

(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.