

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 acylethanolamides 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-palmitoleylethanolamide (POEA), N-palmitylethanolamide (PEA), N-oleylethanolamide (OEA), N-stearylethanolamide (SEA), N-arachidonylethanolamide (AEA), N-dihomo- γ -linolenylethanolamide (DGLA), N-docosatetraenylethanolamide (DEA), N-linoleylethanolamide (LEA), N-docosahexaenylethanolamide (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.