screening instrument in the nationwide general population of South Korea.
Methods A total of 3013 adults among the 2011 Korean Epidemiologic Catchment Area survey (KECA-2011) completed face-to-face interviews using the Korean versions of the composite international diagnostic interview 2.1 and mood disorder questionnaire (K-CIDI and K-MDQ).
Results The lifetime prevalence of BPS in the South Korean adults was measured to be 4.3% (95% CI 2.6–6.9). Nearly 80% of the subjects with BPS were codiagnosed with other DSM-IV nonpsychotic mental disorders: 35.4% (95% CI 24.2–48.5) for major depression and dysthymic disorder, 35.1% (95% CI 27.7–43.3) for anxiety disorders and 51.9% (95% CI 40.5–63.1) for alcohol and nicotine use disorders. Younger age (18–34 years) was the only sociodemographic predictor of BPS positivity ($P = 0.014$) and the diagnostic overlap patterns were different between men and women.
Conclusions Positivity for BPS was estimated to be much greater than the prevalence of DSM-IV BP in South Korea. Most of the respondents with BPS were diagnosed with other major mental disorders and this might be related with mis and/or underdiagnosis of clinically relevant Sub-BP.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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O018

Assessment of serum IL-4, 15d-PGJ2, PPAR gamma levels in patients with bipolar disorder

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Introduction Many hypotheses have been proposed about development of bipolar disorder including inflammatory processes due to the external and endogenous factors. There are strong evidences that immunological dysfunction is present in bipolar disorder. In the pathophysiology of bipolar disorder, there are many data that support the inflammatory hypothesis.
Objectives In this study, to clarify the etiology of bipolar disorder, based on the inflammatory process hypothesis, it is aimed to measure and evaluate serum 15d-PGJ2 and PPARγ, anti-inflammatory cytokine IL-4 levels in patients with bipolar disorder.
Methods This study was performed at Ankara Numune Training and Research Hospital. Ninety-five patients are included in the study that were in their mania or remission periods and meet the DSM-V criteria for bipolar disorder. Forty-four healthy volunteers are included in the study as well. Serum IL-4, 15d-PGJ2, PPARγ levels are measured in both groups. Young Mania Scale, Hamilton Depression Scale, demographic data form were given to patient group.
Results In our study, 15d-PGJ2, PPARγ levels were found statistically significantly lower in patients with bipolar disorder compared to healthy controls.
Conclusion There are differences in anti-inflammatory prostaglandin levels in patients with bipolar disorder who are in their mania period when compared to healthy controls and patients in their remission period. This does not show any significance according to smoking and gender. This implies that inflammation markers could be a good candidate to determine trait markers, which will provide an insight for preventing patient from mania period or prognosis after the diagnosis of bipolar disorder.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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O019

Impulsivity and brain volume in patients with bipolar disorder type I and bipolar disorder type II

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Introduction Impulsivity is a key feature of both bipolar disorder (BD) type I (BDI) and type II (BDII).
Objective Structural neuroimaging studies help clarifying brain mechanisms underpinning the regulation of impulsivity in BDI and BDII.
Aims To address the question whether grey matter (GM) alterations relate differently with impulsivity in BDI and BDII.
Methods We assessed 54 euthymic outpatients, diagnosed with BDI ($n = 28$) or BDII ($n = 26$) according to DSM-IV-TR criteria. They underwent a 3 T magnetic resonance imaging (MRI) investigation. GM brain volumes were analyzed on a voxel-by-voxel basis using Statistical Parametric Mapping 8. The Barratt Impulsiveness Scale (BIS), version 11A, was used to assess trait impulsivity.
Results BDI and BDII patients present an inverse relationship between impulsivity and GM volume in two cerebral areas: the right cerebellum (right crus I) and the interface between the left angular gyrus and the left inferior parietal cortex (Brodmann Area 39, 7, 40). More specifically, a negative relationship for BPI and a positive relationship for BPII were found in both areas.
Conclusions Results suggest that the different diagnosis between BDI and BDII could have a significant effect on GM changes according to impulsivity severity and point up the importance of considering the BP subtype distinction in neuroimaging studies on this topic.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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O020

Inflammation and neurodegeneration findings in early stage bipolar disorder

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Introduction There is growing evidence about neuroinflammation in the aetiopathogenesis of bipolar disorder. Early diagnosis and intervention strategies are thought to be excessively important lately.
Objectives To check neuroinflammation levels in early stage bipolar disorder and explore the associations with clinical variables.
Aims We aimed to evaluate inflammation and neurodegeneration findings in early stage bipolar disorder.
Methods Serum interleukin 1-receptor antagonist (IL-1Ra), interleukin 6 (IL-6), tumor necrosis factor-alpha (TNF-α), high sensitive C reactive protein (hs-CRP), S100B and neuron specific enolase (NSE) levels were assessed by enzyme-linked immunosorbent assays in a total of 30 patients with bipolar disorder in the early stage and compared with 30 matched healthy controls. The clinical symptoms were rated using Montgomery Asberg Depression Scale,