or valproate) and an antipsychotic (haloperidol or risperidone). Course of illness assessed with Young Mania Rating Scale (YMRS) scored at week 0, 1, 2, 4, 8, 24. Remission defined as YMRS < 12.
Results Twenty men (35.09%) and 37 women (64.91%); mean age 43.18 ± 12.71 years. Mean YMRS basal score 38.55 ± 8.08. At 4th week, remission rate was 54.39% (31 patients); at 8th week was 80.70% (46 patients). At 8th week, 39/57 patients (68.42%) discontinued the antipsychotic. Relapse rate after 6 months was 26.32% (12 depressed, 3 manic). Multiple regression, *t*-test and Chi^2 analysis were performed: older patients ($P = 0.01$) and with higher number of episodes ($P = 0.04$) tend to relapse earlier. Neither severity of the episode ($P = 0.3$), nor delusional symptoms ($P = 0.6$) nor discontinuation of the antipsychotic ($P = 0.3$) correlate with relapse time.
Conclusions Our experience suggests that an early discontinuation of antipsychotics, usually 4–8 weeks after remission, does not worsen the short-term course of illness. This approach could minimize the risk of side effects. Evidence is lacking about the duration of this therapy, long-term studies are still necessary.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV159

Association between suicide attempts and insight among patients with bipolar disorders

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Introduction Insight is an important factor associated with non-compliance and poor outcome. Poor level of insight has been described as a characteristic in patients with acute bipolar disorder with more unawareness in social consequences. In contrast, awareness of having a mental disorder, of its symptoms, of its consequences, and/or of the need for treatment is associated with a number of positive prognostic indicators. Insight is also linked, however, to depression and suicidal ideation in bipolar disorder.
Objectives (1) Assess the illness perception. (2) Assess the impact of insight in suicidal tendencies.
Aims Contribute to development measures to improve the insight in bipolar disorders.
Methods In this cross sectional study we use a convenience sample of patients with bipolar disorder attending in the mental health departments of three general hospitals in Lisbon great area. We have applied clinical and socio-demographic questionnaire and additional measures to assess symptom severity, treatment adherence and illness perception.
Results A samples was composed by 64 patients with bipolar disorder (mean age = 38.7; SD ± 10.1). A total of 48.4% patients ($n = 31$) had made a suicide attempted and 23.4% ($n = 15$) of this patient done 5 or more attempted suicide. We found a significant correlation with symptoms and insight ($r_s = 0.56$; $P < 0.01$).
Conclusion Mental health professionals often utilize insight as an indicator of prognosis, because of its association with treatment adherence. The findings of the current study suggest that having intact or good insight may be an indicator for suicidal ideation among patients with bipolar disorders. A brief psychoeducational approach could potentially be effective. We recommend a combined approach to Improve clinical insight in bipolar disorder.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV160

Emotional intelligence in bipolar disorder

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Introduction Emotional intelligence is defined as the ability to process, understand and manage emotions. In bipolar disorder seem to be more conserved, with less functional impairment than other severe mental disorders as schizophrenia. So far, there are few studies analyzing emotional intelligence in bipolar disorder.
Objective The objective of this research is to better understand the different characteristics and the factors affecting these social-cognitive dysfunctions in bipolar disorder.
Aims To explore possible factors related to emotional intelligence in these severe mental disorders: symptoms, cognitive functioning, quality of life and psychosocial function.
Material and methods Twenty-six adults bipolar type I patients were examined using MSCEIT (the most validated test for emotional intelligence), BPRS, YMRS, HDRS, WAIS-IV, TMT and Rey Figure in order to determine the level of emotional intelligence and factors relate.
Results Bipolar patients show lack of emotional intelligence when compared with general population. Cognitive impairment and age are the principal factors related.
Discussion Results are discussed and compared with recent literature.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV161

The emotional intelligence in severe mental disorders: A comparative study in schizophrenia and bipolar disorder

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Introduction Severe mental disorders have deficits in different aspects of social cognition, which seem to be more pronounced in patients with schizophrenia compared to those with bipolar disorder. Emotional intelligence, defined as the ability to process, understand and manage emotions, is one of the main components of the sociocognition. Both in schizophrenia and bipolar disorder have been described changes in emotional intelligence, but only few studies compare both disorders.
Objectives The objective of this research is to increase knowledge about the differences between schizophrenia and bipolar disorder.
Aims To compare emotional intelligence in patients with schizophrenia versus bipolar patients.
Methods Seventy-five adult patients with schizophrenia and bipolar disorder were evaluate.
The assessment protocol consisted of a questionnaire on socio-demographic and clinical-care data, and a battery of assessment scales (BPRS, PANSS, SCID-I-RV, YMRS, HDRS, CGI-S, EEAG, MSCEIT). Among the assessment tools of emotional intelligence, we select MSCEIT as the most validated.

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Statistical analysis was performed using SPSS 23 version. After the descriptive analysis of the data, we compare the results of the scales.
Results Both disorders show a deterioration of emotional intelligence compared to the general population. There were no statistically significant differences in the comparison of emotional intelligence between schizophrenia and bipolar disorder.
Conclusion Schizophrenia and bipolar disorder have deficits in emotional intelligence, while it is difficult to show differences between them. These changes in emotional intelligence are part of a set of cognitive, social and non-social skills, which are altered in these severe mental disorders.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV162

Mixed-effects models: Family burden and functionality in patients with bipolar disorder

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Introduction The bipolar disorder (BD) has an important effect over the lives of patients and families. The attitude of the family is a modifiable factor through specific interventions and it has been related with BD prognosis.
Objectives Study a sample of families and patients with BD.
Aims Compare between two groups its course of burden of caring for family members with BD. Also, we will see the course of the functionality in patients.
Methods Sample of 148 individuals who caring a familiar with BD. Seventy-six of these followed psychoeducation session are going to be experimental group (EG), and the others 72 did not followed any session are going to be control group (CG). There is a follow-up at 6 months and one year. To see the course of the burden and the functionality it will be used mixed models.
Results At baseline, there were not significant differences between CG and EG in objective and subjective burden and functionality. But over time there were significant results in the three cases. For objective burden ($b = -0.016$; $P = 0.0001$) EG presented a drop ($b = -0.014$; $P = 0.0062$), while CG did not show changes ($b = 0.002$; $P = 0.4691$). For subjective burden ($b = -0.014$; $P = 0.0058$) without significant results for CG ($b = -0.352$; $P = 0.3203$) and a significant decrease in EG ($b = -0.017$; $P = 0.003$). For the functionality ($b = 1.474$; $P = 0.000$) there was a significant increase in EG ($b = 1.349$; $P = 0.000$) but not for CG ($b = -0.125$; $P = 0.3828$).
Conclusions Two groups did not differ at baseline however after the psychoeducation sessions appear clear differences, decreasing the burden for EG group and the functionality also improved for EG.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV167

Evolution of inflammatory dysregulation and oxidative stress in patients with first episode of mania

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Introduction Recent studies have focused on the imbalance in inflammatory and antioxidant pathways as possible causes of the underlying neurodegenerative processes in bipolar disorder. Thus, the study of these pathways in first episodes of mania (FEM) can increase knowledge about this issue.
Aim To compare plasma concentrations of pro-inflammatory (MCP-1, PGE2, TNFα) and oxidative parameters (TAS, NO_2 and TBARS) between controls and FEM patients and to analyze the evolution of these parameters in patients from baseline to 6 months assessment time.
Methods This study included 44 FEM patients and 79 healthy controls, aged 18 to 40. Blood samples were available for controls at baseline and for patients at baseline and 6 months after. TAS and TBARS were measured using non-EIA assay kits, $N0_2$ was measured with Griess method and PGE2, MCP-1 and TNFα with ELISA kits.
Results At baseline, TAS was significantly lower in patients than in controls and TBARS, MCP-1 and TNFα were significantly higher in patients. Among patients, TAS and MCP1 were lower at 6 months than at the illness onset and PGE2 and NO_2 were significantly higher than at baseline.
Conclusion Patients presented an increased oxidative damage and also a higher activation of pro-inflammatory pathways than healthy controls at baseline. After 6 months their level of oxidative stress continue increased. Pro-inflammatory parameters decreased overtime (MCP-1 and TNF α) but PGE2, increased surprisingly. This can be due to the fact that antipsychotics are not able to completely reverse baseline inflammation.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV168

Treatment of bipolar patients in manic phase: A comparison between asenapine and aripiprazole

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Introduction Agitation is the most evident symptom in an acute manic episode. It can be defined as excessive motor or verbal activity that can degenerate into aggressive behaviour. Both aripiprazole and asenapine are indicated for the treatment of agitation in patients with manic episode.
Aims To retrospectively evaluate the acute effects of drug therapy on psychomotor agitation rated with the PANSS-EC, the change in manic symptoms through the YMRS, the QoL with the SF-36v2 and the cardiometabolic effects of the new oral APS.
Methods We administered the following tests to 13 patients with DBI at T0 (baseline), T1 (after 1 week), T2 (after 4 weeks), T3 (after