CHARACTERISTICS ASSOCIATED WITH LITHIUM RESPONSE IN BIPOLAR I AND II DISORDERS

*S. Sportiche[1,2,3], **C. Brichant-Petitjean**[1], B. Etain[3,4,5], C. Henry[3,4,5], J.-P. Kahn[3,6], S. Gard[3,7], F. Bellivier[1,3,5]*

[1]AP-HP, Hôpital Fernand Widal, [2]Centre Expert Bipolaire, Hôpital Fernand Widal, Paris, [3]Fondation FondaMental, [4]AP-HP, Hôpital A Chenevier, [5]Inserm U955, Université Paris Est, Créteil, [6]Service de Psychiatrie et Psychologie Clinique, CHU de Nancy F-54000, Nancy, [7]Service de Psychiatrie, Hôpital Charles Perrens, Bordeaux, France

Introduction: Lithium remains the gold standard of prophylactic treatment in bipolar disorder. However 10-40% of patients are not responder to lithium and there is still no operational predictive markers of lithium response. Moreover, previous studies relate some conflicting results due to the absence of an unanimous definition and evaluation of prophylactic lithium response. Our objective was to identify clinical factors associated with prophylactic lithium response assessed by Alda questionnaire that includes 6 categories of prophylactic response from no response for at least two years of treatment to no relapse for three years.

Aims: To study characteristics associated with lithium response.

Methods: All 516 participants met the DSM-IV criteria for bipolar disorder. They all received at least once in their life lithium (for at least two years) and all completed the Alda questionnaire. They were compared on several sociodemographic and clinical factors which were collected using the DIGS. Psychological dimensions were assessed with the ALS and AIS (for affective lability and instability), the BIS (for impulsivity) and the WURS (for ADHD screening) and history of childhood trauma.

Results: Among the 516 subjects, 132 (25,6%) were lithium responders with no relapse during at least two years of treatment; 106 (20,5%) were poor lithium responders. These groups were compared for clinical, dimensional and childhood trauma characteristics, using both univariate and multivariate analyses.

Conclusions: Characteristics associated with lithium response may help to define personalized strategies.