

P01-225

A CASE OF UNIPOLAR MANIA

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Introduction: The concept of unipolar mania has been raised, rejected and resurrected by a number of authors, and its true position within bipolar affective disorders is still a subject of debate.

Clinical case: A 52-year-old Caucasian woman was presented to the emergency room accompanied by family members because she had seven days without sleeping, exaggerated self-confidence and was engaged in multiple activities.

Discussion: At the mental examination she presented irritability, agitation, elation of mood, verbiage, sexual disinhibition, delusional activity of persecutory content, absence of insight.

She had three manic episodes earlier and she didn't have therapeutic adherence. The patient maintained an optimal level of performance functioning between maniac episodes, and also had no earlier depressive episodes. She described herself as a very creative, original, friendly, outgoing, sociable, responsible person. She had no family history of bipolar disease or other psychiatric disorder. An hemogram, basic biochemical investigations, cerebral TC, illicit drugs screen and EEG were performed showing no relevant alterations.

She was admitted at an acute care psychiatric unit for 16 days. She had a good response to risperidone 2 mg and 1000 mg of divalproex sodium and to cognitive behavioural treatment.

Conclusion: Due to her previous 3 and her current manic episodes, without history of depressive symptoms, we concluded by the diagnosis of unipolar mania. Although there are certain sociodemographic and clinical variables that overlap, there does seem to be recent evidence concerning clinical, psychopathological and treatment features indicating a nosological separation of unipolar mania from bipolar mania.