

with controls. The overall results found no significant differences between individuals at high genetic risk and controls since the magnitude of the association as corresponds to an OR < 1.5 (low association)

**Conclusion** There is accumulating evidence for the existence of neurobiologic abnormalities in individuals at genetic risk for bipolar disorder at various scales of investigation. The etiopathogenesis of bipolar disorder will be better elucidated by future imaging studies investigating larger and more homogeneous samples and using longitudinal designs to dissect neurobiologic abnormalities that are underlying traits of the illness from those related to psychopathologic states, such as episodes of mood exacerbation or pharmacologic treatment.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.164>

#### EW47

### Evolution of bipolar disorder over 12 years in a psychiatric hospital

E. Ribera<sup>1,\*</sup>, M. Grifell<sup>2</sup>, M.T. Campillo<sup>1</sup>, I. Ezquiaga<sup>1</sup>, L. Martínez<sup>1</sup>, L. González<sup>1</sup>, A. Palomo<sup>1</sup>, V. Pérez<sup>3</sup>, L. Galindo<sup>2</sup>

<sup>1</sup> Institut de Neuropsiquiatria i Addiccions, Parc de Salut Mar, Psychiatry, Barcelona, Spain

<sup>2</sup> Institut de neuropsiquiatria i addiccions Parc de Salut Mar, Institut Hospital del Mar d'Investigacions Mèdiques, Barcelona, Spain

<sup>3</sup> Institut de neuropsiquiatria i addiccions Parc de Salut Mar- Centro de investigación Biomédica en Red de Salud Mental CIBERSAM G21, Institut Hospital del Mar d'Investigacions Mèdiques, Barcelona, Spain

\* Corresponding author.

**Introduction** Bipolar disorder is a leading cause of hospitalization in psychiatric hospitals. It is known that early detection of bipolar disorder is associated with a better prognosis.

**Objectives** The aim of this study is to conduct a demographic analysis of patients hospitalized for bipolar disorder in a single center between 2003 to 2014.

**Methods** Retrospective cohort study of 1230 patients admitted with bipolar disorder diagnosis from 2003 to 2014 at Centre Assistencial Emili Mira i López of Parc Salut Mar of Barcelona. We divided the study in two periods: 2003–2008 and 2009–2014. We analyzed the following variables: frequency of admissions, age, sex and days of hospital stay, comparing both periods. Chi-square test for categorical variables and Student t test for quantitative variables were applied.

**Results** The mean ages at the first and second period are 52 and 47, respectively ( $P < 0.001$ ). There are no significant differences in sex and days of hospitalization. The frequency of admissions on the first and third trimesters is higher than in the second and fourth, although the differences are not statistically significant.

**Conclusions** Despite the large number of patients in the study, there are limitations, such as being a retrospective study and not being adjusted for confounding factors. The average age of patients in the second period is lower than in the first. This could suggest an improvement in early detection of bipolar disorder in the last years. Further research is needed to confirm this hypothesis.

**Disclosure of interest** LG is funded by the Instituto de Salud Carlos III (CM14/00111).

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.165>

#### EW50

### Euthymia is not always euthymia: Clinical status of bipolar patients after 6 months of clinical remission

L. Samalin<sup>1,2,\*</sup>, I. De chazeron<sup>1</sup>, M. Reinares<sup>3</sup>, C. Torrent<sup>3</sup>, C.D.M. Bonnín<sup>3</sup>, D. Hidalgo<sup>3</sup>, A. Murru<sup>3</sup>, I. Pacchiarotti<sup>3</sup>, F. Bellivier<sup>4</sup>, P.M. Llorca<sup>1</sup>, E. Vieta<sup>3</sup>

<sup>1</sup> EA7280, CHU Clermont-Ferrand, Psychiatry B, Clermont-Ferrand, France

<sup>2</sup> Institute of Neurosciences, Hospital Clinic, University of Barcelona, Barcelona, Spain

<sup>3</sup> Institute of Neurosciences, Hospital Clinic, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Spain

<sup>4</sup> Inserm, U1144, AP-HP, groupe Saint-Louis-Lariboisière-F-Widal, Paris, France

\* Corresponding author.

**Introduction** Most studies selected euthymic patients with bipolar disorder in inter-episodic phase according to clinical remission criteria at least between 1 and 6 months. However, possible differences can exist in the course of clinical symptoms in bipolar patients related to the duration of clinical remission.

**Objectives** The main aim of this study was to evaluate the clinical status of bipolar patients after 6 months of clinical remission.

**Methods** We performed a cross-sectional study of bipolar outpatients in clinical remission for at least 6 months. Bipolar Depression Rating Scale (BDRS), Young Mania Rating scale, Pittsburgh Sleep Quality Index (PSQI) scale, Visual Analogic Scales (VAS) evaluated cognitive impairment were used to assess residual symptomatology of patients. Multivariate analysis (MANCOVA) was conducted for analysing possible differences between 3 groups of patients according to their duration of clinical remission (< 6 months–1 year, < 1 year–3 years, < 3 years–5 years).

**Results** A total of 525 patients were included into the study. The multivariate analysis indicated a significant effect of the duration of clinical remission on the different residual symptoms (Pillai's trace:  $F 4.48$ ,  $P < 0.001$ ). The duration of clinical remission was associated with the significant improvement of the BDRS total score ( $P = 0.013$ ), the PSQI total score ( $P < 0.001$ ) and the cognitive VAS total score ( $P < 0.001$ ).

**Conclusion** These results support a possible improvement of residual symptoms according to the duration of clinical remission in bipolar patients. Any definition of euthymia should specify the duration criteria.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.168>

#### EW51

### Emotion processing and social functioning in euthymic bipolar disorder

A. Aparicio<sup>1,\*</sup>, E.M. Sánchez-Morla<sup>2</sup>, J.L. Santos<sup>3</sup>, J. Mateo<sup>4</sup>

<sup>1</sup> University of Castilla La Mancha, School of Nursery, Cuenca, Spain

<sup>2</sup> University of Alcalá, School of Medicine, Psychiatry, Alcalá de Henares, Spain

<sup>3</sup> Hospital Virgen de La Luz, Psychiatry, Cuenca, Spain

<sup>4</sup> University of Castilla La Mancha, Innovation in Bioengineering, Cuenca, Spain

\* Corresponding author.

**Introduction** A large number of studies have found that patients with bipolar disorders have a poor performance in tasks assessing social cognition.

**Objectives and aims** The present study aimed to investigate whether euthymic bipolar patients (EBP) have a dysfunction in emotion processing when compared to controls. An additional

objective was to determine whether there is association between emotion processing and psychosocial functioning.

**Methods** A sample of 53 EBP and 53 healthy controls matched for age, gender, education level and premorbid intelligence were studied. All subjects were assessed using the MATRICS Consensus Cognitive Battery (MCCB) and two additional executive function measures: the Trail Making Test–Part B and the Stroop Test. Emotion processing was examined using the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT). Psychosocial functioning was assessed using the Global Assessment of Functioning (GAF) scale and the Functional Assessment Short Test (FAST).

**Results** For the MSCEIT, EBP obtained lower total scores ( $P=0.001$ ), experiential area scores ( $P=0.012$ ), strategic area scores ( $P=0.000$ ), perceiving emotions branch scores ( $P=0.008$ ), understanding emotions branch scores ( $P=0.014$ ) and managing emotions branch scores ( $P=0.000$ ) than controls. There were no significant differences between groups for the using emotions branch ( $P=0.113$ ). In addition, partial correlations controlling for sub-clinical psychopathology in EBP showed the existence of a significant correlation of MSCEIT total score and MSCEIT strategic area score with FAST total score.

**Conclusions** EBP exhibit deficits in several areas of emotion processing. Performance in emotion processing tasks is associated with social functioning in these patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.169>

## EW52

### Prepulse inhibition in euthymic bipolar disorder patients in comparison with control subjects

J.L. Santos<sup>1,\*</sup>, J. Mateo<sup>2</sup>, A. Aparicio<sup>3</sup>, E.M. Sánchez-Morla<sup>4</sup>

<sup>1</sup> Hospital Virgen de La Luz, Psychiatry, Cuenca, Spain

<sup>2</sup> University of Castilla La Mancha, Innovation in Bioengineering, Cuenca, Spain

<sup>3</sup> University of Castilla La Mancha, School of Nursing, Cuenca, Spain

<sup>4</sup> School of Medicine, Psychiatry, Alcalá de Henares, Spain

\* Corresponding author.

**Introduction** Deficient prepulse inhibition (PPI) of the startle response, indicating sensorimotor gating deficits, has been reported in schizophrenia and other neuropsychiatric disorders.

**Objectives and aims** The present study aimed to assess sensorimotor gating deficits in euthymic bipolar patients. Furthermore, we analysed the relationships between PPI and clinical and cognitive measures.

**Method** PPI was measured in 64 euthymic bipolar patients and in 64 control subjects matched for age, gender, education level and smoking status. Clinical characteristics and level of functioning were assessed in all participants using the Hamilton Depression Rating Scale (HDRS), Young Mania Rating Scale (YMRS) and Functioning Assessment Short Test (FAST). Cognition was evaluated using the MATRICS Consensus Cognitive Battery (MCCB) and the Stroop Test as an additional measure of executive function.

**Results** Compared with controls, patients with bipolar disorder exhibited PPI deficits at 60- and 120-millisecond prepulse-pulse intervals. Among patients with bipolar disorder, PPI was correlated with the social cognition domain of the MCCB. PPI was not significantly correlated with other clinical or neurocognitive variables in either group.

**Conclusions** Our data suggest that PPI deficit is a neurobiological marker in euthymic bipolar disorder, which is associated with social cognition but not with other clinical, functional or cognitive measures.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.170>

## EW54

### Sensory processing patterns, coping strategies, and quality of life among patients with major affective disorders

B. Engel-Yeger<sup>1</sup>, G. Serafini<sup>2,\*</sup>, X. Gonda<sup>3</sup>, M. Pompili<sup>4</sup>, M. Amore<sup>5</sup>

<sup>1</sup> Faculty of Social Welfare and Health Sciences, University of Haifa, Occupational Therapy, Haifa, Israel

<sup>2</sup> Section of Psychiatry, San Martino Hospital, University of Genoa, Neuroscience DINOGMI, Genoa, Italy

<sup>3</sup> Kutvolgyi Clinical Center, Semmelweis University, Clinical and Theoretical Mental Health, Budapest, Hungary

<sup>4</sup> Sant'Andrea Hospital, University of Rome, Neurosciences, Rome, Italy

<sup>5</sup> Section of Psychiatry, San Martino Hospital, University of Genoa, Neuroscience, Genoa, Italy

\* Corresponding author.

**Introduction** Several studies suggested the involvement of sensory perception in emotional processes and major affective disorders. Similarly, cognitive capacities and coping strategies are reported to influence quality of life of patients with unipolar and bipolar disorders.

**Objectives** The main objective of this study was to investigate the nature of the association between sensory processing patterns, coping strategies, and quality of life among patients with major affective disorders.

**Aims** The study aimed to compare unipolar/bipolar patients concerning sensory processing, coping strategies and quality of life (QOL); examine correlations between sensory processing and QOL; investigate the relative contribution of socio-demographic characteristics, sensory processing, and coping strategies to the prediction of QOL.

**Methods** Two hundred and sixty-seven participants, aged 16–85 years (mean = 53.6 ± 15.7), 157 diagnosed with unipolar major depressive disorder and 110 with bipolar disorder type I and type II completed the Adolescent/Adult Sensory Profile, Coping Orientations to Problems Experienced, and Short Form 12 Health Survey 2.

**Results** The unipolar and bipolar groups did not differ concerning sensory processing, coping strategies, and QOL. Sensory processing patterns correlated with QOL independently of the mediation by coping strategies. Correlations between low registration, sensory sensitivity, sensation avoidance, and reduced QOL were found more frequently in unipolar patients than bipolar patients. Elevated physical QOL was mainly predicted by lower age and lower sensory sensitivity whereas elevated mental QOL was mainly predicted by coping strategies.

**Conclusions** Future studies should further investigate the impact of sensory processing and coping strategies on patients' QOL to enhance adaptive and functional behaviors related to affective disturbances.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.172>

## EW55

### Interictal dysphoric disorder – the bridge between epilepsy and bipolar disorder

R. Sousa\*, M. Salta, B. Barata, J. Nogueira, J. Vieira, B. Ribeiro, R. Ribeiro, S. Mendes, R. Mendes, A. Gamito  
Setúbal Hospital Center, Department of Psychiatry and Mental Health, Setúbal, Portugal

\* Corresponding author.