

medical literature are references to cardiac alterations induced by stress.

Objective Takotsubo is a rare cardiac syndrome that occurs most frequently in postmenopausal women after an acute episode of severe physical or emotional stress. In the text that concerns us, we describe a case related to an exacerbation of psychiatric illness, an episode maniform.

Method Woman 71 years old with a history of bipolar I disorder diagnosed at age 20. Throughout her life, she suffered several depressive episodes as both manic episodes with psychotic symptoms. Carbamazepine treatment performed and venlafaxine. He previously performed treatment with lithium, which had to be suspended due to the impact on thyroid hormones and renal function, and is currently in pre-dialysis situation.

She requires significant adjustment treatment, not only removal of antidepressants, but introduction of high doses of antipsychotic and mood stabilizer change of partial responders. In the transcurso income, abrupt change in the physical condition of the patient suffers loss of consciousness, respiratory distress, drop in blood pressure, confusion, making involving several specialists. EEG was performed with abnormal activity, cranial CT, where no changes were observed, and after finally being Echocardiography and coronary angiography performed when diagnosed Takotsubo.

Results/conclusions In this case and with the available literature, we can conclude that the state of acute mania should be added to the list of psychosocial/stressors that can trigger this condition.

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EV0058

Determination of p11 multifunctional protein in human body fluids by enzyme-linked immunosorbent assay

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Objectives The diagnosis of major depressive disorder (MDD) is symptom based due to the lack of biological biomarker. p11 protein was recently found to be an important factor mediating depression-like states and antidepressant responses. The aim of the study was to assess whether p11 protein in urine can serve as a potential biomarker for major depression, and the relationship of its levels among urine, serum and cerebrospinal fluid (CSF).

Methods We obtained urine samples from 13 drug-free MDD patients and 13 age- and gender-matched healthy controls. We also collected urine, serum and cerebrospinal fluid samples from 13 of fracture patients or cesarean section patients in the spinal anesthesia. The concentrations of p11 protein were measured using ELISA.

Results In MDD patients, urine levels of p11 protein were all less than the minimum detectable concentration of the ELISA kit. The urine levels of p11 were detectable only in one healthy control. In the spinal anesthesia patients, we can detect p11 concentrations in both serum and urine in only two patients. Besides, levels of p11 were detectable in the serum of one patient and urine of another patient. We were unable to measure CSF levels of p11 in all patients.

Conclusions Concentrations of p11 protein in the body fluids are very low and unstable. The sensitivity of the current p11 ELISA kit is currently unsatisfactory, requiring the development of an ELISA kit of higher sensitivity to determine whether p11 in body fluids can serve as biomarker for depression.

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EV0059

Korean medication algorithm for bipolar disorder (KMAP-BP): Changes in treatment strategies for bipolar depression over 12 years

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Introduction Many guidelines for bipolar disorders have been introduced based on evidences. In contrast, KMAP-BP was developed by an expert-consensus.

Objective To summarize the medication strategies for bipolar depression over four published KMAP-BP (2002, 2006, 2010, and 2014).

Methods The questionnaire using a nine-point scale had covered some clinical situations with many treatment options about the appropriateness of treatment.

Results For mild-to-moderate depression, antidepressant (AD) + mood stabilizer (MS) in early editions and MS or lamotrigine monotherapy and AAP+(MS or lamotrigine) in later editions were preferred strategies. For severe nonpsychotic depression, MS+AD was the only first-line medication in early editions. In 2014, various medications [MS+AAP (atypical antipsychotic), AAP+lamotrigine, MS+AD] were preferred. Valproate and lithium has been rated as first-line MS in all editions. Lamotrigine were positively preferred later. Adjunctive AD was accepted as first-line strategy for severe depression in all editions. Preference of AAP also has been increased remarkably. Adjunctive AAP was not first-line treatment for mild-to-moderate depression in all editions, but was for nonpsychotic depression in 2010 and 2014 and for psychotic depression in all editions. Recommended AAPs have been changed over 12 years: olanzapine and risperidone in 2002 and quetiapine, aripiprazole, and olanzapine in 2014 were first-line AAP.

Conclusion There have been evident preference changes: increased for AAP and lamotrigine and decreased for AD. The high preferences for aripiprazole and lamotrigine in later editions were likely derived from favorable tolerability.

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EV0060

Obesity and quality of life in bipolar disorder

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Introduction Overweight and obesity, despite their comorbidities and mortality, could deteriorate the quality of life of people with bipolar disorder.

Objectives The objective of this study is to evaluate the quality of life among patients with bipolar disorder and investigate a possible interaction between obesity and deterioration of the quality of life.

Aims This study aims to highlight the importance of preventing overweight and obesity in people with bipolar disorder to obtain an adequate quality of life subsequently an acceptable control of the illness.

Methods Fifty euthymic bipolar patients (Hamilton Depression Scale score ≤ 8 , and Young Mania Rating Scale score ≤ 6) received the Medical Outcomes Study 36-Item Short-Form Health Survey in Arabic validated version in order to investigate the quality of life.

Results We examined 50 euthymic bipolar patients (60% men, 40% women). The average age was 46, 5 years (23–70). Most patients (69%) were overweight (BMI ≥ 25.0 kg/m²) (body mass index), of whom 40% were obese (BMI ≥ 30.0 kg/m²). Seventy-two percent of the investigated patients had an affected quality of life (score < 66.7). The mental items were deteriorated in 80% of the cases. An affected quality of life was correlated with obesity. The BMI was significantly and negatively correlated with the scores of dimensions D4 (mental health) and D8 (perceived health) ($P < 0.01$).

Conclusion The investigation of quality of life in people with mental disorder enables to reveal the social handicap caused by these illnesses consequently emphasizes health care in mental affections.

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EV0061

Research of thinking and memory at persons with the alcoholic dependence complicated by abuse of preparations of sedative and somnolent group

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In recent years, abuse of sleeping medicines with the subsequent formation of an inclination and increase of tolerance to preparations of this group has gained distribution in the Republic of Uzbekistan among the persons suffering from alcoholic dependence.

The assessment of thinking and memory functions was carried on by using a pictogram technique at 40 patients with the alcoholic dependence complicated by abuse of a somnolent preparation. Two groups of patients had similar duration of alcohol abuse, but differing in the length of abuse of hypnotic drugs: 20 patients used it not more than 1 year, 20 patients more than 5 years.

Research has shown that with the duration of abuse of somnolent preparation within 1 year patients with alcoholic dependence had no expressed memory violations: by means of pictogram drawings patients could remember all set of words. Twenty-five percent of patients' drawings had the ordered appearance, steady graphic characteristics; the chosen images were followed by exact, laconic comments. The tendency to prevalence of the concrete images associated with alcoholic situations was found in 75% of patients of this group at a graphic representation of abstract concepts.

Abuse of somnolent preparations more than 5 years at 35% of patients has come to light misunderstanding of sense of the task, 40% of patients – insufficient image differentiation with inability of selection of visions to abstract concepts, 10% of patients – had tendency to the stereotypy and a perseveration. All the patients had a decrease in efficiency of the mediated storing.

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EV0062

Bipolar disorders diagnostics in ambulatory medico-psychological service

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Introduction The difficulties of diagnosis and clinical differentiation of bipolar disorders, schizophrenia and schizoaffective disorder have been repeatedly noted both foreign and Russian authors.

Objectives Full medico-psychological service clinical documentation research, including bipolar disorder patient records.

Aims Determination of bipolar disorders in accordance with the DSM-5 criteria among psychiatric outpatients.

Methods A group of 142 patients with established according to ICD-10 diagnoses: schizophrenia, schizoaffective disorder 137 (96.5%); the average patient's age 50 ± 13 and bipolar disorder and mania episode 5 (3.5%) – 55.4 ± 14.4 has been investigated.

Results It was found that 18 (12.7%) of all patients meet the DSM-5 bipolar disorder criteria compared with the primary diagnosis (3.5%). Structure of the diagnosis of bipolar disorder was represented as follows: bipolar disorder type I – 11 (61.2%), bipolar disorder type II – 7 (38.8%). Consequently, due to formal application DSM-5 bipolar disorder criteria BD determination 3.5 times more.

Conclusion Traditionally, the diagnosis of schizophrenia is preferred over bipolar disorder. Manic episode in bipolar disorder can be evidently regarded as an acute schizophrenia manifestation. The diagnostic criteria for DSM-5 are convenient in diagnostics of manic and depressive episodes in case of their combination in I type bipolar disorder.

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EV0063

Is the use of long-acting injectable antipsychotic extended in the outpatient treatment of bipolar disorder? A brief description

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Aims Obtain and analyze information on treatment guidelines, with particular emphasis on the use of antipsychotics, in patients diagnosed with bipolar disorder I and bipolar disorder II who are treated at a mental health center in a district of Madrid (Spain) under the conditions of habitual clinical practice.

Then, compare with recently published literature.

Methods We performed a descriptive study of a sample of 100 patients diagnosed with bipolar disorder (type I and type II) at any stage of the disease who receive regular treatment in a mental health center in a district of Madrid. Information regarding the treatment used, especially the use of antipsychotics (either in a single therapy or in combination with other drugs such as mood stabilizers, antidepressants, hypnotics or anxiolytics), was collected retrospectively from the data obtained from the medical record.