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%),