

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.

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

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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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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.