

EW0294

Use of novel psychoactive substances and induced psychiatric symptoms: Outcomes from the Eivissa Project

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Introduction Polydrug abuse seems to be especially popular in Ibiza, an important market for new psychoactive substances (NPS). The misuse of psychoactive substances can lead to serious psychiatric symptoms.

Aims To evaluate symptoms induced by NPSs and other club drugs, correlating with the main classes of drugs.

Methods Ninety subjects (M/F 59/31) admitted in the Psychiatric Unit of Can Misses Hospital (Ibiza) referring a recent intake of substances were enrolled. The following scales were administered: TLFB (Timeline follow-back); Positive and Negative Symptoms Scale (PANSS); Symptom checklist-90 (SCL-90); Young Mania Rating Scale (YMRS); Hamilton Depression Scale (HAM-D); Hamilton Anxiety Scale (HAM-A); Modified Overt Aggression Scale (MOAS); Columbia Suicide Severity Rating Scale (C-SSRS).

Results Polydrug abuse was reported by 67.4% of the sample; the sample was grouped by the main preferred substance in THC-, stimulants-, and depressors-users. The majority of patients reported a previous psychiatric history. Positive symptoms resulted to be higher among THC-users ($P < .05$). Anxiety evaluated by SCL-90 was prevalent in the group of Depressors-users ($P < .05$). The scores of MOAS and SCL-90 subscale for hostility/aggression resulted to be significantly ($P < .01$) greater in the THC-users group.

Conclusions Some specific psychiatric symptoms are characteristic of some classes of substances and may help to identify them when a urine sample is not available. The possibility to develop psychiatric symptoms after a recent drug use is more common in two situations: (1) patients with a previous psychiatric history; (2) subjects with a history of very strong substance use.

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e-poster walk: Bipolar disorders – Part 2

EW0295

The concentration of the factors involved in trafficking of stem cells in long-term treated bipolar disorder patients

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Introduction After analysis of biological and pharmacological data, we formulated the hypothesis that the factors involved in

trafficking of stem cells could be engaged in aetiology of bipolar disorder (BP).

Aims In this study, we considered the role of complement cascade proteins, stromal derived factor-1 (SDF-1), and sphingosine-1-phosphate (S1P) in long-term treated BP.

Methods A group of 30 patients with BP, without the history of lithium treatment, was examined in remission and compared with a group of 30 healthy volunteers. In peripheral blood, we have analysed the concentration of stromal derived factor-1 (SDF-1), sphingosine-1-phosphate (S1P), and some proteins of the complement cascade (C3a, C5a, C5b-9).

Results Peripheral blood concentration of C3a, C5a, C5b-9 and SDF-1 was significantly higher in BP group compared to control group. The concentration of S1P does not distinguish BP patients from controls.

Conclusion Our results suggest the possible role of the regeneration system in aetiology of BP.

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EW0296

Five-year course of bipolar disorder following treatment of first manic episode with risperidone versus olanzapine: A retrospective review

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Objective Contemporary treatment guidelines recommend use of second-generation antipsychotics (SGAs) either as mono therapy or in combination with mood stabilizers as first-line treatment. While these drugs have been established to have superior efficacy compared to placebo, there is very less data comparing these antipsychotics with one another. We sought to study differences in the five-year outcome of first episode of mania (FEM) treated with olanzapine or risperidone, either alone or in combination with mood stabilizer.

Methods We conducted a retrospective chart review of patients diagnosed with FEM (ICD-10) in the year 2008 ($n = 88$) at our centre. We selected the data of patients prescribed either olanzapine or risperidone for the purpose of this analysis. We extracted data about time to recovery and recurrence after FEM, total episodes, drug compliance and response, and number of follow-up visits from 2008 to 2013. The study was approved by the Institute Ethics Committee.

Results A total of 88 patients received diagnosis of FEM in the year 2008, of which 50 (56.8%) received risperidone and 35 (39.8%) received olanzapine. The two groups were comparable in socio-demographic and clinical symptomatology of FEM (all $P > 0.08$). Complete recovery was significantly more in the olanzapine group than the risperidone group ($\chi^2 = 4.84$, $P < 0.05$).

Conclusion Our study indicates that risperidone and olanzapine, either alone or in combination with mood stabilizers have a similar impact on the five-year course of BD following a first manic episode. However, olanzapine is associated with more complete recovery from FEM than risperidone.

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