period. Only 2 of those 10 patients developed hypomania during acute antidepressant treatment for a recurrent depressive episode under maintenance mood stabilizer treatment. Furthermore, bipolar conversion occurred in 6 patients within the first 1 year, including 1 with rapid cycling, and in another 2 patients over the subsequent 1 year after discharge. Of these 29 patients, 23 (79.3%) received continuous maintenance treatment with mood stabilizers for the 3-year period after discharge.

Conclusions: A smaller percentage of unipolar depression patients with manic or hypomaniac switch during acute antidepressant treatment converted to bipolar disorder. Bipolar conversion subsequently decreased and did not occur from 2 to 3 years after discharge. Longer follow-up studies appear warranted to determine the diagnostic issues of antidepressant-induced switch in unipolar depression.

PS57
P600 alteration of syntactic language processing in patients with bipolar mania:comparison to schizophrenic patients and healthy subjects

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Abstract
Background: Disturbances in thought, speech, and linguistic processing are frequently observed in bipolar manic patients, but the underlying neurophysiological mechanisms are not well understood. P600 is a distinct, positive event-related potential component elicited by syntactic violations. Using the P600 ERP, we examined neural processing of syntactic language comprehension in patients with bipolar mania compared to patients with schizophrenia and healthy people.

Method: P600s were recorded from 21 manic patients with bipolar disorder, 26 patients with schizophrenia, and 29 healthy subjects during the presentation of 120 sentences with syntactic violations or non-violations. Subjects were asked to judge whether each sentence was correct or incorrect.

Results: Patients with mania and schizophrenia had significantly smaller P600 amplitudes associated with syntactic violations compared with healthy subjects. There was no difference in P600 amplitude between patient groups. For behavioral performance, patients with schizophrenia were significantly less accurate compared with healthy subjects, whereas manic patients were not significantly different from healthy subjects.

Conclusion: Despite having normal behavioral judgment of syntax, patients with bipolar mania have reduced P600 amplitude, comparable to patients with schizophrenia. Our findings may represent the first neurophysiological evidence of abnormal syntactic linguistic processing in bipolar mania.

PS58
Time perception with auditory stimulus and manic symptoms in bipolar patients

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Abstract
Objectives: The purpose of this study was to investigate 1) whether there would be significant changes in time perception between acute manic and euthymic states and 2) whether changes in time perception with auditory stimulus in bipolar patients would be consistent with changes in time perception with visual stimulus.

Methods: The thirty-eight patients who were diagnosed as manic episode of bipolar disorder by DSM-IV participated in this study. They were presented with a time reproduction task at two states – acute manic state and euthymic state. Participants were asked to listen for “beep” sound on a portable sound equipment for a certain length of time. After that, they were asked to reproduce the same length of time. The psychopathology was measured using Young Mania Rating Scale (YMRS) and Hamilton Depression Rating Scale (HDRS) by a trained psychologist. After 6 weeks of drug treatment, the psychopathology were retested by the same psychologist.

Results: Time reproduction for 11 seconds, 36 seconds in acute manic state were shorter than in euthymic state and time reproduction in acute manic state were correlated with YMRS score.

Conclusion: Time reproduction is shorter in acute manic state than in euthymic state. And the severity of manic symptom is correlated with time perception. This result is consistent with previous studies with visual stimulus and suggests that the difference between cognitive process of visual stimulus and auditory stimulus does not affect time perception.

PS59
The Sex-Related Differences of EEG Coherences between Patients with Bipolar Disorder and Controls

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Objectives: Sex hormones exposure during the prenatal period has an effect on cerebral lateralization. Male brains are thought to be more lateralized than female brains. Bipolar disorder was known to show abnormalities in cerebral laterality whose characteristics could be estimated by electroencephalography (EEG) coherences. We studied sex-related differences of EEG coherences between healthy controls and patients with bipolar disorder to examine the sex effects in the genesis of bipolar disorder.

Methods: Participants were 25 patients with bipolar disorder (11 male, 14 female) and 46 healthy controls (23 male, 23 female). EEG was recorded in the eyes closed resting state. To examine dominant EEG coherence associated with sex differences in both groups within five frequency bands (delta, theta, alpha, beta, and gamma) across several brain regions, statistical analyses were performed using analysis of covariance.

Results: Though statistically meaningful results were not found, some remarkable findings were noted. Healthy control females showed more increased interhemispheric coherences than control males in gamma frequency band. There were no differences in the intrahemispheric coherences between the healthy control males and females. In patients with bipolar disorder, female dominant pattern in interhemispheric coherences was attenuated compared with healthy control.

Conclusions: Sex differences of EEG coherences, which could be a marker for cerebral laterality, were attenuated in patients with bipolar disorder compared with healthy controls. These results imply that abnormal sex hormone exposure during early development might play some role in the pathogenesis of bipolar disorder.

PS60
Associations between Pro-inflammatory cytokines and grey matter/cortical thickness in patients with bipolar disorder

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**Abstract**

**Background:** Gathered evidence suggested bipolar disorder and unipolar depression are both related to dysregulated inflammatory reaction. Our recent studies found bipolar disorder is with a more severe inflammatory dysregulation than the unipolar depression, with significantly higher levels of pro-inflammatory cytokines, and pro-inflammatory cytokines, esp sTNF-R1, may be potential biomarkers that patients with subtype of bipolar disorder and different mood states. However, few studies investigated the association between pro-inflammatory cytokines and neuroimaging abnormalities in bipolar disorder in literatures.

**Method:** The study subjects were clinically stable patients with bipolar disorder, age from 18 to 65 years. They completed assessments of psychiatric symptoms, pro-inflammatory cytokines, and MRI assessments.

**Results:** In total, 75 patients with bipolar disorder were enrolled, with 64% female and average age of 42.7 ± 10.4 years old. With controlling of gender, BMI, intracranial volume, and duration of illness, we found higher level of sTNF-R was associated with reduced grey matter volume over left Crus II, right Crus II, occipital pole, lateral Occipital Cortex, inferior division, planum temporale, supramarginal gyrus, posterior division, and higher level of sIL-6R was associated with reduced cortex thickness over the left middle temporal.

**Conclusion:** Negative correlations were found between level of sTNF-R and grey matter which involve carrying information about body movement between the cortex and the brain stem, auditory and linguistic processing, visual processing center and somatosensory association cortex; as well as the level of sIL-6R and cortex thickness over the left middle temporal, which involve processing sensory input into derived meanings for the appropriate retention of visual memories, language comprehension and emotion association. The results supported that pro-inflammatory cytokines could be biomarkers for neuroimaging abnormality in bipolar disorder.

**PS61**

**Immune-inflammatory markers: as a potential biomarker for staging bipolar disorder**

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**Abstract**

**Objective:** In this study, we evaluated the changes of peripheral immune-inflammatory markers relevant to the clinical course in patients with bipolar disorder to look into the possibility of immune-inflammatory markers as a potential biomarker for staging bipolar disorder(BD).

**Method:** Patients with BD and healthy controls were compared to see the abnormalities in peripheral immune-inflammatory markers using TNF-alpha, IL-6, MCP1/CCL2, CRP, BDNF, and Vitamin D. We also evaluated the changes of peripheral immune-inflammatory markers episodically in response to the clinical course and mood states e.g. acute, continuation and maintenance phase.

**Results:** A total of 17 patients with bipolar mania(60% female; mean age 46.8 ± 10.6 years; mean duration of illness 16.2 ± 10.6 years; mean YMRS scores 43.4 ± 4.5; mean MADRS scores 1.8 ± 3.0) and 40 healthy controls (52.6% female; mean age 38.7 ± 14.1 years) were enrolled. There were no statistically significant differences between the two groups for sex and age. IL-6 and CRP were consistently increased in BD compared with control group.

The result for IL-6 showed that the mean difference is 2.64 ± 0.80 pg/mL(p=0.002) in acute phase and 1.38 ± 0.56 pg/mL(p=0.018) in maintenance phase. The result for CRP showed that the mean difference is 4.95 ± 1.42 mg/L(p=0.001) in acute phase and 1.33 ± 0.59 mg/L(p=0.028) in maintenance phase. MCP1/CCL2 was changed episodically in response to the clinical course and mood states (359.7 ± 82.3 pg/mL in acute phase, 243.6 ± 66.9 pg/mL in continuation phase, 299.4 ± 81.5 pg/mL in maintenance phase, p=0.002).

**Conclusion:** Our results suggest that immune-inflammatory activity is possible to be correlated with the episodic clinical course of BD. Larger samples of BD should be studied for further investigation.