of anxiety in young adult offspring. However, maternal depressive symptoms were not associated with an increased risk of anxiety in the offspring. The findings suggest the potential for targeted screening and intervention of anxiety problems in the offspring.

Disclosure: No significant relationships.
Keywords: Anxiety; depression; mental healath problem. offspring; parent

EPV0027

Valproate induced encephalopathy: Paradigm of normal ammonia levels

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Introduction: Valproic Acid (VPA) is one of the most commonly used mood stabilizer drugs. Although uncommon, serious adverse effects have been reported. One particularly relevant side effect is the induced encephalopathy, usually secondary to Hyperammonemia. However, some descriptions have shown an altered mental state with normal serum levels of ammonia.
Objectives: We aim to present a case of VPA induced-encephalopathy without hyperammonemia and emphasize its suspicion when patients taking VPA present altered mental states.
Methods: We present a clinical case of VPA induced-encephalopathy without Hyperammonemia and a qualitative review of this topic using the Pubmed database.
Results: A 66-year-old woman, with an history of Major Depressive Disorder, previously medicated with Venlafaxine 75mg/day and Mirtazapine 30mg/day, was admitted in our acute psychiatric inpatient unit due to a first manic episode. During the stay, her antidepressants were interrupted, and she was started on VPA, then optimized to 750mg/day. After that, she presented an altered mental state with confusion and prostration. Analytical results were normal including normal ammonia levels and no imagiological abnormalities. Despite these results, we decided to stop VPA empirically. The patient clinical status resolved the day after.
Conclusions: Studies have shown that only a few patients have developed encephalopathy with normal serum levels of ammonia. Although the pathogenesis behind this remains unknown, a few mechanisms have been proposed. Therefore, it is important to remind that even without abnormal analytical status, VPA is a possible cause of encephalopathy. We also emphasize the need for further studies on the mechanisms behind this phenomenon.

Disclosure: No significant relationships.
Keywords: Normal Ammonia levels; Valproate; Mood stabilizer; Encephalopathy

EPV0028

Pontine hemorrhage as beginning of bipolar disorder or organic mania. A case report

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Introduction: Published evidence describes the appearance of manic episodes in patients who suffer localized brain lesions with no prior psychiatric history.
Objectives: A case report is presented alongside a review of the relevant literature regarding the relationship between Bipolar disorder and strokes.
Methods: We present the case of a 54-year-old man who, after suffering a pontine hemorrhage, developed a depressive mood for which he was treated with Sertraline 50 mg. The following month the patient developed hypomanic mood, disinhibition, insomnia and megalomaniac ideation. He was treated with Risperidone 2 mg and the antidepressant was withdrawn. The symptomology disappeared shortly after but a few months later he developed a major depressive disorder (inhibition, ideas of ruin and guilt, low mood, decreased intake and daily activities…). He was treated again with antidepressants (Citalopram 30mg) and lithium was introduced in the absence of a total response.
Results: Mania secondary to brain lesions has been observed in multiple studies, where an association is made mainly with lesions at the frontal, temporal, subcortical limbic brain areas and in lesions causing hypofunctionality on the right side. Most of the cases described occurred in male patients with no prior psychiatric record and with associated vascular risk.
Conclusions: It is important to carry out an exhaustive medical history to be able to identify the cases of secondary mania so as not to ignore the underlying neurological condition in the approach.

Disclosure: No significant relationships.
Keywords: bipolar disorder; stroke; secondary mania

EPV0029

A first manic episode in an elderly patient

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Introduction: The bipolar disorder is characterized by instability mood. It normally happens in the middle-aged. In elderly patients with a first manic episode, you have to dismiss organic pathology.
Objectives: To present an elderly patient with a first manic episode
Methods: A descriptive study of a clinical case and literature review
Results: A 67-year-old man, married. Consulted Mental Health 5 years ago, about low mood after his early retirement. With no psychiatric treatment. Somatic antecedents: Acute myocardial infarction, hypertension and dyslipidemia. Came to the hospital accompanied by his son-in-law presenting rapid speech and thinking, bright clothing, risky behaviour, irritability, grandiosity delirationideas and less sleep; being necessary a hospital admission. Blood and urine analysis: with no abnormalities. No toxics in the urine. Asenapine 20mg and Lorazepam 3mg were prescribed with clinical improvement. Brain CT: with no abnormalities. After that, Lithium 400mg per day was prescribed to avoid the induction of

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depression. Clinical judgement: manic episode. Bipolar disorder Type I

Conclusions: After dismissing somatic causes, the symptomatic treatment of a manic episode in older patients is on the same lines as the treatment for mania in young adults. 8-10% of psychiatric inpatients over age 55-60 years are diagnosed with bipolar disorder. Since there is an increase in the number of individuals living longer, an expected increase in the number of older adults who will be diagnosed with bipolar disorder. Older adults with bipolar disorder will increase in absolute numbers as well as the proportion of the general populations.

Disclosure: No significant relationships.

Keywords: bipolar disorder; elder patient; first episode; manic

EPV0030

Bipolar disorder, cardiac comorbidity and therapeutic impasse: A case report

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Introduction: BipolarDisorders (BD) are regarded as a multidimensionaldiseaseinvolvingbothpsychological and physicaldeterminants. Althoughmood dimension andthymicinstability areconsidered as the « core » aspect of bipolardisorders, itis crucial to note thatsomaticproblemsfrequentlyoccur in BD,deeplyworsening the prognosis.

Objectives: Herewedescribea case of atwentyyearshistory of psychiatricimpairment, diagnosedlaterwithcardiac malformation.

Methods: Female patient H.G has been admitted for the first time to psychiatric department 'A' of Razi Hospital,treated for type 1 bipolar disorder since 2004 with poor therapeutic compliance. We reviewed the clinical and paraclinical data.

Results: The patient was hospitalized for a severe manic episode with psychotic features, without cardiac personal history. The patient was asymptomatic and physical examination showed no abnormalities. Following a routine electrocardiogram, an acute coronary syndrom was discovered (inverted T waves seen in V1 to V6). Cardiac troponins were not elevated. According to cardiology recommandations, ischemic heart disease could not be ruled out and extensive cardiovascular investigations were needed. Antipsychotics and mood stabilizors were contraindicated.Therefore, the manic episode could only be managed using benzodiazepines. Given contradictions between clinical, electrocardioagraphic and imaging findings,coronary angiography was necessary. Results showed no significant stenosis of coronary arteries and a myocardial bridging of the left anterior descending artery and we were able to put her on antipsychiotics and moodstabilizer, almost two months after her admission.

Conclusions: This case underlines the significant impact of somatic comorbidities in therapeutic management of bipolar disorders. Cardiovascular diseases in particular cause a delay in treatment initiation and an increase in patient length of hospital stay.

Disclosure: No significant relationships.

Keywords: bipolar disorder; comorbidity; cardiac disease

EPV0031

Pertinence and development of cibd – clinical interview for bipolar disorder

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Introduction: Bipolar disorder (BD) is frequently underdiagnosed and due to poor screening, the average time between onset of symptoms and diagnosis is more than 7-years (Mantere et al., 2004). Improper diagnosis has serious consequences in intervention (Ghaemi et al., 2001), and previous assessment instruments are now considered insufficient to detect intervention changes, and to provide a more functional and integrated view of BD.

Objectives: Our study aims to develop a new DSM-5 based Clinical Interview for Bipolar Disorder (CIBD), providing criteria to diagnose BD, but also the individual's perceptions dealing with BD symptoms. This interview follows the same structure of CIPD (Martins et al., 2015), which has shown acceptability by the participants and experts.

Methods: CIBD was developed by a multidisciplinary team considering the DSM-5 criteria for Bipolar Disorders. There was a thorough research regarding assessment and evaluation of BD, and several suggestions from an international task force of specialist working with BD patients were considered, when writing the questions for the interview. A detailed description of CIBD development is presented. The authors of the interview have extended experience in the management and assessment of BD patients, and CIBD is now being assessed by a wider non-related panel, regarding pertinence and clarity.

Results: Preliminary assessment and qualitative feedback from participants that were interviewed is shown, with an overall positive feedback.

Conclusions: CIBD assesses both the diagnosis/presence of mood episodes (hypo/mania, and depressive) and symptoms' psychosocial correlates. CIBD detects subtle changes caused by intervention adding a much needed recovery focused perspective.

Disclosure: No significant relationships.

Keywords: Assessment; CIBD; Clinical Interview; bipolar disorder

EPV0032

That's not my family: The undercover bipolar patient

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Introduction: Bipolar disorder is a serious psychiatric condition based on depressive, manic, and mixed phases. Bipolar disorder has been usually divided into type I (manic phases and depressive