21,0. YMRS-1eA score 27, YMRS-1eR score 4, MADRS-1eA score 23, MADRS-1eR score 3, YMRS-2eA score 23, MADRS-2eA score 21. The patient did not change her diet during the course of illness.

Conclusions: In this case low STChol was assotiated with the oncet of mixed episodes of BD and normalised after remmision of episode. Low STChol could be a state marker or risk factor for mixed episode of BD. Further investigations are need to explore the possible relationship between STChol and course of different episodes of BD.

P0132

Familial loading in bipolar disorder and substance use disorder

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Background: Bipolar disorder and substance use disorder have well documented genetic component. Among Axis I disorder bipolar subjects have highest comorbidity for alcohol and substance use disorder, ranging from 17 to 60%. Some Authors find a familial association between bipolar disorder and substance use disorder, suggesting the question if these disorders share a common genetic liability.

Aims: To investigate familial loading in bipolar disorder (with and without alcohol/substance use disorder) and in patients with substance use disorder.

Methods: Sampe (62 patients with bipolar disorder and alcohol/substance use disorder-DD, 23 patients with bipolar disorder-BD, 22 patients with substance use disorder without mood disorder-SUD) was recruited in Psichiatric clinic of Pisa and Dependance Department of Pisa and Bolzano. Instruments: SCID-IV-I/P for Axis I diagnosis and Family History Screen (Weissman, 2000).

Results: Bipolar pts (DD and BD) have higher familial diathesis for manic and depresive episodes respect DUS probands ($p \leq 0.001$). Moreover DD show higher familial loading for alcohol/substance use respect BD ($p=0.000$). Abuser subjects (DD and SUD) show higher familiarity for conduct disorder respect BD ($p=0.008$)

Conclusions: DD pts show a double familial loading, both for mood disorder (respect SUD), and for alcohol/substance use disorder (respect BD). Probably the familial loading for substance use disorder and mood disorder are distinct and they are both present in dual diagnosis patients.

P0133

Comorbidity between personality disorders and bipolar disorders

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Introduction: The complex interrelationship between personality disorders and bipolar disorders is still a controversial aspect with multiple diagnosis, therapeutic and ethiologic implications.

Comorbidity has been defined as the presence of more than one disorder in the same patient at the same time.

Methods: We made a literature review between 1995 and 2005 about comorbidity in bipolar and personality disorders.

Results: There are different studies that agree the theory that personality disorders are previous forms of bipolar disorders.

Besides, it is important to consider the effect that bipolar disorders have over personality.

In the last years, different authors have suggested that co-morbid personality disorders predict a worse evolution in the course of the bipolar disorders, finding recurrent and resistant to treatment affective symptoms.

The co-occurrence studies of personality and affective disorders have ranged from 3 to 70%.

If we take the global n (428) of all the reviewed articles, we see that the percentage of comorbidity between personality disorders and bipolar disorders is almost the 48% of the studied patients. Looking at the most prevalent cluster, cluster A is the 13%, cluster B is near the 39% and cluster C the 35%.

Conclusion: Personality traits, dimensions and personality disorders seem to play an important role in the evolution of bipolar disorders.

The identification of these specific personality traits and the knowledge of the influence in the evolution of the illness are extremely important in the treatment and prevention of bipolar disorders.

P0134

Bipolar depression. Characteristics in a first episode of bipolar sample

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Background and Aims: Depression is highly recurrent in Bipolar patients, causes more disability than other manifestations of the illness and depressive symptoms predominate over manic and hypomanic symptoms. Our aim is to describe whether in our sample we can find some specific differences from the early course of the illness.

Methods: 33 patients meeting DSM-IV criteria of Bipolar Disorder I and II whose illness onset was less than 5 years from the first Manic/ hyponamic episode or/and less than 10years from the index depressive episode. Recorded variables included socio-demographic, clinical, treatment characteristics and scales (HRSD, YMRS, BPRS, GAF).Analysis was performed using SPSS Version 12.0.

Results: 57.6% were male, 42.4% female, mean age 34.42 years. 2 Patients (6.2%) were depressed when inclusion and 8.8% had had a depressive episode before were included in our Program.

The mean number of depressive episodes was 1.88 (SD 3.58). Only 1 patient had had self-harm intent. 15.2% has first degree family history of Unipolar depressive disorder and 20% of Bipolar disorder. 6.2% were hospitalized because a depressive episode.

Conclusions: We found less rates of depressive episodes than we found in the literature with less sub-syndromal and syndromal depressive symptoms than in routine bipolar population that could be explained by the short course of the illness in our sample. More research should be done to study bipolar depression in early phases to find predictors that help us to decrease the high impact it has in the disorder.

P0135

Development and evaluation of a new patient-reported instrument: The Bipolar functional status questionnaire

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