Objectives Several studies have shown effect of CBT for HA-patients. However, these effects have been short or immediate after therapy. To our knowledge no studies have examined long-term effect of CBT for HA over 18 months.
Aims To investigate the long-term effect of CBT on HA, focusing on level of HA, quality of life, subjective health complaints and general anxiety. Follow-up time was at least 10 years. Our hypothesis was that the effect was sustained.
Methods Patients with HA received 16 sessions of CBT over a period of 12–18 months, and were followed up over at least 10 years. All patients fulfilled criteria for F45.2, hypochondriacal disorder according to ICD-10.
The patients answered several questionnaires, exploring areas such as HA, Quality of life, somatization, and mental health problems. Questionnaires were answered before CBT, after CBT and at follow up. Mixed model analysis was performed in SPSS 23.0 for all questionnaires.
Results All scores were found to be significant in the Pre-CBT–Post-CBT and Pre-CBT–FU (0.034– < 0.001), and none were found to be significant in the Post-CBT–FU.
Conclusions Our findings suggest that for the majority of patients with HA, CBT has a significant and lasting long-term effect. This effect lasts up to ten years post therapy.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1887

e-Poster walk: Bipolar disorders - part 1

EW0019

Metabolic syndrome in patients with bipolar disorder treated with atypical antipsychotics, their first-degree relatives and control group

S. Arya [1,*], H. Ahmadkhaniha [1], B. Arya [2]
[1] *Iran University of Medical Sciences, Mental Health Research Center, Tehran, Iran*
[2] *Golestan University of Medical Sciences, Department of General Surgery, Gorgan, Iran*
[*] *Corresponding author.*

Introduction and objective Patients with serious mental illness have lower life expectancy and higher prevalence of metabolic syndrome compared to normal population. Although, we have little evidence about their first-degree relatives.
Aims To compare metabolic syndrome in patients with bipolar disorder treated with atypical antipsychotics, their first degree relatives and healthy subjects in two age groups: under and over 40.
Methods This cross-sectional study was conducted on 100 patients with bipolar disorder treated with atypical antipsychotics, 50 first degree relatives and 135 healthy subjects. The prevalence of metabolic syndrome was assessed based on National Cholesterol Education Program (NCEP).
Results Under the age of 40, the prevalence of metabolic syndrome was 15.4% in patients with Bipolar disorder, 17.6% in first degree relatives and 7% in healthy subjects. Systolic blood pressure was significantly higher in bipolar disorder patients ($P = 0.004$). In those over 40, the prevalence of metabolic syndrome was 31.8% in patients with bipolar disorder, 33.3% in first-degree relatives and 32.8% in healthy subjects. Serum levels of HDL were significantly lower in bipolar disorder patients ($P = 0.002$).
Conclusion Patients with bipolar disorder and their first-degree relatives have greater chance for cardiovascular disease due to higher metabolic syndrome. Further investigations are needed for evaluating serious mental illness patients and their relatives.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1888

EW0020

The effect of long-term lithium treatment on renal functions in patients with bipolar disorder

B. Ayik [1,*], S. Çakır [1], H. Yazıcı [2], S. Karabulut [1]
[1] *Istanbul Faculty of Medicine, Psychiatry, Istanbul, Turkey*
[2] *Istanbul Faculty of Medicine, Nephrology, Istanbul, Turkey*
[*] *Corresponding author.*

Introduction The effect of lithium on tubular functions leading to decreased urinary concentrating ability is recognized. Although there are several studies type, severity and frequency of renal impairment and its correlation with duration of lithium therapy are not well established.
Objectives To explore long-term effects of lithium on patients with chronic bipolar disorder.
Aims We aimed to assess patients with bipolar disorder using lithium at least for six years in terms of renal functions, starting from mild impairments to full blown chronic renal failure.
Methods Fifty-one patients with bipolar disorder and 38 age and sex matched healthy controls were enrolled for the study. Serum BUN, creatinine, uric acid, electrolytes, calcium (Ca), phosphorus (P), vitamin D (25-OH D3) and eGFR levels were measured. The correlations between renal function and mean lithium levels, duration of lithium treatment and GAF scores were calculated.
Results Mean eGFR level of patients with bipolar disorder was significantly lower than that of controls. Serum creatinine, uric acid, Ca and PTH levels were higher, 25-OH D3 levels were lower in the patients than in controls. The duration of lithium treatment was positively correlated with serum creatinine and uric acid levels, negatively correlated with eGFR levels. Mean lithium levels were positively correlated with serum creatinine levels and negatively correlated with eGFR.
Conclusions The study revealed that glomerular functioning of the patient group was significantly lower than that of the control group. The findings suggested that both duration of lithium treatment and high serum lithium levels may have a negative impact on glomerular functions.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1889

EW0021

Protocol for developing and validating a multivariable prediction model to individualize the risk of recurrence of bipolar disorder in the perinatal period

M. Casanova Dias [1,*], I. Jones [1], A. Di Florio [1], L. Jones [2], N. Craddock [1]
[1] *Cardiff University School of Medicine, MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff, United Kingdom*
[2] *Institute of Health & Society, Worcester University, Worcester, United Kingdom*
[*] *Corresponding author.*

Introduction For women with bipolar disorder, childbirth is a high-risk period with 40–50% experiencing a recurrence and 20% developing a severe episode of postpartum psychosis. Bipolar episodes in the perinatal period affect women and their families.

Managing bipolar disorder in pregnancy and postpartum is a challenge. There is lack of literature to inform that and an urgent need for more data.
Objectives To develop and validate a risk prediction model for individual prognosis of the risk of recurrence of bipolar disorder for women in the perinatal period.
Aims To provide evidence-based information to help women and the clinicians that look after them make decisions about their care, taking into account the most recent scientific knowledge and their individual characteristics.
Methods The development of the model will be done in retrospective data from a large clinical cohort from the Bipolar Disorder Research Network (BDRN.org). The validation will be done in a prospectively recruited sample.
Participants will be 2181 parous women with a lifetime diagnosis of bipolar disorder from BDRN and 300 prospectively recruited pregnant women with a history of postpartum psychosis or bipolar disorder.
Predictors will be chosen based on clinical experience and literature, from data collected via semi-structured interview (in pregnancy and 3 months postpartum, medical and psychiatric notes) e.g. medication, smoking, parity, obstetric complications and sleep.
Results N/A.
Conclusions We will present the full prediction model (regression coefficients and model intercept) and report performance measures (with CIs).
We will discuss its potential clinical use and implications for future research.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1890

EW0022

Review of risk prediction approaches for bipolar episodes in the perinatal period

M. Casanova Dias [1,*], I. Jones [1], A. Di Florio [1], L. Jones [2], N. Craddock [1]
[1] *Cardiff University School of Medicine, MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff, United Kingdom*
[2] *Institute of Health & Society, Worcester University, Worcester, United Kingdom*
* *Corresponding author.*

Introduction The perinatal period is a high-risk period for the development of illness episodes in women with bipolar disorder. Relapse rates vary between 9 and 75% depending on the study. The overall risk of a severe episode is approximately 20%. The impact on women, the relationships with their babies and their families can be devastating. In the UK costs to society are £8.1 billion per year-cohort of births. The advice currently given to women is based of general risk rates. Women's needs of information for decision-making in the perinatal period are not being met.
Objectives To review the risk prediction approaches used for women with bipolar disorder in the perinatal period.
Aims To understand the existing risk prediction models and approaches used for prognosis of the risk of recurrence of bipolar disorder for women in the perinatal period.
Methods Systematic literature search of public medical electronic databases and grey literature on risk prediction for bipolar episodes in the perinatal period.
Results We will present the existing models and approaches used for risk prediction of illness episodes in the perinatal period.
Conclusions Awareness of existing risk prediction models for recurrence of bipolar disorder in the perinatal period will allow better informed risk-benefit analysis of treatment and management options.
This person-centred approach will help women and clinicians in their decision-making at this crucial high-risk period.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1891

EW0023

Physical health in early and late stages of bipolar disorder

M.P. García-Portilla [1,*], L. de la Fuente-Tomás [1], L. García-Álvarez [2], P. Sierra [3], B. Arranz [4], M. Sánchez [5], G. Safont [5]
[1] *University of Oviedo, Psychiatrist, Oviedo, Spain*
[2] *CIBERSAM, Psychiatrist, Oviedo, Spain*
[3] *Hospital La Fe, Psychiatrist, Valencia, Spain*
[4] *Fundación San Juan de Dios, Psychiatrist, Barcelona, Spain*
[5] *Hospital Mutua de Terrassa, Psychiatrist, Barcelona, Spain*
* *Corresponding author.*

Introduction Bipolar disorder (BD) is related to high prevalence of somatic comorbidities, health care costs, and premature mortality [1]. Some evidence supports the view of BD as chronic, progressive and multisystem disorder in which not only mental system, but also somatic systems are involved [2].
Aim To investigate differences in physical health in patients with bipolar disorder at different stages (early vs. late) of the disease.
Methods Cross-sectional, naturalistic, multicenter study. Sample: 110 outpatients with BD [68 early stage (diagnosed at least 5 years earlier) and 42 late stage (at least 20 years earlier)]. Assessment: demographic and clinical variables; psychopathology: HDRS, YMRS and CGI; biological information: anthropometric, vital signs and lab results.
Results Early stage group: mean age 40.1 (11.9), 66.2% females and CGI = 3.6 (1.4). Late stage group: mean age 55.8 (8.2), 69.0% females and CGI = 4.0 (1.4). Patients in early stage have significantly higher levels of glucose ($t = -4.007$, $P < 0.001$), urea ($t = -2.724$, $P = 0.008$), creatinine ($F = 0.560$, $P = 0.022$), triglycerides ($t = -3.501$, $P = 0.001$), Fe ($t = 2.871$, $P = 0.005$) and insulin ($t = -3.223$, $P = 0.002$). Moreover, they have higher Body Max Index (BMI) ($t = -3.728$, $P < 0.000$), abdominal circumference ($t = -4.040$, $P < 0.000$) and greater number of somatic comorbidities ($t = -2.101$, $P = 0.041$).
Conclusions – patients with bipolar disorders in late stages have worse physical health than those in early stage.
– these results could be an indication that bipolar disorder might better viewed as a multisystem disorder.
Disclosure of interest The authors have not supplied their declaration of competing interest.
References

[1] Kleine-Budde K, et al. Cost of illness for bipolar disorder: a systematic review of the economic burden. Bipolar Disord 2014;16(4):337–53.
[2] Leboyer M, Soreca I, Scott J, et al. Can bipolar disorder be viewed as a multi-system inflammatory disease? J Affect Disord 2012;141(1):1–10.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1892

EW0024

The late-onset bipolar disorder: A comparative study

C. Derbel [*], R. Feki, S. Ben Nasr, S. Bouhlel, B. Ben Hadj Ali
CHU Farhat Hached, Psychiatry, Sousse, Tunisia
* *Corresponding author.*

Introduction Bipolar disorders (BP) with late onset are underestimated by their frequency, their misleading presentations and therapeutic difficulties due to the high prevalence of somatic comorbidities.