

EPV0079

Evidence-based Pharmacological Treatment in the Maintenance Phase of the Type I Bipolar Disorder: Anticonvulsants or Antipsychotics?

O. Vasiliu*

Dr. Carol Davila University Emergency Central Military Hospital, Psychiatry, Bucharest, Romania

*Corresponding author.

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Introduction: Type I bipolar disorder (BDI) is characterized by a chronic evolution, with recurrent mood episodes that severely disrupt the overall functionality and quality of patients' life. An adequate maintenance treatment is necessary to prevent relapses and to improve the functional prognosis of these patients.

Objectives: To find data regarding the most evidence-based therapeutic strategies in the maintenance phase of BDI.

Methods: A literature review was performed through the main electronic databases (PubMed, CINAHL, SCOPUS, EMBASE) using the search paradigm "type I bipolar disorder" AND "mood stabilizers" AND "antipsychotics" AND "anticonvulsants". All papers published between January 2000 and August 2021 were included.

Results: The main recommendation is to continue in the maintenance phase the same medication that has proven its efficacy and tolerability in the acute phase. In BDI the most evidence-supported pharmacological approaches for the maintenance phase were lithium, valproate, lamotrigine, and carbamazepine as anticonvulsants/mood stabilizers, as well as olanzapine, quetiapine, and aripiprazole as antipsychotics. Lithium and valproate have been associated with positive influence over neuroplasticity, while antipsychotics have considerably higher metabolic adverse events. Monotherapy is recommended, but drugs associations are frequently met in clinical practice. There are no consistent data about the superiority of one class over the other, but lithium has a proven effect of decreasing the suicide rate in this population.

Conclusions: Both anticonvulsants and antipsychotics are used in the maintenance phase of the BDI, without significant differences in the efficacy rates. However, benefits and risks should be weighted for each class and each individual agent recommended.

Disclosure: No significant relationships.

Keywords: maintenance phase; moodstabilizers; bipolar disorder

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Pharmacological treatment of comorbid posttraumatic stress disorder in patients with bipolar disorder

S. Hendriks* and P. Goossens

Dimence Group Center for Mental Health Care, Specialized Center Bipolar Disorders, Deventer, Netherlands

*Corresponding author.

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Introduction: The lifetime prevalence of comorbid posttraumatic stress disorder (PTSD) in patients with bipolar disorder (BD) is approximately 20%. Guidelines for BD give adequate pharmacological treatment options when there is a 'pure' bipolar disorder but lack of treatment options when there is a comorbid disorder present.

Objectives: The present study aimed to review the pharmacological treatment options for comorbid PTSD in patients with BD.

Methods: Literature research was conducted via PubMed, Embase and the Cochrane Library. Search terms included 'bipolar disorder', 'posttraumatic stress disorder', 'PTSD', 'pharmacotherapy' and 'treatment'. Relevant studies were reviewed.

Results: No randomized controlled trials have been conducted in patients with bipolar disorder and comorbid PTSD. Most studies included open-label studies and case-reports. No convincing scientific evidence for pharmacological treatment of comorbid PTSD in patients with BD was found. Selective serotonin reuptake inhibitors (SSRIs) are effective in the treatment of PTSD. However, SSRIs or other antidepressants are complicated due to potential induction of a manic episode or promote rapid cycling. Nevertheless, it is important to treat the bipolar patient with a mood stabilizer first before antidepressants are prescribed.

Conclusions: The findings of this study show that there is no convincing scientific evidence for the pharmacological treatment of comorbid PTSD in patients with bipolar disorder. Therefore, psychotherapy is preferable. When psychotherapy is not effective, pharmacotherapy can be considered. However, randomized controlled trials are needed to obtain scientific evidence for pharmacological treatment options.

Disclosure: No significant relationships.

Keywords: Treatment; posttraumatic stress disorder; Pharmacotherapy; bipolar disorder

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Evaluation of the relationship between lithium treatment response and suicide attempt in bipolar disorder

K. Altınbaş*

Selçuk University, Psychiatry, Konya, Turkey

*Corresponding author.

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Introduction: Suicide risk is 20-30 fold higher in bipolar disorder (BD) than general population. A positive family history of suicide, early-onset bipolar disorder, rapid cycling, and drug/alcohol addiction have been identified as risk factors for non-fatal suicidal behavior. Lithium is the only mood stabilizer known to have a suicide-reducing effect in patients with BD. Less than half of the bipolar patients respond lithium well. Even though mechanism of action on suicide behavior is not clearly known, it is thought that lithium significantly reduces "impulsive-aggressive" behavior via serotonergic system which might also be related with treatment response in BD.

Objectives: The aim of this study is to evaluate the relationship between lithium response and history of suicide.

Methods: Those who scored 7 points or more from the Alda total score were considered good responders. Patients were divided into those who responded well to lithium treatment and those who did not. History of suicide attempt between these two groups was compared.

Results: 65.3% of the patients were female (n:49). The mean age of the patients was 36.82 ± 13.35 years. 25 patients responded well to lithium treatment. Among the good responders, 32% of the patients and 25% of the non-responders had a history of suicide attempts. This difference was not statistically significant. ($p=0.46$ $\chi^2=0.13$)