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MIXED AFFECTIVE STATES; A STUDY WITHIN A COMMUNITY MENTAL HEALTH TEAM WITH TREATMENT RECOMMENDATIONS

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Introduction: Agitated Unipolar Depression and Bipolar mixed states combine depressive and manic symptoms, reflecting severe forms of affective disorders with an increased suicide risk. These states have not been defined with adequate consensus and hence present a diagnostic and therapeutic challenge.

Method: We searched the records of patients with Affective Mixed States in a community Mental Health Team to identify patients with affective mixed states.

We assessed the treatments prescribed and the time it took to treat the Mixed states so that they then suffered from depression or were euthymic.

Results: Ten out of 17 patients were suicidal when experiencing a mixed state. Of the 6 patients that were agitated, 5 were suicidal. Best results were achieved with a combination of -Reducing antidepressant -Increasing mood stabilisers (Depakote, Lithium) -Increasing/adding atypical antipsychotics. With such treatment, the average duration to resolution was 2.5 weeks. The worse results were achieved by adding antidepressants to a patient experiencing low mood with a mixed state such treatment led to resolution in 10 weeks.

Discussion: Agitation is a strong predictor of suicide risk. Reducing antidepressants is important thus Increasing/adding antipsychotics and mood stabilisers without changing antidepressants led to an 8.5 weeks duration of treatment.

Conclusion: Patients with mixed states should be reviewed regularly and risk-assessed -We suggest weekly due to increased suicide risk. With very high-risk patients, referral should be made to the Crisis Team. Care coordinators should be involved for regular contact with services.