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

I. Bouslama[1], H. Jemli[1,2]*, A. Ben Cheikh Ahmed[2], F. Nacef[1] and R. Jomli[1,2]

[1]Avicenne, manouba psychiatry, manouba, Tunisia and [2]Faculty Of Medicine Of Tunis, university of tunis elmanar, tunis, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1645

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

J. Azevedo[1], M. Martins[1], P. Castilho[2], C. Barreto[3], A.T. Pereira[1]* and A. Macedo[1]

[1]Institute Of Psychological Medicine, Faculty of Medicine, University of Coimbra, Coimbra, Portugal; [2]Cineicc, Univerity of Coimbra, Coimbra, Portugal and [3]Psychology, University of Azores, Ponta Delgada, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1646

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

M.F. Tascon Guerra

Psychiatry, Hospital Ntra Sra del Prado, Talavera de la Reina, Toledo, Spain

doi: 10.1192/j.eurpsy.2021.1647

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

https://doi.org/10.1192/j.eurpsy.2021.1646 Published online by Cambridge University Press