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Quetiapine in the maintenance treatment of bipolar I disorder: Combined data from two long-term phase III studies

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Background and Aims: Combined data are presented from two long-term, phase III studies (D1447C00126; D1447C00127) that examined the efficacy and safety of quetiapine in combination with lithium/divalproex in the prevention of mood events (manic, mixed, or depressed) in bipolar I disorder.

Methods: During a stabilization phase (12–36 weeks), patients received quetiapine (400–800 mg/day; open-label; flexible, divided doses) with lithium or divalproex (target serum concentrations 0.5–1.2 mEq/L and 50–125 µg/mL). Thereafter, patients were randomized to double-blind treatment with quetiapine (400–800 mg/day)+lithium/divalproex or placebo+lithium/divalproex for up to 104 weeks. The primary endpoint was time to the first mood event, defined by medication initiation, hospitalization for a mood event, YMRS or MADRS scores ≥ 20 at 2 consecutive assessments, or discontinuation due to a mood event.

Results: In total, 3414 patients entered the stabilization phase and 1326 were randomized and received ≥ 1 dose of study medication. Rates of recurrence were 19.3% vs 50.4% for quetiapine and placebo groups, respectively. The risk of recurrence of a mood event was significantly reduced in the quetiapine group relative to the placebo group (HR=0.30, $P < 0.0001$). HRs for the risk of recurrence of manic and depressed events were both 0.30 ($P < 0.0001$). Long-term treatment with quetiapine was generally well tolerated; safety data including glucose changes will also be presented.

Conclusions: Quetiapine in combination with lithium/divalproex is significantly more effective than lithium/divalproex alone in the prevention of mood episodes associated with bipolar I disorder, irrespective of the index episode.

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P0115

The using of lithium in the treatment of bipolar disorder - Changes in the time

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Introduction: Bipolar disorder (BD) is chronic psychiatric disorder characterized by remission and exacerbations of mood disturbances. Treatment of BD is often complicated and includes in the first step treatment with lithium, after with other "mood stabilizers", antipsychotics, antidepressants.

The aim of study:

- To assess the change of treatment with lithium over the period of time
- The number of hospitalizations in the patients with BD and differences in using of lithium, age and type of first episode

Patients and Methods:

- Retrospective survey of in-patient's files (1997 - 2007) with typical limitations for retrospective case survey:
- BD, n = 125 (67% women with BD, DSM-IV)

- Number of hospitalizations, average number hospitalizations/year, type of treatment, using of lithium

Results:

- The first episode was depressive in 62% of patients and average number of episodes: 6,2
- There was a steady decrease in use of mood stabilizers medication over the time (68% vs 82%)
- We observed increase in prescription of atypical antipsychotics (in 80% of patients; last 6 years = 93%)
- The using of lithium was in 52% of patients (in 41% patients during first hospitalization) with average dose 1250mg of lithium and average surface of lithium in blood: 0,64mmol/l

Conclusion: We find out trend in using of lithium in 52% patients with BD last time again with average dose 1250mg per day and average surface of lithium in blood 0,64mmol/l and increasing of prescription of atypical antipsychotics (last 6 years = 93%).

P0116

Self appreciation and affective temperaments in psychiatric nurses

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An analysis about the Self Appreciation and the Affective Temperament of Nurses in Psychiatric and Mental Health Services, have a crucial importance, because this fact will influence many phenomena's in nursing practice, like the capacity of develop relationships and create resistance to physical and psychological illness. A total of n=47 nurses, of both sexes, with average age of 38,57 years, working in Mental Health and Psychiatry Departments, in three portuguese Hospitals, were inquired through a Questionnaire of direct application. In the Questionnaire, were introduced measures like: TEMPS-A Scale (Akiskal, 1998), translated into Portuguese, by Figueira and Severino (1999) and Scale of Self Personal Appreciation Scale (Ribeiro, 2006). The obtained results indicate that the population, have, majority, a Hyperthymic Temperament. It was verified that the women presents a higher Self Personal Appreciation and his Self Appreciation is statistically related to the Cyclothymic and Anxious temperaments. The results also show that exist an association between the marital status and the Irritable Temperament, and between the Time of Service and the Cyclothymic and Hyperthymic Temperaments.

Affective temperament of nurses seems to be a good predictor of leadership capacity in violence situation at psychiatric services.

P0117

Overweight and obesity in bipolar disorder

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Aims of the study: To study Body Mass Index (BMI) and Blood Pressure (BP) in bipolar patients.

Methods: Retrospective study in bipolar inpatients of an acute psychiatric Portuguese department during a two years period. Of the 60 bipolar inpatients, 31 were selected. The patients without height or weight data were excluded.

Results: The mean age was 48.5 years. 66.7% of the patients were women. The most frequent pharmacological association (13.3%) was sodium valproate and olanzapine. Using INÉs (National Statistic Institute, 2007) criteria, 25.8% of these patients were overweight and

16.13% obese. Approximately 50% of the patients over 45 years were overweight or obese. Approximately 50% of the patients on sodium valproate were overweight or obese, although there was no statistically significant correlation between psychopharmacological treatment and BMI. Only 3.6% of the patients had systolic blood pressure above 140mmHg or diastolic blood pressure above 90mmHg.

Conclusions: The studied population has a frequency of overweight superior to the general portuguese population (25.8% vs 18.6%). The percentage of patients with hypertension is inferior comparatively to the general population (3.6% vs 20%). The results of the study show the importance of monitoring and controlling metabolic risk factors in bipolar patients. Attending to the specificities of bipolar patients it is important to study prospectively metabolic syndrome in this population.

P0118

The use of new anticonvulsants for the bipolar disorders treatment

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Introduction: bipolar disorder or manic-depressive psychosis is a serious chronic disease and frequent, as it affects about 5% of the population, regardless of culture or of the human race. The socio-economic cost it engenders is considerable.

Methods: Bipolar disorders are defined by criteria set in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV). There are several types of bipolar disorder, that all involve episodes of depression and mania to a degree, bipolar disorder is a lifelong illness. There are currently several subtypes of bipolar disorder (bipolar disorder, type I), (bipolar disorder, type II), (bipolar disorder, Type III). Different subtypes of the disease bipolar belong to what is now called bipolar spectrum. This distinction is important clinically, because it is necessary for the therapeutic choice.

Results: Newer anticonvulsant medications, including lamotrigine, gabapentin, and topiramate are being studied to determine how well they work in stabilizing mood cycle. Four major mechanisms of action underlying the pharmacological effects of anticonvulsants:

Conclusion: Several anticonvulsant of the last generation are currently being evaluated in the treatment of bipolar disorder. So far, the Lamotrigine is studied as a mood stabilizer and antidepressant. These new treatments may represent a promising alternative for patients resistant to the former mood stabilizer, such as lithium and valproic acid. However, many studies are still needed to determine their effectiveness and their indications.

P0119

Lithium in combination with Olanzapine: Effect on plasma Homovanillic Acid

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Objective: To study the changes in plasma concentration of homovanillic acid (pHVA) and its relation with clinical outcome during treatment of Bipolar I patients with olanzapine plus lithium.

Patients and Methods: Fifty six (33 women and 23 men) Bipolar I patients, age 35.1 ± 9.4 (SD) years, diagnosed according to DSM-IV, were treated initially with 10mg/day of olanzapine for 4 days and subsequently with 20 mg/day. On the 8th day lithium was added until a concentration of 0.6 to 1.2 mEq/L was reached in plasma. Patients were, at least, a week without neuroleptic or mood stabilizer medication.

Their clinical state was evaluated before and during 28 days of treatment with the Young scale and with the Clinical Global Impression.

Morning fasting levels of pHVA were analyzed the same days that scales were passed.

Results: Plasma HVA after 28 days of treatment does not decline as habitually happens with neuroleptic treatment alone. Moreover, there was a trend toward significance of a Positive Correlation between pHVA and clinical improvement.

Comments: The addition of Lithium to Olanzapine altered the pattern of pHVA response from the first days of treatment up to day 28, suppressing the habitual decline in pHVA concentration. These results are similar to those observed by Bowers et al. (1992) when lithium was combined with perphenazine. The correlation between changes in pHVA concentration during 28 days of treatment and clinical outcome was the opposite to that found in schizophrenic patients treated with neuroleptics alone.

P0120

Psychiatric Hospitalization in bipolar disorder in Sweden

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Background and Aims: In bipolar disorder, hospital treatment is generally required in acute manic episodes, due to lack of compliance and adherence to treatment, and in episodes with marked depressive symptoms, especially suicidal ideation. Analyzing patterns of hospital admission rates is important in order to estimate treatment outcomes in both the acute and remitting phases of the disease. The aim of this study was to analyze secular trends in admissions and re-admissions for bipolar disorder in Sweden.

Methods: For bipolar disorder and its subdiagnoses, the number of admissions, length of stay and days in hospital during 1997-2005 was calculated. Readmission rates over five years were calculated for patients discharged for the first and the second time during 2000.

Results: The number of admissions for patients with bipolar disorder in Sweden increased from around 3,500 to more than 4,000, partly explained by increasing rates of first admissions. Three fourths were readmissions. Hospital days increased, since the length of stay was not reduced. Manic episodes represented half the hospitalizations, depressive a quarter, and mixed ten percent. Patients with their second admission had 1.9 readmissions during five years, compared to 1.2 for patients with their first admission in 2000.

Conclusions: Physicians should consider early and effective treatment with long term outcomes in mind. The progressive course is