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Bipolar disorders

EV151

Do bipolar II and bipolar I disorder have different genotypes and why do we observe unipolar depression converting to bipolar II and then bipolar I?

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We review the recent literature in order to establish the importance of a spectrum for bipolar affective disorder, and that unipolar depression, bipolar II and bipolar I are discrete entities that may however evolve in sequence. We discuss clinical, genetic and neurobiological data which illustrate the differences between bipolar I and bipolar II. To fit the data we suggest a series of multiple mood disorder genotypes, some of which evolve into other conditions on the bipolar spectrum. Thence, we discuss the nature of the bipolar spectrum and demonstrate how this concept can be used as the basis of a staging model for bipolar disorder.

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EV152

Use of lithium in acute mania in adolescents

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The aim of the present study was to investigate whether the use of lithium followed recommended practice in acutely manic adolescent inpatients. This study was a 12-month retrospective review of patients with manic episode admitted to Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital. Length of stay, medication data, serum levels and adverse effects were recorded for patients who started lithium treatment within average of 7 days of admission ($n = 52$). Average length of stay was 23.63 (SD = 17.6). The maximum dose prescribed within 24 h of starting treatment was 721.15 mg (SD = 239.5). The maximum daily dose was reached in an average of 7 days to 1136.5 mg (SD = 336.4). The average time after starting treatment until the first recorded serum level was 5 days. The average serum level reached was 0.5 mEq/L (SD = 0.22), which was raised to 0.6 mEq/L (SD = 0.3) at discharge with an average daily dose of 1038.46 mg (SD = 460). In 8 admissions (15.4%), one adverse effect was recorded that could have been related to lithium treatment but adverse events did not lead to discontinuation of drug. The literature supports that rapidly attained high serum levels are associated with positive outcomes. In this current study, clinicians used a relatively slow dose titra-

tion and lower serum levels were obtained suggesting that lithium was not considered as a primary agent for treating mania. Taking advantage of lithium especially for the maintenance treatment of bipolar disorder and tolerability may have driven these findings.

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EV153

Mental health and drug

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Introduction   Bipolar disorder (BD) is often associated with various comorbidities. It is substance use disorders (SUD) one of the most frequent comorbidities.

The ECA study (Epidemiologic Catchment Area) observed a prevalence over the life of the 56, 1% for any TUS in the total sample of patients with bipolar disorder. In subjects with bipolar I disorder prevalence was 60.7%, and those of type II 48.1.

In the OMS study conducted in America, Europe and Asia, the results confirm the high rates of disorders in patients diagnosed with bipolar disorder regardless of the country of study.

Case   This is a male, 32, who came first to the Provincial Drug Addiction Service of Huelva in 2009 for cocaine, cannabis and alcohol.

In his personal history, he relates a convulsive episode at 14 years and one manic episode associated with consumption of cocaine in 2002 which began to be treated by a team of Mental Health and Provincial Center for Addictions.

He entered twice in a therapeutic community in 2009 for treatment for their disorder dependence on cocaine, alcohol and cannabis.

It has required admission to the Unit Hospitalization twice in 2012, with the discharge diagnosis of manic episode secondary to drug consumption.

Conclusions   Most epidemiological studies in recent decades note the high prevalence of comorbidity BD + SUD.

BD-SUD comorbidity is particularly complex because each disorder affects the evolution of the other and they are frequently multiple comorbidities. In addition, it implies a worse clinical and functional outcome as well as poorer therapeutic response.

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EV154

Case study: Bipolar disease in treatment with asenapine

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Objectives   Analysis of the treatment alternatives for patients diagnosed with a bipolar disorder of torpid evolution. Revision of the possible adverse effects of lithium and its impact on the adherence to treatment.

Methods   We revise the clinical evolution of a patient diagnosed with Bipolar disorder type I, with the following characteristics: at least two maniac episodes per year, consumption of toxic substances and high sensibility to antipsychotics and euthymics.

Results   We will describe the case of a 23-years-old patient diagnosed with bipolar disorder type I. During the course of the illness,