New classifications have recently been proposed, such as the Predominant Polarity (PP) classification, which is based on the tendency of the patient to relapse in the manic (Manic Predominant Polarity [MPP]) or the depressive (Depressive Predominant Polarity [DPP]) poles along the course of the disease.
Objectives To explore the epidemiological and clinical correlates of PP.
Methods We performed a search of the PubMed and Web of Science databases up to June 1st 2016, using the keywords "bipolar disorder", "polarity" and "predominant polarity".
Results The initial search identified 1598 articles. Only 17 articles met inclusion criteria. Factors associated with MPP are manic onset, history of drug abuse and a better response to atypical antipsychotics and mood stabilizers. Meanwhile DPP is associated with depressive onset, more relapses, longer acute episodes, and a higher risk of suicide. Moreover, delay until diagnosis, mixed episodes and comorbid anxiety disorders are more prevalent in DPP patients, whose treatment often involves quetiapine and lamotrigine.
Limitations Few prospective studies. Variability of results.
Conclusions PP classification may be useful for the clinical management of BD. Further research in this field is needed. Future research should use standardized definitions and more comparable methods.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0031

Late onset bipolar disorder: Clinical characterization

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Introduction Bipolar disease is a chronic mental illness with a deep personal and social impact. Alongside with the considerable progress in understanding and treating bipolar disorder, and despite the growing interest in geriatric psychiatry, late onset bipolar disorder has been relatively little studied so far.
Objectives To review the literature regarding the epidemiology, characteristics and clinical implications of late onset bipolar disorder.
Methodology A literature review was performed by searching articles in Pubmed, using the following search terms: "late onset bipolar disorder" and "elderly bipolar disorder". All literature in English published in the last 15 years was examined and 11 articles were selected.
Results Although the frequency of bipolar disorder type 1 or 2 decrease with age, approximately 6 to 8% of the new cases of bipolar disorder develop in people over 60 years of age. Clinically, late-onset bipolar disorder appears to be associated with a better level of pre-morbid functioning, a less severe psychopathology as well as a smaller family burden of psychiatric illness. The term "secondary mania" postulated by Krauthmamer Klerman has been used to describe a bipolar disease variant associated with a variety of organic factors that may be responsible for this late-onset disease.
Conclusions Late onset bipolar disorder is probably a different diagnostic than the entity that occurs in younger patients, since it presents with a different clinical presentation. It is a heterogeneous disease with a complex etiology that still needs more research.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0032

High cognitive reserve in bipolar disorders as a moderator of neurocognitive impairment

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Background Cognitive reserve (CR) reflects the capacity of the brain to endure neuropathology, minimize clinical manifestations and successfully complete cognitive tasks. The present study aims to determine whether high CR may constitute a moderator of cognitive functioning in bipolar disorder (BD).
Methods One hundred and two patients with BD and 32 healthy controls were enrolled. All patients met DSM-IV criteria for I or II BD and were euthymic (YMRS $\leq$ 6 and HDRS $\leq$ 8) during a 6-month period. All participants were tested with a comprehensive neuropsychological battery, and a Cerebral Reserve Score (CRS) was estimated. Subjects with a CRS below the group median were classified as having low CR, whereas participants with a CRS above the median value were considered to have high CR.
Results Participants with BD with high CR displayed a better performance in measures of attention (digits forward: $F = 4.554$, $P = 0.039$); phonemic and semantic verbal fluency (FAS: $F = 9.328$, $P = 0.004$; and Animal Naming: $F = 8.532$, $P = 0.006$); and verbal memory (short cued recall of California Verbal Learning Test: $F = 4.236$, $P = 0.046$), after multivariable adjustment for potential confounders, including number of admissions and prior psychotic symptoms.
Conclusions High cognitive reserve may therefore be a valuable construct to explore for predicting neurocognitive performance in patients with BD regarding premorbid status.
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EW0033

Cognitive function in older euthymic bipolar patients

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Objectives To assess cognitive function in older euthymic bipolar patients. To investigate the relationship between cognitive disorders and clinical features in this population.
Methods We conducted a cross-sectional study during the period from August to November 2015. It included 34 stable bipolar outpatients, aged at least 65 years. We used the Montreal Cognitive Assessment (MoCA) to screen for cognitive disorders. Our patients were clinically euthymic, as checked by the Hamilton depression scale and the Young mania scale.
Results The sex ratio was 1. The mean age of our patients was 68.2 years. Most of them were married (82.4%), unemployed (55.8%),

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living in urban area (82.4%), had low educational level (58.8%) and low income (64.7%).
The majority was bipolar type 1 (67.6%). The most recent episode was manic in 55.9% of cases, including psychotic features in 50% of cases. Subsyndromal affective symptoms were noted between episodes in 23.5% of them. The average MoCA score was 23.6. Cognitive disorders were found in 61.5% of patients, who showed impairments across all cognitive domains. The most frequent deficits were found in attention (100%) and executive functions (85.3%).
Cognitive dysfunction correlated to psychotic features during the last episode ($P = 0.005$), subsyndromal affective symptoms between episodes ($P = 0.13$), high number of mood episodes ($P = 0.007$) and hospitalisations ($P = 0.014$).
Conclusion Our study confirmed that cognitive dysfunction was frequent in older bipolar patients in Tunisia. Preventing mood episodes, screening for addictive and somatic co-morbidities, as well as cognitive rehabilitation, are suitable strategies for improving cognitive functioning among these patients.
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EW0034

First psychotic episode and predictors of bipolar disorder progression

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Introduction Many studies on the identification and early treatment of psychotic disorders have focussed less on a solution to the issue of the evolution of an acute psychosis.
Objective To identify some predictive elements of an evolution to bipolar disorder during a first psychotic episode.
Methods We proceed with a retrospective study concerning 55 patients having developed a first psychotic episode and admitted in the psychiatry B department during the period extending between January 2010 and December 2015. Data were collected on a predetermined questionnaire exploring the following items (socio-demographic data, personal and psychiatric family antecedent, prodromes and psychotic episode symptomatology).
Results Our sample was composed by 55 patients divided into 74% ($n = 41$) men and 26% ($n = 14$) women with a mean age of 26.5 ± 6.27 years. The evolution to a bipolar mood disorder concerned 22% of patients. The prodromal phase was always present. Prodromes correlated with progression to bipolar disorder are: thymic symptoms 44.1% of patients ($P = 0.001$), modification of volition 42.9% ($P = 0.05$), anger/irritability 66.7% ($P = 0.032$) and sadness 83.3% of patients ($P = 0.05$). Psychotic episode's symptoms correlated with the evolution towards a bipolar disorder corresponded to thymic symptoms. The latter was present in 44.1% of patients ($P = 0.01$).
Conclusion Through our study, we were able to identify some factors positively correlated with a progression towards bipolarity during a first psychotic disorder. So it would be important to monitor closely and to educate our patients and their families about the evolutionary potential of a first psychotic episode.
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EW0035

Emotional face recognition in bipolar disorder

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Introduction Emotional face recognition is significant for social communication. This is impaired in mood disorders, such as bipolar disorder. Individuals with bipolar disorder lack the ability to perceive facial expressions.
Objectives To analyse the capacity of emotional face recognition in subjects diagnosed with bipolar disorder.
Aims To establish a correlation between emotion recognition ability and the evolution of bipolar disease.
Methods A sample of 24 subjects were analysed in this trial, diagnosed with bipolar disorder (according to ICD-10 criteria), who were hospitalised in the Psychiatry Clinic of Timisoara and monitored in outpatients clinic. Subjects were introduced in the trial based on inclusion/exclusion criteria. The analysed parameters were: socio-demographic (age, gender, education level), the number of relapses, the predominance of manic or depressive episodes, and the ability of identifying emotions (Reading the Mind in the Eyes Test).
Results Most of the subjects (79.16%) had a low ability to identify emotions, 20.83% had a normal capacity to recognise emotions, and none of them had a high emotion recognition capacity. The positive emotions (love, joy, surprise) were easier recognised, by 75% of the subjects, than the negative ones (anger, sadness, fear). There was no evident difference in emotional face recognition between the individuals with predominance of manic episodes than the ones who had mostly depressive episodes, and between the number of relapses.
Conclusions The individuals with bipolar disorder have difficulties in identifying facial emotions, but with no obvious correlation between the analysed parameters.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0036

Treatment with risperidone vs. olanzapine in naturalistic study of bipolar manic inpatients

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Introduction There are very few comparative controlled trials of risperidone versus olanzapine in manic patients. No previous naturalistic study has compared the efficacy of these two antipsychotics in the natural environment of manic inpatients.
Objective The aim of this retrospective and naturalistic study was to evaluate the efficacy of acute treatment with risperidone vs. olanzapine in Bipolar I manic inpatients.
Methods (1) Patients: the study includes all the inpatients diagnosed with bipolar I manic episode (DSM-IV) who were admitted during the years 2009 to 2014. Patients treated with risperidone and olanzapine concomitantly ($n = 6$) and patients not treated with risperidone or olanzapine ($n = 129$) were excluded.
The patients finally included ($n = 183$) were separated in two groups:
– treated with risperidone ($n = 89$);
– treated with olanzapine ($n = 94$).