

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.

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#### 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.

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#### 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.

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#### 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