(2) The Student-T test was used to compare, between the groups, the mean of scores in YMRS and CGI-S scales and the mean of length of stay.

Results Baseline characteristics were similar between the groups. The majority of patients were also treated with mood stabilizers (46% with lithium and 45% with valproate).

The mean decrease in CGI-S scores from baseline to the day of discharge was significantly ($P < 0.003$) higher in the risperidone group (−2.81 vs. −2.36). The length of stay was significantly ($P < 0.004$) lower in the olanzapine group (mean of 23.03 days vs. mean of 30.3).

Conclusions (1) The CGI-S scores in manic patients treated with risperidone decreased more than in patients treated with olanzapine during admission. (2) The length of stay was significantly lower in patients treated with olanzapine.

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

EW0037

Switching bipolar disorder patients treated with clozapine to another antipsychotic medication: A mirror image study

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Introduction Bipolar disorder (BD) is associated with periodic symptoms' exacerbations, leading to functional impairment, substance abuse, and increased risk of suicide and accidents. Clozapine has never been approved for the treatment of BD but it is used in severe episodes.

Aims The aim of the study is to evaluate the risks and benefits of switching remitted BD patients treated with clozapine to another antipsychotic medication.

Objectives We assessed the proportion of relapsed patients after switching clozapine, time until relapse, type of relapse and the number of admissions.

Methods This was an observational, mirror image study of 62 remitted BD outpatients treated with clozapine. Following a change in drug reimbursement rules by which clozapine was no longer reimbursable for patients with BD, 25 patients were switched to another antipsychotic and the rest of 37 continued on clozapine agreeing to pay treatment.

Results The mean score of CGI-BP at admission in study was in on both groups almost similar (2.3 vs. 2.4). After switching, a significant proportion of patients relapsed (77%), in 100% cases with a manic episode requiring hospitalisation. The mean YMRS score at relapse was significantly higher compared with the evaluation at the time prior to switching (31.78 (SD = 9.72) vs. 11.99 (SD = 7.29), $P < 0.01$).

Conclusions Despite the limitations of this naturalistic study, the results suggest that switching from clozapine to another antipsychotic may increase the risk of relapses in remitted patients with BD. The risks, costs and consequences of symptoms exacerbation should be weighed against the quest to control pharmacy costs.

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

EW0038

Treating cognitive impairments in bipolar disorders: New leads in the cognitive remediation field

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Cognitive deficits have been overlooked in bipolar spectrum disorders, despite their significant impact on patients' quality of life. Indeed, nearly sixty percent of stabilized bipolar patients suffer from major cognitive impairments that impede their everyday life functioning. Without proper care, these impairments remain throughout lifespan and increase with hospitalisations, social isolation or pharmacological treatments. Cognitive remediation is a cost-effective tool well accepted by patients and caregivers that has proven its efficacy for treating cognitive impairments in several disorders such as schizophrenia. However, for bipolar disorders, this psychosocial intervention based on brain plasticity is still in its early stages. After depicting the state of the art on cognitive impairments and cognitive remediation in mood disorders, we will introduce the ECo program that was specifically designed for bipolar disorders. We will then present the preliminary results ($n = 18$) of a double-blind randomised controlled study that assessed the effect of this program on cognitive impairments and psychosocial functioning, at short term and long term (three and nine months). First results support the hypothesis of a positive impact of the ECo cognitive remediation program on bipolar patients' neuropsychological functioning, self-efficacy and quality of life. Cognitive remediation may be a promising tool for bipolar disorders that meets the needs of patients, their caregivers and the community.

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

EW0039

Bipolar disorder and cannabis

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Introduction People with bipolar disorder frequently struggle with substance abuse and dependence. Typically, cannabis is the most commonly abused drug in individuals with bipolar disorder. Some investigators have implied that cannabis may actually be mood stabilizing in patients with bipolar disorder. However, the relationships between cannabis use and bipolar disorders are complex and remain incompletely described.

Objective The aim of this study was to identify the characteristics of addiction to cannabis in bipolar patients type I and determine the consequences of cannabis on the expression of bipolar illness and prognosis.

Methods This is a comparative cross-sectional study which included patients followed in the psychiatry department of the G Razi hospital for bipolar disorder type I and for substance dependence according to DSM IV diagnostic criteria. Hetero-questionnaire on sociodemographic variables, clinical and treatment.

Results The average age was 41 years. The average hospital stay was 9.18 days. 33.33% of patients were monitored regularly. Most patients were single and worked as a day labourer. Cannabis was the most consumed substance. Cannabis use was prior to the expression of psychiatric illness in 55% of cases. The average number of hospitalisation in patients with a cannabis addiction was significantly greater than that observed in the non-addicted group.

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.

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

EW0040

The role of micrornas 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.

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 co-morbidity, 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.

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 outweight 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