Introduction Psychiatric symptoms are common among brain tumor patients. Meningiomas are the most common benign brain tumors accounting for 13 to 26% of all intracranial tumors and might present exclusively with psychiatric symptoms. To diagnose a manic episode according to DSM-5 criteria the episode must not be attributable to the physiological effects of a substance or to another medical condition.
Objectives/aims Describe a case of first manic episode with a frontal meningioma along with a brief review of available literature.
Methods The case we report is based on information collected from interviews with the patient and the family members as well as from the clinical files. The literature review was performed using the PubMed database.
Results We describe the case of a 58-year-old woman presenting with symptoms of a first manic episode with psychotic features. There were no previous hypomanic or major depressive episodes. In order to exclude organic causes a brain CT scan was performed that revealed a possible frontal lesion. A brain MRI confirmed the presence of a frontal meningioma with an approximate diameter of 1.4 cm.
Conclusions The majority of the cases described in the literature refer to large tumors presenting with major depressive symptoms. Given the absence of similar cases in the literature, it seems unlikely that such a small benign lesion may cause a manic episode with psychotic features. Nevertheless, we cannot exclude that possibility.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV206

Differences in plasma concentration of acylethanolanydes and acylglycerols in paired samples of bipolar patients and first- and second-degree relatives

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Introduction Endocannabinoid System (ECS) has been highlighted as one of the most relevant research topics by neurobiologists, pharmacists, basic scientists and clinicians (Skaper and Di Marzo, 2012). Recent work has associated major depressive disorder with the ECS (Ashton and Moore, 2011). Despite the close relationship between depression and bipolar disorders, as far as we know, there is no characterization of ECS and congeners in a sample of patients with bipolar disorders.
Aims and objectives The objective of this work is to characterize the plasma levels of endocannabinoids and congeners in a sample of patients with bipolar disorders.
Method The clinical group was composed by 19 patients with a diagnosis of bipolar disorders using SCID-IV (First et al., 1999). The control group was formed by 18 relatives of first- or second-degree of the patients.
The following endocannabinoids and congeners were quantified: N-palmitoleoylethanolamide (POEA), N-palmitolylethanolamide (PEA), N-oleoylethanolamide (OEA), N-stearoylethanolamide (SEA), N-arachidonoylethanolamide (AEA), N-dihomo-γ-linolenoylethanolamide (DGLEA), N-docosatetraenoylethanolamide (DEA), N-linoleoylethanolamide (LEA), N-docosahexaenoylethanolamide (DHEA), 2-arachidonoylglycerol (2-AG), 2-linoleoylglycerol (2-LG), and 2-oleoylglycerol (2-OG).
Results The result showed statistically significant lower levels of AEA, DEA and DHEA in clinical sample. Previous research also identified lower levels of AEA in depressed women (Hill et al., 2008, 2009). Until date, it is unknown if DEA and DHEA have some effect on EC receptors, and whether they have some direct effects on endocannabinoids.
Conclusions It would be necessary to carry our other research with a larger sample, which could allow the control of potential confounding variables.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV210

Evolution of bipolar disorder in dual pathology

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Introduction The substance use is common among people with a diagnosis of bipolar disorder. In addition, alcoholism and bipolar disorder coexist with a high frequency. This association is higher in men than in women, and this consumption is the factor that most strongly influences the hospitalization.
Objectives To analyze the clinical, epidemiological, diagnostic approach and evolution of bipolar disorder and alcoholism.
Methods Review of the subject on recent articles of alcoholism in bipolar disorder.
Results The stages of mania associated with alcohol consumption up to 40% of cases and are more common at this stage that in depressive. This association is greater than that which occurs between alcoholism and schizophrenia or depression. Patients with bipolar disorder who have mixed and irritative states and those with rapid cycling have a prevalence of alcohol consumption and substance use higher than those who do not use substances. It has also been observed that the consumption of alcohol and substance use can change the symptoms of mania and turn them into a mixed state symptoms. It also states that rapid cycles can be precipitated by increased alcohol consumption during rotation from mania to depression.
Conclusions The association of bipolar disorder with addictive behaviors is a factor that worsens the prognosis and comorbid alcohol itself is associated with a poor prognosis. Close monitoring of bipolar patients and especially in those who consume alcohol is very important.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV212

Assessing risky sexual behavior among patients with bipolar disorder in euthymic period

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Introduction Risky sexual behaviors are typically seen in patients with bipolar disorder, especially during the manic phases.
Disinhibition, impulsivity and risk taking expose these patients to unplanned pregnancies and sexually transmitted infections.
However, there is a lack of studies regarding these behaviors in stabilized bipolar patients during euthymia.

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Objectives The objective of this study was to look for a risky sexual behavior by evaluating sexual knowledge and sexual behavior of patients with bipolar disorder in the euthymic phase.
Methods We conducted a descriptive cross-sectional study including 30 patients diagnosed with bipolar disorder I or II (DSM-IV).
Data were obtained through a semi-structured interview evaluating the following: sexually transmitted infections, condom use, multiple sexual partners, sex under the influence of drugs or alcohol, and prostitution.
The Young Mania Scale and the Hamilton Depression Scale were used for clinical assessment.
Results The preliminary results suggest a lack of knowledge leading to a tendency to risky sexual behavior in both male and female, married and unmarried patients.
Conclusions Patients with bipolar disorder are exposed to risky and unsafe sex because of the clinical features of their disease and associated comorbidities.
Prevention and awareness of sexual risks are unavoidable in the management of these patients.
Disclosure of interest The author has not supplied his declaration of competing interest.

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EV213

Prevalence of insulin resistance and diabetes mellitus type II in bipolar disorders

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Introduction Bipolar disorder (BD) is associated with high morbidity and mortality. Patients are symptomatic almost half of their lives and experience significant disability. One subtype of BD is associated with a more chronic course, refractoriness to treatment and poor outcome. Diabetes mellitus type 2 (T2D) and insulin resistance (IR) have been identified as risk factors for this more severe form of BD.
Objectives and aims We investigated the rates of IR and T2D in patients with BD and whether this comorbidity is associated with specific clinical features of BD such as rapid cycling or treatment resistance.
Methods IR and T2D were screened in patients with BD types I or II, who were on stable treatment with mood stabilizers. The response to treatment was assessed by means of the Alda scale.
Results In a preliminary sample, we made a new diagnosis of IR in 40% of patients. The 1% of this sample had a diagnosis of T2D. The treatment response was worse in BD patients with comorbid IR or T2D as compared to those without metabolic abnormalities.
Conclusions These findings show that IR and T2D have high prevalence in BD patients and have negative impact on treatment response.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV214

First episode of bipolar depression after systemic lupus erythematosus in a 51-year-old woman

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Introduction Systemic lupus erythematosus (SLE) is a multisystem disease with a broad spectrum of clinical features and neuropsychiatric manifestations that occur in up to 60% of patients. Disease activity and treatment with corticosteroids may contribute to this higher risk. It is also known that 36% of patients with SLE and comorbid Bipolar Disorder (BD) have had their psychiatric onset after they had been diagnosed with SLE.
Method Single case report.
Results A 51-year-old woman received a diagnosis of SLE 24 months before the beginning of depressive symptoms. After her diagnosis of SLE, seven years ago, she had three suicide attempts, being diagnosed with major depressive disorder. From them on, she had crises characterized by well-defined periods of 7 to 10 days with sadness, reduced need for sleep, social isolation, irritability, anger outbursts, impulsivity, racing thoughts and suicidal ideation. After treatment with mood stabilizers (quetiapine 300 mg/day and lithium 600 mg/day), she had a substantial reduction of symptoms intensity and frequency.
Conclusion The link between immune dysregulation, autoimmunity and bipolar disorder may be closer than previously thought. Even if the autoimmune disease is not directly etiologically related to the psychiatric presentation, its detection is important due to the high morbidity and mortality, considering the current understanding that Bipolar Disease is strongly related with inflammation in central nervous system.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV215

A major depression or a bipolar disorder type 2? A cased-focussed psycopathological and psychophysiological challenge for a resident

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A 41-year-old woman is diagnosed with a major depression after a few weeks of having been operated of a stomach reduction (bariatric surgery). She goes into old antidepressant medication for a few weeks with an increasing worsening of her state, at the point she is sent to the emergency room with high irritability, intense agitation, suicide thoughts as the highlight symptoms of what we think to be a mixed episode of a bipolar disorder and how we orient the case during hospitalization. The patient follows both public and private psychiatric services and after discharge from acute hospitalization, still with residual depressions symptoms, her private psychiatrist substitutes the given treatment, including mood stabilizers, by only antidepressants. Two weeks after discharge from the hospital, the patient is relocated to our partial hospitalization resource. During her stay in our resource, we decide to keep the new treatment and diagnosis and increase the dosage of one of the antidepressants, which immediately yields to hypomania symptoms, at what we conclude that our patient is better treated as a bipolar type II with a mood stabilizer and low doses of an SRI. We find this to be an interesting case in the both psychopathological and psychophysiological point of view. To understand the case beyond clinical diagnosis, we discuss profoundly whether the bariatric surgery may have a role as a trigger.
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