Conclusions: For the first time, the current study investigated the structural alterations of CT and subcortical GMV in non-comorbid never-treated patients with SAD. Our findings provide preliminary evidences that structural deficits in cortical-striatal-limbic circuit may contribute to the psychopathological basis of SAD, and offer more detailed structural substrates for the involvement of such aberrant circuit in the imbalance between defective bottom-up response and top-down control to external stimuli in SAD.

Disclosure: No significant relationships.

Keywords: cortical-striatal-limbic circuit; magnetic resonance imaging; social anxiety disorder; Cortical thickness

Bipolar Disorders

EPV0050

Lurasidone in treatment of manic episode

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Introduction: Lurasidone is an atypical antipsychotic used in the treatment of schizophrenia and bipolar depression. Both indications are approved by the FDA nowadays, whereas in Europe it is only approved for schizophrenia. Lurasidone has been barely studied for the treatment of acute mania, nonetheless it is sometimes used off-label.
Objectives: A case of a patient with a manic episode treated with lurasidone is presented, in order to provide further evidence on this topic.
Methods: The patient is a 43 year-old-woman with diagnosis of type I bipolar disorder, personality disorder and borderline intellectual functioning, resident in our Hospital's long-stay psychiatric rehabilitation unit. She was previously under treatment with venlafaxine 75 mg/day, valproate 1500 mg/day and levomepromazine 25 mg on demand; remaining stable for months. The patient presented an episode consisting on agitation, irritability, verbiage, tachyphase, verbal aggressiveness and behavioral disturbances. Psysical restraint was needed for one day long and zuclopenthixol acetate 50 mg IM was administered twice within 5 days for the acute agitation. Venlafaxine was immediately withdrawn and lurasidone was progressively introduced up to 111 mg daily.
Results: Approximately 3 weeks after the treatment adjustment, the patient reached the psychopatological stabilty.
Conclusions: Antidepressive withdrawal and introduction of Lurasidone were effective to treat the acute manic episode in this patient. It has been previosuly suggested that lurasidone caused improvement in emergent manic symptoms in patients with bipolar depression, and in subsyndromal hypomanic symptoms in patients with mixed features of depression. However, no studies have been made yet to evaluate the efficacy of lurasidone in acute mania.

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Keywords: manic episode; Treatment; lurasidone; bipolar disorder

EPV0052

Orexins and bipolar disorder: A review

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Introduction: Bipolar disorder (BD) is a chronic deteriorating illness which has a strong impact on functionality. In the past few years, orexins have gained importance as possible biomarkers of circadian rhythms, affected in BD. Up to this date, we have not found any bibliographical review evaluating the association of orexins and BD.
Objectives: To review published literature in relation to the associaton of orexins and BD.
Methods: A bibliographical search was conducted in PubMed. Inclusion criteria were a) the study evaluated orexins in plasma or cerebrospinal fluid, and b) patients with BD were included within the subjects of study.
Reference lists of the articles that met inclusion criteria were also examined.
Results: Ten articles were retrieved from the initial search. Only three met inclusion criteria and another one was selected from the reference list examination. One study observed significantly higher levels of orexin A in plasma of BD patients versus depression and controls. Other found higher concentration of orexin A of unipolar and bipolar depression versus controls, but this result was not statistically significant. Another one did not find differences in orexin A concentration between mania, depression and controls. The remaining study detected significantly lower concentration of orexin A in BD versus depression, schizophrenia and controls.
Conclusions: Despite being heterogenous, the results point out there are differences in orexin levels in BD when compared to other diagnostic groups or controls. This sets a starting point to focus research on this subject and continue analyzing the role of orexins as biomarkers in BD.

Disclosure: No significant relationships.

Keywords: hypocretin; circadian rhythms; bipolar disorder; orexins

EPV0053

Role of DSM5 Anxious Distress Specifier Interview in symptoms severity and medication adherence in 1st episode mania

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Introduction: -Anxious Distress Specifier is one of the newly added specifier in diagnosis and managment of bipolar disorder.This unique item may paly a role in not only the symptoms severity