

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

M. Darghal¹, C. Essaidi². ¹Neuropsychiatry Department, Medical Center Diour Jemaa, Rabat, Morocco ²Psychiatry Department, Medical Center Tabriquet, Sale, Morocco

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

N. Basterreche², M. Zumarraga¹, R. Davila¹, A. Arrue¹, B. Goienetxea³, M.A. Gonzalez-Torres⁴, S. Bustamante⁴, E. Ruiz⁴, J. Guimon⁵. ¹Departamento Investigacion Neuroquimica. Hospital Psiquiatrico de Zamudio, Zamudio, Spain ²Servicio de Corta Estancia. Hospital Psiquiatrico de Zamudio, Zamudio, Spain ³Hospital San Juan de Dios, Santurzi, Spain ⁴Servicio de Psiquiatria, Hospital de Basurto, Bilbao, Spain ⁵Departamento de Psiquiatria, Universidad Del Pais Vasco, Leioa, Spain

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

G. Edman¹, L. Backlund², M. Adler², J. Hallgren³, P. Sparen³, U. Osby^{1,2}. ¹Department of Psychiatry, Danderyd University Hospital, Stockholm, Sweden ²Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden ³Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden

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