a long-stay psychiatric unit because of behavioral disturbances consisted in aggressive in the context of a chronic psychosis consisted in delusions of reference and auditory pseudohallucinations. During his admission the patient received the diagnosis of bipolar disorder type 1, presenting more severe behavioral disturbances during these mood episodes. It was necessary to make diverse pharmacological changes to stabilize the mood of the patient. Finally, the treatment was modified and it was prescribed clozapine (25 mg/24 h), clotiapine (40 mg/8 h), levomepromazine (200 mg/24 h), topiramate (125 mg/12 h), clomipramine (150 mg/24 h) and clorazepate dipotassium (50 mg/24 h). With this treatment, the patient showed a considerable improvement of symptoms, presenting euthymic and without behavioral disturbances.

Discussion In this case report, we present a patient with severe behavioral disturbances. The inclusion of bipolar disorder in the diagnosis of the patient was very important for the correct treatment and management, because of depressive and manic mood episodes the behavioral disturbances were exacerbated.

Conclusions Patients with behavioral disturbances could present psychotic and affective symptoms as cause of them. It is necessary to explore these symptoms and try different treatments to improve them.

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EV157

The influence of treatment modality on long-term neurocognitive functioning in treatment resistant bipolar depressed inpatients treated with pharmacotherapy or electroconvulsive therapy

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Introduction Bipolar depression is difficult to manage, and causes considerable disability and distress for patients and their surroundings. Electroconvulsive therapy (ECT) is an effective treatment, but there are concerns regarding long-term neurocognitive impairment, and in particular autobiographical memory.

Objectives To compare the long-term effects of algorithm-based pharmacologic treatment (APT) and ECT in treatment-resistant bipolar depression as measured with standard neurocognitive tests and autobiographical memory interview.

Aims To examine the long-term neurocognitive effects of ECT.

Methods In this multicenter randomized controlled trial 73 in-patients with treatment resistant bipolar depression were randomized to either APT or unilateral ECT. Patients were assessed at baseline and at 6 months. Neurocognitive functions were assessed with the MATRICS Consensus Cognitive Battery (MCCB), Wechsler Abbreviated Scale of Intelligence (WASI) and the Autobiographical Memory Inventory - Short form (AMI-SF). At 6 months, neurocognitive data were available for 26 patients (APT $n = 11$, ECT $n = 15$).

Results There were no group-differences at baseline.
At 6 months, there was no group-difference in MCCB-score (APT 44.9 vs. ECT 46.0, *P*-value: 0.707), or WASI total IQ-score (APT 103.9 vs. ECT 107.2, *P*-value: 0.535). There were indications of (*P*-value: 0.109) poorer AMI-SF consistency score in the ECT group (APT 72.3% vs. ECT 64.3%).

Conclusions This study does not find that ECT causes long-term impairment in neurocognitive function as measured with standard neuropsychological tests. We find a trend towards poorer autobiographical memory in the ECT-group, and there needs to be further research regarding this.

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

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EV158

Discontinuation of antipsychotic therapy in severe mania: A six months follow-up study

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Introduction Independently of the drug choice, antimaniac treatment has to be continued at least until full remission. Most guidelines recommend continuation therapy for 6–12 months but controlled studies are lacking.

Objectives A six months follow-up study on a sample of 57 inpatients affected by mania at Mood Disorder Unit.

Aims To evaluate a timeframe for the discontinuation of the antipsychotic therapy.

Methods Fifty-seven bipolar inpatients affected by a manic episode according to DSM-5 criteria. Patients treated according to our pharmacological protocol with a mood stabilizer (lithium

or valproate) and an antipsychotic (haloperidol or risperidone). Course of illness assessed with Young Mania Rating Scale (YMRS) scored at week 0, 1, 2, 4, 8, 24. Remission defined as YMRS < 12.
Results Twenty men (35.09%) and 37 women (64.91%); mean age 43.18 ± 12.71 years. Mean YMRS basal score 38.55 ± 8.08. At 4th week, remission rate was 54.39% (31 patients); at 8th week was 80.70% (46 patients). At 8th week, 39/57 patients (68.42%) discontinued the antipsychotic. Relapse rate after 6 months was 26.32% (12 depressed, 3 manic). Multiple regression, *t*-test and Chi^2 analysis were performed: older patients ($P = 0.01$) and with higher number of episodes ($P = 0.04$) tend to relapse earlier. Neither severity of the episode ($P = 0.3$), nor delusional symptoms ($P = 0.6$) nor discontinuation of the antipsychotic ($P = 0.3$) correlate with relapse time.
Conclusions Our experience suggests that an early discontinuation of antipsychotics, usually 4–8 weeks after remission, does not worsen the short-term course of illness. This approach could minimize the risk of side effects. Evidence is lacking about the duration of this therapy, long-term studies are still necessary.
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EV159

Association between suicide attempts and insight among patients with bipolar disorders

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Introduction Insight is an important factor associated with non-compliance and poor outcome. Poor level of insight has been described as a characteristic in patients with acute bipolar disorder with more unawareness in social consequences. In contrast, awareness of having a mental disorder, of its symptoms, of its consequences, and/or of the need for treatment is associated with a number of positive prognostic indicators. Insight is also linked, however, to depression and suicidal ideation in bipolar disorder.
Objectives (1) Assess the illness perception. (2) Assess the impact of insight in suicidal tendencies.
Aims Contribute to development measures to improve the insight in bipolar disorders.
Methods In this cross sectional study we use a convenience sample of patients with bipolar disorder attending in the mental health departments of three general hospitals in Lisbon great area. We have applied clinical and socio-demographic questionnaire and additional measures to assess symptom severity, treatment adherence and illness perception.
Results A samples was composed by 64 patients with bipolar disorder (mean age = 38.7; SD ± 10.1). A total of 48.4% patients ($n = 31$) had made a suicide attempted and 23.4% ($n = 15$) of this patient done 5 or more attempted suicide. We found a significant correlation with symptoms and insight ($r_s = 0.56$; $P < 0.01$).
Conclusion Mental health professionals often utilize insight as an indicator of prognosis, because of its association with treatment adherence. The findings of the current study suggest that having intact or good insight may be an indicator for suicidal ideation among patients with bipolar disorders. A brief psychoeducational approach could potentially be effective. We recommend a combined approach to Improve clinical insight in bipolar disorder.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV160

Emotional intelligence in bipolar disorder

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Introduction Emotional intelligence is defined as the ability to process, understand and manage emotions. In bipolar disorder seem to be more conserved, with less functional impairment than other severe mental disorders as schizophrenia. So far, there are few studies analyzing emotional intelligence in bipolar disorder.
Objective The objective of this research is to better understand the different characteristics and the factors affecting these social-cognitive dysfunctions in bipolar disorder.
Aims To explore possible factors related to emotional intelligence in these severe mental disorders: symptoms, cognitive functioning, quality of life and psychosocial function.
Material and methods Twenty-six adults bipolar type I patients were examined using MSCEIT (the most validated test for emotional intelligence), BPRS, YMRS, HDRS, WAIS-IV, TMT and Rey Figure in order to determine the level of emotional intelligence and factors relate.
Results Bipolar patients show lack of emotional intelligence when compared with general population. Cognitive impairment and age are the principal factors related.
Discussion Results are discussed and compared with recent literature.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV161

The emotional intelligence in severe mental disorders: A comparative study in schizophrenia and bipolar disorder

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Introduction Severe mental disorders have deficits in different aspects of social cognition, which seem to be more pronounced in patients with schizophrenia compared to those with bipolar disorder. Emotional intelligence, defined as the ability to process, understand and manage emotions, is one of the main components of the sociocognition. Both in schizophrenia and bipolar disorder have been described changes in emotional intelligence, but only few studies compare both disorders.
Objectives The objective of this research is to increase knowledge about the differences between schizophrenia and bipolar disorder.
Aims To compare emotional intelligence in patients with schizophrenia versus bipolar patients.
Methods Seventy-five adult patients with schizophrenia and bipolar disorder were evaluate.
The assessment protocol consisted of a questionnaire on socio-demographic and clinical-care data, and a battery of assessment scales (BPRS, PANSS, SCID-I-RV, YMRS, HDRS, CGI-S, EEAG, MSCEIT). Among the assessment tools of emotional intelligence, we select MSCEIT as the most validated.