Background Studies have shown that beliefs, attitudes and knowledge towards bipolar disorder are influenced by country-specific social and cultural factors. Our study aims to improve and assess public beliefs, knowledge and attitude towards bipolar disorder in Pakistan.
Methods We targeted 500 population. A questionnaire was organized into four sections in order to investigate knowledge about bipolar disorder, attitudes and beliefs, treatment options and fighting stigma and help seeking attitudes.
Results Of the 500 participants, 28% people were aware of exact definition of bipolar disorder. A widespread belief (85%) was that people suffering from bipolar disorder should avoid talking and telling about their illness. According to 50% respondents people experiencing bipolar disorder "are dangerous to others", 68% population viewed it as a result of black magic. Sixty-five per cent thought that the best way to recover from bipolar disorder consisted in seeking help from Psychiatrist. Twenty per cent thought to take help from religious people and shrines. Most of people seemed convinced that drugs are addictive (70%) and may cause serious side effects (80%).
Conclusions Mental health illness including bipolar disorder can be improved by the positive influence of education, employment availability, respect, social support, rehabilitative services, justice and equity. Lack of education, stigmatization, and cultural norms are the leading barriers towards.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0028

Association between HbA1c and number of episodes in individuals with bipolar disorder

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Introduction Bipolar disorder (BD) is associated with an impaired glucose metabolism (IGM) leading to diabetes mellitus Type II (DM). DM influences the medical state of BD individuals and leads to increased mortality. However, there is evidence that IGM is associated with psychiatric symptoms, as well.
Aim The study aimed to investigate the association between IGM and number of episodes and their ratio in individuals with BD, separated for gender.
Methods HbA1c levels from fasting blood were measured of 162 individuals (46% females) with BD. Furthermore, clinical parameters e.g. number of depressive and (hypo)manic episodes were gathered.
Results After adjustment for illness duration and BMI there was a positive correlation in male individuals between HbA1c and number of depressive ($M = 13.86$, $SD = 14.67$; $r = .308$, $P < 0.05$) as well as (hypo)manic episodes ($M = 17.23$, $SD = 24.24$; $r = 0.263$, $P < 0.05$). There was no association in females as well as between HbA1c levels and ratio of episodes.
Conclusion Associations between HbA1c and number of episodes in male individuals with BD were found. As there are correlations between IGM and somatic co-morbidities as well as the course of illness the treatment of glucose metabolism is important in BD. However, number of episodes might have an impact on the glucose metabolism due to inflammation processes, but further investigations have to focus on the direction of the found correlation. As gender differences are known in different pathways, they should be considered in research, diagnosis and therapy.
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EW0029

Gender difference among admitted patients with bipolar disorder in a psychiatric service during a three-year period

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Introduction Gender differences in bipolar disorder are becoming apparent, but have been less studied compared with major depression. The presentation, clinical features, course and evolution of bipolar disorder differ between men and women. Research data on these differences will help determine whether gender is important in influencing illness variables.
Objectives Determine whether men and women with bipolar disorder have statistical significant differences in socio-demographic and clinical data.
Methods Charts of all patients with a diagnosis of bipolar disorder admitted in the Coimbra Hospital and Universitary Center over a three-year period (between 2013 and 2015) were reviewed to gather data on socio-demographic, clinical and psychopathological variables to assess differences across genders. Statistical analysis of data with "SPSS21".
Results During a three-year period, 189 patients were admitted with bipolar disorder, the majority were female patients, with ages between 21 and 84 years old. The authors will analyse if there is any statistical significant difference between gender in the rate of bipolar I or II diagnoses, age at onset, symptom presentation, delay in diagnoses, number of depressive, or manic episodes, hospitalisations, involuntarily admissions, number of suicide attempts, co-morbidity rates, negative life events, family history and treatment options. Sociodemograpic characteristics will also be analysed.
Conclusion Gender differences in bipolar disorder is a controversial issue in the literature. The importance of gender on the course and outcome in bipolar disorder has been widely acknowledged. The limited data suggest that the prevalence is similar between sexes but that the course of illness may be different.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0030

Epidemiological and clinical variables related with the predominant polarity on bipolar disorder: A systematic review

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Introduction Type I and type II classification of bipolar disorder (BD) may not provide useful information to the clinician regarding epidemiological and clinical correlates.

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New classifications have recently been proposed, such as the Predominant Polarity (PP) classification, which is based on the tendency of the patient to relapse in the manic (Manic Predominant Polarity [MPP]) or the depressive (Depressive Predominant Polarity [DPP]) poles along the course of the disease.
Objectives To explore the epidemiological and clinical correlates of PP.
Methods We performed a search of the PubMed and Web of Science databases up to June 1st 2016, using the keywords "bipolar disorder", "polarity" and "predominant polarity".
Results The initial search identified 1598 articles. Only 17 articles met inclusion criteria. Factors associated with MPP are manic onset, history of drug abuse and a better response to atypical antipsychotics and mood stabilizers. Meanwhile DPP is associated with depressive onset, more relapses, longer acute episodes, and a higher risk of suicide. Moreover, delay until diagnosis, mixed episodes and comorbid anxiety disorders are more prevalent in DPP patients, whose treatment often involves quetiapine and lamotrigine.
Limitations Few prospective studies. Variability of results.
Conclusions PP classification may be useful for the clinical management of BD. Further research in this field is needed. Future research should use standardized definitions and more comparable methods.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0031

Late onset bipolar disorder: Clinical characterization

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Introduction Bipolar disease is a chronic mental illness with a deep personal and social impact. Alongside with the considerable progress in understanding and treating bipolar disorder, and despite the growing interest in geriatric psychiatry, late onset bipolar disorder has been relatively little studied so far.
Objectives To review the literature regarding the epidemiology, characteristics and clinical implications of late onset bipolar disorder.
Methodology A literature review was performed by searching articles in Pubmed, using the following search terms: "late onset bipolar disorder" and "elderly bipolar disorder". All literature in English published in the last 15 years was examined and 11 articles were selected.
Results Although the frequency of bipolar disorder type 1 or 2 decrease with age, approximately 6 to 8% of the new cases of bipolar disorder develop in people over 60 years of age. Clinically, late-onset bipolar disorder appears to be associated with a better level of pre-morbid functioning, a less severe psychopathology as well as a smaller family burden of psychiatric illness. The term "secondary mania" postulated by Krauthmamer Klerman has been used to describe a bipolar disease variant associated with a variety of organic factors that may be responsible for this late-onset disease.
Conclusions Late onset bipolar disorder is probably a different diagnostic than the entity that occurs in younger patients, since it presents with a different clinical presentation. It is a heterogeneous disease with a complex etiology that still needs more research.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0032

High cognitive reserve in bipolar disorders as a moderator of neurocognitive impairment

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Background Cognitive reserve (CR) reflects the capacity of the brain to endure neuropathology, minimize clinical manifestations and successfully complete cognitive tasks. The present study aims to determine whether high CR may constitute a moderator of cognitive functioning in bipolar disorder (BD).
Methods One hundred and two patients with BD and 32 healthy controls were enrolled. All patients met DSM-IV criteria for I or II BD and were euthymic (YMRS $\leq$ 6 and HDRS $\leq$ 8) during a 6-month period. All participants were tested with a comprehensive neuropsychological battery, and a Cerebral Reserve Score (CRS) was estimated. Subjects with a CRS below the group median were classified as having low CR, whereas participants with a CRS above the median value were considered to have high CR.
Results Participants with BD with high CR displayed a better performance in measures of attention (digits forward: $F = 4.554$, $P = 0.039$); phonemic and semantic verbal fluency (FAS: $F = 9.328$, $P = 0.004$; and Animal Naming: $F = 8.532$, $P = 0.006$); and verbal memory (short cued recall of California Verbal Learning Test: $F = 4.236$, $P = 0.046$), after multivariable adjustment for potential confounders, including number of admissions and prior psychotic symptoms.
Conclusions High cognitive reserve may therefore be a valuable construct to explore for predicting neurocognitive performance in patients with BD regarding premorbid status.
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EW0033

Cognitive function in older euthymic bipolar patients

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Objectives To assess cognitive function in older euthymic bipolar patients. To investigate the relationship between cognitive disorders and clinical features in this population.
Methods We conducted a cross-sectional study during the period from August to November 2015. It included 34 stable bipolar outpatients, aged at least 65 years. We used the Montreal Cognitive Assessment (MoCA) to screen for cognitive disorders. Our patients were clinically euthymic, as checked by the Hamilton depression scale and the Young mania scale.
Results The sex ratio was 1. The mean age of our patients was 68.2 years. Most of them were married (82.4%), unemployed (55.8%),