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Use of antidepressants in maintenance phase of patients with bipolar disorder in an outpatient setting

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Introduction Guidelines for the maintenance treatment of bipolar disorder discourage the use of antidepressants chiefly on grounds of unproven efficacy and risk if mania for bipolar I. However, for patients stabilised on an antidepressant, naturalistic data support its continued use.
Aim The aim is to describe use of antidepressants in patients with bipolar disorder in remission seen at an outpatient clinic in Singapore.
Methods The case notes of patients with bipolar disorder in remission, seen by psychiatrist in an outpatient psychiatric clinic in a general hospital unit from December 2014 to March 2015 were studied. Data describing the age, sex, type of bipolar disorder and psychotropic medications prescribed, was obtained.
Results Forty-two patients were included, of which 13 (31%) were male and 29 (69%) were female. The age ranged from 23 to 82, with mean age of 47 years. Of these 17 (40%) had bipolar I and 25 (60%) had bipolar II. Antidepressant use for maintenance treatment was present in 19 out of 42 (45%) of these patients; of these 7 out of 17 (41%) were bipolar 1 and 12 out of 25 (48%) were bipolar II. Eighteen out of the 19 (95%) patients who were prescribed antidepressants were on combination treatment with mood stabilizers. Antidepressant type included SSRI (37%), NDRI (37%), SNRI (10.5%), TCA (10.5%), NASSA (5%).
Conclusion Almost half of patients with bipolar disorder managed in an individual practice were on antidepressants together with mood stabilisers. They remained in remission with combination treatment, which did not seem to jeopardise their condition.
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Towards a redefinition of dissociative spectrum dimensions inside Capgras and misidentification syndromes in bipolar disorder: Case series and literature review

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Introduction Misidentification phenomena and Capgras Syndrome (CS) occur in different psychiatric (psychotic or major affective illnesses) and neurological (traumatic brain injury, epilepsy, neurosyphilis, etc.) disorders [1,2]. The aim of this report is to redefine dissociative spectrum dimensions inside CS and misidentification syndromes in patients with Bipolar Disorder (BD).
Method Five inpatients were assessed with the SCID-P, SCID-DER, DSS, HRSD, YMRS, a neurological and general medicine review, a first-level brain imaging examination (CT and/or MRI). We conducted a systematic literature review (PubMed, Embase, PsychInfo) using the key terms "Capgras Syndrome" and "Misidentificaition".
Results All patients were diagnosed with type-I BD and had concomitant CS that presented with misidentification phenomena in the context of psychotic mixed state. They reported high scores for autopsychic and affective depersonalization symptoms as well as high SCI-DER (mean = 24.4) and DSS (mean = 13) total scores.
Discussion and conclusion To our knowledge in literature, there are not studies that evaluated dissociative spectrum symptoms in CS in BD. This condition of identity and self fragmentation could be the key to shedding light on the interconnection between affective and non-affective psychotic disorders from schizophrenia to BD, and may underscore the possible validity of the concept of the unitary psychosis proposed by Griesinger [3–5]. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations are considered.
Disclosure of interest The authors have not supplied their declaration of competing interest.
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EW46

Mapping vulnerability to bipolar disorders

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Introduction Although early interventions in individuals with bipolar disorder may reduce the associated personal and economic burden, the neurobiologic markers of enhanced risk are unknown.
Objectives The objective of this paper is to analyze the existence of neurobiological abnormalities in individuals with genetic risk for developing bipolar disorder (HR)
Material and methods A literature search was performed in the available scientific literature on the subject study object, by searching MEDLINE.
Results There were 37 studies included in this systematic review. The overall sample for the systematic review included 1258 controls and 996 HR individuals. No significant differences were detected between HR individuals and controls in the selected ROIs (regions of interest): striatum, amygdala, hippocampus, pituitary and frontal lobe. The HR group showed increased grey matter volume compared with patients with established bipolar disorder. The HR individuals showed increased neural response in the left superior frontal gyrus, medial frontal gyrus and left insula compared