There will be registered tools of basic psychometry, universal variables, related to familiar precedents related to disorders of the spirit, antedecentes personnels related to disorders of the spirit, genograma relative, previous medical pathologies and consumption of related medicaments, number of episodes of depression, hypomania or both, duration of the same ones and received treatments. Also comorbidities current.

Results: The statistical analysis of results was fulfilling with the program SSPS 15.0.Variables will decide for descriptive statistics, as well as estimations of percentage of occurrence of variables that are described as factors of risk for the appearance of the bipolar disorder as variable dependent.

Conclusions: These estimations will be represented by means of odds ratio (OR). Later to his estimation and depending on the analysis of logistic regression multivariant, there will weight influences of OR's determinations for every variable in relation to variable result by means of weighting and puntaje, expressed in table or scale of risk. Being precise with posteriority, the validation and estimation of the above mentioned scale of risk, with the determination of his specificity and sensibility to discriminate against the existence of the disorder, by means of centiles ideal for his confirmation.

Keywords: bipolar, disorder, risk, primary care

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An Egyptian comparative study of patients with bipolar disorder and those with unipolar recurrent major depressive disorder from a personality perspective

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Background: The challenge of an under diagnosed disorder, tilting toward another, cannot be overemphasised. In Bipolar disorder, the potential consequences of misdiagnosis can adversely affect long term prognosis by causing destabilization of mood and to treatment resistance. It is clinically desirable to recognize or at least suspect bipolar depression at an early stage of bipolar illness. The aim of the work was to test the utilizabilty of personality profile to distinguish between the two types of disorder: Unipolar depression vs. Bipolar Depression.

Methods: Sixty patients were recruited for the study diagnosed clinically and confirmed by SCIDI. Eysneck personality questionnaire (EPQ), SCID II-PQ and SCID II detailed structured clinical interview for axis II were administered. Patients with first episode MDD without history of mania or hypomania were excluded.

Results: Fifteen % of the total participants had diagnosable personality disorder on DSM IV. On the EPQ, the introversion score was significantly higher in the MDD group (p = 0.014). According to SCID II, mixed personality disorder was the most common disorder in the two groups, while narcisstic personality disorder (23%) followed by borderline was the highest for bipolar depression. In recurrent MMD, obsessive (21%) were the most common personality disorders found. Passive aggressive personality disorder was more signifanctly found in MDD (p = 0.011) than in Bipolar disorder.

Conclusion: Cross sectional assessment of personality during a depressive disorder may be a prophylactic method to protect patients from a shift. Follow up studies are needed aiming at confirming the course, prognosis and March of the process of illness. It is highly recommended that a personality screening is conducted when assessing Depressive disorder using simplified methods.

Keywords: bipolar depression, recurrent MDD, personality, mixed personality disorder

P150

Risk of recurrence of bipolar disorder in postpartum periods: a retrospective study of 374 female patients

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Introduction: The postpartum period is a time of increased risk of recurrences in women with bipolar disorder. The aims of this study were to evaluate the frequency of postpartum episodes in bipolar women with children and to investigate the relationship between postpartum episodes, type of bipolar disorder (I or II) and type of bipolar cycle.

Methods: This retrospective investigation was performed by reviewing the charts of 374 women with a diagnosis of bipolar disorder I or II admitted to the Mood and Anxiety Disorders Unit of the Department of Neuroscience, University of Turin, from January 1995 until December 2009.

Results: 276 women with children and have been considered for the data analysis. All pregnancy had been concluded without any mood stabilizer treatment. The mean age at onset of bipolar disorders was 28.0 ± 7.8 years and 53.3% of the sample was bipolar II. An irregular type of bipolar cycle (IRR) was in 128 (46.4%) patients, while 84 (30.4%) and 64 (23.2%) patients respectively had a depressive-manic (DMI) and a manic-depressive (MDI) bipolar cycle. Among bipolar patients with children, 207 (75.0%) had at least one recurrence during the postpartum period. the percentage of women experiencing a depressive episode during postpartum was higher (79.7%) than other episodes (2.9% hypomanic, 13.5% manic, 3.9% mixed). Both (hypo) manic (or mixed) and depressive postpartum episodes were significantly associated with bipolar I disorder diagnosis and with lower age at onset of bipolar illness; (hypo) manic or mixed postpartum episodes were also associated with MDI cycle. The recurrence rates of postpartum episodes were higher after subsequent pregnancies: The recurrence rate of patients with more than one postpartum episode was 86.5% (n = 45) and exclusively of the same polarity.

Discussion: The relative risk during postpartum comparing treated patients with non-treated patients remains uncertain.

Keywords: postpartum, bipolar disorder, bipolar cycle, women, childbearing years

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Bipolar affective disorder and substance use: the dual diagnosis in treatment seeking patients experience from chronic conflict zone, Kashmir, India

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Introduction: Interest in the study of co-occurrence between mood, anxiety disorders and substance use disorders has grown tremendously in past decade and a half. It has become clear that co-occurrence of these disorders is common and has definite impact on treatment of dually diagnosed patients.

Methods: Total of 561 Patients registered in the outpatient department of psychiatric diseases hospital, Srinagar were screened by MINI PLUS for comorbid Axis I psychiatric disorders.

Results: Total of 561 substance use disorder patients were included in the study, out of which 62.56% (n = 351) patients had an associated psychiatric disorder. Concurrent BPAD as dual diagnosis was present in 23.64% (n = 83) patients. The age of