

living in urban area (82.4%), had low educational level (58.8%) and low income (64.7%).

The majority was bipolar type 1 (67.6%). The most recent episode was manic in 55.9% of cases, including psychotic features in 50% of cases. Subsyndromal affective symptoms were noted between episodes in 23.5% of them. The average MoCA score was 23.6. Cognitive disorders were found in 61.5% of patients, who showed impairments across all cognitive domains. The most frequent deficits were found in attention (100%) and executive functions (85.3%).

Cognitive dysfunction correlated to psychotic features during the last episode ($P=0.005$), subsyndromal affective symptoms between episodes ($P=0.13$), high number of mood episodes ($P=0.007$) and hospitalisations ($P=0.014$).

Conclusion Our study confirmed that cognitive dysfunction was frequent in older bipolar patients in Tunisia. Preventing mood episodes, screening for addictive and somatic co-morbidities, as well as cognitive rehabilitation, are suitable strategies for improving cognitive functioning among these patients.

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EW0034

First psychotic episode and predictors of bipolar disorder progression

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Introduction Many studies on the identification and early treatment of psychotic disorders have focussed less on a solution to the issue of the evolution of an acute psychosis.

Objective To identify some predictive elements of an evolution to bipolar disorder during a first psychotic episode.

Methods We proceed with a retrospective study concerning 55 patients having developed a first psychotic episode and admitted in the psychiatry B department during the period extending between January 2010 and December 2015. Data were collected on a predetermined questionnaire exploring the following items (socio-demographic data, personal and psychiatric family antecedent, prodromes and psychotic episode symptomatology).

Results Our sample was composed by 55 patients divided into 74% ($n=41$) men and 26% ($n=14$) women with a mean age of 26.5 ± 6.27 years. The evolution to a bipolar mood disorder concerned 22% of patients. The prodromal phase was always present. Prodromes correlated with progression to bipolar disorder are: thymic symptoms 44.1% of patients ($P=0.001$), modification of volition 42.9% ($P=0.05$), anger/irritability 66.7% ($P=0.032$) and sadness 83.3% of patients ($P=0.05$). Psychotic episode's symptoms correlated with the evolution towards a bipolar disorder corresponded to thymic symptoms. The latter was present in 44.1% of patients ($P=0.01$).

Conclusion Through our study, we were able to identify some factors positively correlated with a progression towards bipolarity during a first psychotic disorder. So it would be important to monitor closely and to educate our patients and their families about the evolutionary potential of a first psychotic episode.

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EW0035

Emotional face recognition in bipolar disorder

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Introduction Emotional face recognition is significant for social communication. This is impaired in mood disorders, such as bipolar disorder. Individuals with bipolar disorder lack the ability to perceive facial expressions.

Objectives To analyse the capacity of emotional face recognition in subjects diagnosed with bipolar disorder.

Aims To establish a correlation between emotion recognition ability and the evolution of bipolar disease.

Methods A sample of 24 subjects were analysed in this trial, diagnosed with bipolar disorder (according to ICD-10 criteria), who were hospitalised in the Psychiatry Clinic of Timisoara and monitored in outpatients clinic. Subjects were introduced in the trial based on inclusion/exclusion criteria. The analysed parameters were: socio-demographic (age, gender, education level), the number of relapses, the predominance of manic or depressive episodes, and the ability of identifying emotions (Reading the Mind in the Eyes Test).

Results Most of the subjects (79.16%) had a low ability to identify emotions, 20.83% had a normal capacity to recognise emotions, and none of them had a high emotion recognition capacity. The positive emotions (love, joy, surprise) were easier recognised, by 75% of the subjects, than the negative ones (anger, sadness, fear). There was no evident difference in emotional face recognition between the individuals with predominance of manic episodes than the ones who had mostly depressive episodes, and between the number of relapses.

Conclusions The individuals with bipolar disorder have difficulties in identifying facial emotions, but with no obvious correlation between the analysed parameters.

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EW0036

Treatment with risperidone vs. olanzapine in naturalistic study of bipolar manic inpatients

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Introduction There are very few comparative controlled trials of risperidone versus olanzapine in manic patients. No previous naturalistic study has compared the efficacy of these two antipsychotics in the natural environment of manic inpatients.

Objective The aim of this retrospective and naturalistic study was to evaluate the efficacy of acute treatment with risperidone vs. olanzapine in Bipolar I manic inpatients.

Methods (1) Patients: the study includes all the inpatients diagnosed with bipolar I manic episode (DSM-IV) who were admitted during the years 2009 to 2014. Patients treated with risperidone and olanzapine concomitantly ($n=6$) and patients not treated with risperidone or olanzapine ($n=129$) were excluded. The patients finally included ($n=183$) were separated in two groups:

- treated with risperidone ($n=89$);
- treated with olanzapine ($n=94$).

(2) The Student-T test was used to compare, between the groups, the mean of scores in YMRS and CGI-S scales and the mean of length of stay.

Results Baseline characteristics were similar between the groups. The majority of patients were also treated with mood stabilizers (46% with lithium and 45% with valproate).

The mean decrease in CGI-S scores from baseline to the day of discharge was significantly ($P < 0.003$) higher in the risperidone group (-2.81 vs. -2.36). The length of stay was significantly ($P < 0.004$) lower in the olanzapine group (mean of 23.03 days vs. mean of 30.3).

Conclusions (1) The CGI-S scores in manic patients treated with risperidone decreased more than in patients treated with olanzapine during admission. (2) The length of stay was significantly lower in patients treated with olanzapine.

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EW0037

Switching bipolar disorder patients treated with clozapine to another antipsychotic medication: A mirror image study

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Introduction Bipolar disorder (BD) is associated with periodic symptoms' exacerbations, leading to functional impairment, substance abuse, and increased risk of suicide and accidents. Clozapine has never been approved for the treatment of BD but it is used in severe episodes.

Aims The aim of the study is to evaluate the risks and benefits of switching remitted BD patients treated with clozapine to another antipsychotic medication.

Objectives We assessed the proportion of relapsed patients after switching clozapine, time until relapse, type of relapse and the number of admissions.

Methods This was an observational, mirror image study of 62 remitted BD outpatients treated with clozapine. Following a change in drug reimbursement rules by which clozapine was no longer reimbursable for patients with BD, 25 patients were switched to another antipsychotic and the rest of 37 continued on clozapine agreeing to pay treatment.

Results The mean score of CGI-BP at admission in study was in on both groups almost similar (2.3 vs. 2.4). After switching, a significant proportion of patients relapsed (77%), in 100% cases with a manic episode requiring hospitalisation. The mean YMRS score at relapse was significantly higher compared with the evaluation at the time prior to switching (31.78 (SD = 9.72) vs. 11.99 (SD = 7.29), $P < 0.01$).

Conclusions Despite the limitations of this naturalistic study, the results suggest that switching from clozapine to another antipsychotic may increase the risk of relapses in remitted patients with BD. The risks, costs and consequences of symptoms exacerbation should be weighed against the quest to control pharmacy costs.

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EW0038

Treating cognitive impairments in bipolar disorders: New leads in the cognitive remediation field

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Cognitive deficits have been overlooked in bipolar spectrum disorders, despite their significant impact on patients' quality of life. Indeed, nearly sixty percent of stabilized bipolar patients suffer from major cognitive impairments that impede their everyday life functioning. Without proper care, these impairments remain throughout lifespan and increase with hospitalisations, social isolation or pharmacological treatments. Cognitive remediation is a cost-effective tool well accepted by patients and caregivers that has proven its efficacy for treating cognitive impairments in several disorders such as schizophrenia. However, for bipolar disorders, this psychosocial intervention based on brain plasticity is still in its early stages. After depicting the state of the art on cognitive impairments and cognitive remediation in mood disorders, we will introduce the ECo program that was specifically designed for bipolar disorders. We will then present the preliminary results ($n = 18$) of a double-blind randomised controlled study that assessed the effect of this program on cognitive impairments and psychosocial functioning, at short term and long term (three and nine months). First results support the hypothesis of a positive impact of the ECo cognitive remediation program on bipolar patients' neuropsychological functioning, self-efficacy and quality of life. Cognitive remediation may be a promising tool for bipolar disorders that meets the needs of patients, their caregivers and the community.

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EW0039

Bipolar disorder and cannabis

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Introduction People with bipolar disorder frequently struggle with substance abuse and dependence. Typically, cannabis is the most commonly abused drug in individuals with bipolar disorder. Some investigators have implied that cannabis may actually be mood stabilizing in patients with bipolar disorder. However, the relationships between cannabis use and bipolar disorders are complex and remain incompletely described.

Objective The aim of this study was to identify the characteristics of addiction to cannabis in bipolar patients type I and determine the consequences of cannabis on the expression of bipolar illness and prognosis.

Methods This is a comparative cross-sectional study which included patients followed in the psychiatry department of the G Razi hospital for bipolar disorder type I and for substance dependence according to DSM IV diagnostic criteria. Hetero-questionnaire on sociodemographic variables, clinical and treatment.

Results The average age was 41 years. The average hospital stay was 9.18 days. 33.33% of patients were monitored regularly. Most patients were single and worked as a day labourer. Cannabis was the most consumed substance. Cannabis use was prior to the expression of psychiatric illness in 55% of cases. The average number of hospitalisation in patients with a cannabis addiction was significantly greater than that observed in the non-addicted group.