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QUETIAPINE: MOOD STABILIZATION ACROSS ALL PHASES OF BIPOLAR DISORDER

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Background: Following resolution of acute symptoms (manic and depressed), most patients with bipolar disorder experience affective recurrences and residual functional impairment. This indicates a need for a treatment that not only manages the acute phase of illness but also maintains the stabilized patient.

Methods: Data are presented to support the effectiveness of quetiapine in: managing the acutely ill patient; maintaining the euthymic patient by preventing mood event recurrence; and improving patient-perceived functioning.

Results: Quetiapine monotherapy demonstrates efficacy against mania symptoms as early as Day 4 (Trials 104 and 105 [pooled datasets]; $P < 0.05$ vs placebo) and Week 1 in bipolar depression (BOLDER and EMBOLDEN [pooled datasets]; $P < 0.001$ vs placebo). The acute antidepressive effect was significant for both bipolar I and II populations. As continuation therapy in bipolar depression, quetiapine is associated with a significant reduction in the risk of depressive mood event recurrence (EMBOLDEN I and II; $P < 0.001$ vs placebo). Moreover, quetiapine significantly reduces the risk of recurrence of mania or depression events as an adjunct to lithium or divalproex (Trials 126 and 127; $P < 0.0001$), and as monotherapy (Trial 144; $P < 0.001$). Quetiapine is generally well tolerated in all phases.

Conclusions: Quetiapine fulfills mood stabilization criteria by demonstrating efficacy in all phases of bipolar disorder. To date, quetiapine is the only treatment to show robust efficacy against both poles of bipolar disorder, without causing an excess shift to the opposite pole, and to prevent mood episode recurrence irrespective of the index episode. Supported by funding from AstraZeneca Pharmaceuticals LP.