

P-166 - DYSPHORIC MANIC SYMPTOMS ARE PROBABLY DEPRESSIVE SYMPTOMS. AN OPEN LABEL STUDY IN BIPOLAR I MIXED - ONE-YEAR FOLLOW UP

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Introduction: Our preceding studies showed that adding an antidepressant(AD) to quetiapine (acute-phase-mixed-episodes) would improve dysphoric-manic-symptoms and outcome.

Objectives: To evaluate the maintenance of improvement (dysphoric-manic-symptoms)-(mixed-episodes).

Method: Participants were 44-subjects diagnosed (type-I mixed-Bipolar-Disorder)-(DSM-IV-TR). After receiving open-label quetiapine (2-weeks), patients were subsequently randomised to receive either treatment with quetiapine(alone)(n=22) or quetiapine+AD(n=22). We followed-up these patients for a whole period of 54-weeks; subjects were evaluated every 4-weeks using Young-Mania-Rating-Scale(YMRS), Hamilton-Depression-Rating-Scale(HAMD-21).

Results: Therefore of baseline 44-subjects 41(22 females) were evaluated up to week54, mean-age 42.0±5.4; 21 were treated with AD; dosage of quetiapine was not different in the two-groups.

The efficacy over depressive-symptoms progressed over time but parallel in both groups. Relatively to YMRS-scores, on the contrary, a similar continued improvement until study-end was observed but with differences in two groups, week18 scores dropped from 16.5±4.7(vs)9.6±3.8 to week54 score 10.2±3.1(vs)6.1±2.3: repeated-measures-ANOVA revealed significant time-effect= $p < .001$, treatment= $p < .005$; interaction= $p = .001$. Three YMRS-item-scores improved significantly: irritability, disruptive-aggressive-behaviour and insomnia.

No suicide attempters were revealed (HAMD-item-4).

Conclusions: We cautiously suggest that adding an AD in order to treat every main features of mixed-episode further improved the dysphoric-manic-symptoms. Moreover, in the long-term, continuing AD-treatment further improve symptomatology, as indicated by a significant reduction of both HAMD-21 YMRS-scores; unexpectedly, the aspects better controlled seemed to be the manic ones, particularly disruptive-aggressive-behaviour irritability and insomnia.

So, speculatively, even though for a long-period we have considered dysphoric-symptoms like manic-symptoms; on the contrary, only when we added AD, i.e. we treated as depressive-symptoms, we noticed that patients with bipolar-I-mixed improve dramatically in dysphoric-manic-symptoms.