

Similarly, the average number of suicide attempts among patients with cannabis addiction was significantly higher than the group without cannabis addiction.

Conclusions Aggressive drug abuse treatment immediately after a first psychiatric hospitalisation might decrease rates of recurrence and new cases of cannabis use disorder in the course of bipolar disorder.

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EW0040

The role of micrnas in regulating redox modulation in bipolar disorder

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Introduction Alterations in redox modulation are consistently reported in bipolar disorder (BD). MicroRNAs are targeted regulators of gene expression.

Objectives and aims We aimed to examine if microRNAs that target redox modulators can discriminate between BD and healthy controls.

Methods Data from brains of individuals with and without BD were obtained from Array Collection datasets. MicroRNAs targeting redox modulators were assessed for their ability to discriminate BD from the control group using machine-learning algorithms. Methylation of microRNAs, expression of their transcription factors and redox targets were assessed with ANCOVA with FDR correction. For validation, we acquired plasma samples belonging to 2 families of individuals with and without BD ($n=9$). Plasma microRNAs were sequenced using the Ion Total RNA Sequencing Kit (Thermo Fisher Scientific), and microRNAs identified from the in silico analysis were examined in the validation dataset.

Results We identified 5 miRNAs (hsa-miR-299, hsa-miR-125a, hsa-miR-145, hsa-miR-30b, hsa-miR424) that were common in two of the four in silico datasets. Target genes glutathione peroxidase 4, ATP5A1, ATP5G1, NDUFS1, NDUFC2, and catalase were expressed at different levels between BD and the control group. Furthermore, our results showed that transcription factors CTCF and USF1 might control the expression of hsa-miR-145, while methylation differences were not found. Finally, hsa-miR-30b was significantly increased in the plasma of patients with BD compared to controls in the validation experiment.

Conclusions Our study demonstrates that microRNAs may have an important role in the initiation of redox changes in BD.

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

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EW0041

Co-morbid obsessive-compulsive disorder and bipolar disorder in highly endogamous population: Which came first?

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The aim of this study was to determine the prevalence of co-morbidity with obsessive-compulsive disorder (OCD) among bipolar disorder (BD) patients in order to assess the impact of

OCD on the socio-demographic and clinical features of patients in a highly endogamous population. A cohort study was carried out on 396 patients enrolled between November 2011 to October 2013. We employed the WHO Composite International Diagnostic Interview (WHO-CIDI) and Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-IV/Clinical Version for diagnoses, the Yale-Brown Obsessive Compulsive Scale Symptom Checklist for scoring OCD. Patients were grouped in BD patients with OCD (BD-OCD) and BD patients without OCD.

Groups were compared for socio-demographic and clinical variables. There were no significant differences for age, gender, BMI, and marital status, between BD patients with and without OCD. We found significant differences in level of education ($P=0.022$), occupation status ($P=0.025$), household income, ($P=0.049$), cigarette smoking ($P=0.038$), sheesha smoking ($P=0.007$), and prevalence of consanguinity ($P=0.036$) among these groups. Number of hospitalizations and Young Mania Rating Scale score were not different among BD patients with or without OCD whereas there were significant differences in Hamilton-Depression score, Clinical Global Impression-BD Score, duration of illnesses, and Global Assessment of Functioning (GAF). Also specific phobia, somatization, depression, mania, any mood disorder, oppositional defiant disorder, ADHD and personality disorder were more common in BD than OCD-BD group. This study confirms that BD-OCD is a common comorbidity, largely under-recognized in clinical practice, which may significantly change BD presentation and outcome.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0042

A comparison between manic patients with or without antipsychotic continuation treatment: Data from a 12-months follow-up study at mood disorder unit of San Raffaele-Turro hospital

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Introduction Several studies suggest that in severe bipolars there is a long-term benefit in continuing antipsychotic therapy plus a mood stabilizer also after remission from a manic episode. Nevertheless, the long-term use of antipsychotics is associated with significant side effects which can interfere with patient global functioning. In this sense, antipsychotics should not be continued unless the benefits outweigh the risks.

Objectives The present study describes the course of illness between bipolar patients remitted from a manic episode, in continuation treatment with or without antipsychotic therapy during a 12-months follow-up period.

Methods Cinquante-six bipolars (22 male and 44 female) remitted (Young < 12) from a severe manic episode were observed during a 12-months follow-up. According to clinical judge, as continuation treatment, 21/56 (37.5%) took antipsychotic plus mood stabilizer (AP+MS); 35/56 (62.5%) took mood stabilizers monotherapy (MS). During follow-up period YMRS and HAM-D were administered at 6th and 12th month to verify remission.

Results At the end of follow-up up, 33/56 patients (58.9%) maintained remission, 23/56 (41.1%) relapsed (56.5% depressive, 31.4% manic). The greater number of relapses occurred within 6th month: 16/56 (28.8%). In AP+MS group 12/21 patients relapsed (57.14%); in