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Introduction: According to several international guidelines, lithium is still the first choice for treating mania and for prophylaxis of bipolar disorder. Nevertheless, in the last decades clinicians prefer to use anticonvulsant drugs such as valproate and carbamazepine to lithium, which are easier to manage and with less side effects.

Objectives: 1) to describe prescribing patterns in Italian mental health centres in patients with bipolar I disorder; 2) to assess clinical and social characteristics of patients receiving lithium.

Aims: to assess the current status of use of lithium in the Italian clinical practice.

Methods: The study, coordinated by the Department of Psychiatry of the University of Naples SUN, was carried out in 11 randomly recruited Italian mental health centres. In each site, 16 patients were recruited if they had a diagnosis of bipolar I disorder, were aged between 18–65 years, were on the caseload of the local mental health centre for at least six months, and had experienced at least one affective episode in the past three years. Data on pharmacological treatments were obtained from clinical records.

Results: The sample consisted of 140 patients, 118(84%) were receiving mood stabilizers, 84(60%) antipsychotics, 57(41%) antidepressants and 45(32%) benzodiazepines. Valproate was the mood stabilizer more frequently prescribed(58%); lithium was prescribed to 35% of patients. Those receiving lithium had a longer contact with the local mental health centre(105.9 ± 77.6 months vs. 79.0 ± 68.5 ; $p < .05$), had more involuntary admissions(2.0 ± 5.0 vs. 0.6 ± 1.7 ; $p < .05$) and a higher severity of depressive symptoms at the BPRS(2.2 ± 0.9 vs. 1.9 ± 0.7 ; $p < .05$).

Conclusions: Our data confirm the general principle that lithium is not frequently prescribed in clinical practice and it is given only to more severe patients.