P0146

Insulin resistance and hyperlipidemia in women with bipolar disorder

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Women treated for bipolar disorder (BP) exhibit higher rates of menstrual abnormalities and metabolic dysfunction, such as obesity or insulin resistance (IR). However, it is not clear whether these reported abnormalities are directly attributable to the disorder, are a consequence of pharmacotherapy, or are a result of some combination thereof. We previously reported data suggesting that BP women may exhibit obesity and IR prior to mood stabilizer (MS) exposure.

This study examined metabolic and reproductive markers in a sample of women with bipolar depression (type II), the majority of whom had not previously been treated with MS agents. Eleven BP reproductive-aged women underwent fasting morning blood sampling to assess metabolic and reproductive hormone levels.

Eight women were completely MS-naïve; 3 women had previously been treated with an MS. More than half of the women were obese/body mass index (BMI) >30. Five women exhibited symptoms of IR, as demonstrated by fasting insulin >20mU/mL and/or a homeostatic model assessment of insulin resistance (HOMA-IR) value >2.3. Nearly half of the women had blood lipids markers indicative of hyperlipidemia, which was observed in both obese and non-obese women. The 3 women who received MS treatment in the past demonstrated significant lipid abnormalities compared to those MS-naïve women, which remained even after controlling for BMI.

The results suggest that: (1) increased BMI, IR, and hyperlipidemia can be present in BP women even in the absence of MS treatment; (2) hyperlipidemia may also be an enduring side effect of treatment with mood stabilizing agents.

P0147

Screening for bipolar disorder in a Spanish sample of outpatients with current major depressive episode

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Objective: Bipolar spectrum disorders often go unrecognised and undiagnosed. One of the underlying reasons is the poor recognition of bipolar disorder among patients presenting depressive episodes. Our goal was to estimate the MDQ rate of positive screens for bipolar disorder in a Spanish sample of outpatients with a current major depressive episode and compare it with their psychiatric diagnosis.

Method: 971 consecutively outpatients with a current DSM-IV TR diagnosis of major depressive episode were included. Study measures included socio-demographic and clinical data, Clinical Global Impressions–Severity of Illness Scale (CGI-S), Hamilton Depression Scale (HAMD) and MDQ.

Results: 905 patients fulfilled criteria to be included in the analysis. All suffered a current depressive episode. 74.3% (n= 671) of the patients had received previously a diagnosis of unipolar depression and 25.7% (n= 232) of bipolar disorder by a psychiatrist. Using a MDQ of 7-or-more-item threshold, the global positive screen rate for bipolar disorder was 41,3% (n=373). From the 671 patients with previous unipolar depression diagnosis, 161 (24%) screened positive for bipolar disorder with MDQ, whereas in 232 patients diagnosed of bipolar disorder, 212 (91.4%) screened positive.

Conclusions: MDQ showed a positive screen rate for bipolar disorder in 24% of patients with a previous diagnosis of unipolar disorder and a current depressive episode. Screening tools like MDQ could contribute to increased detection of bipolar disorder in patients with depression. Early diagnosis of bipolar disorder may have, therefore, important clinical and therapeutic implications in order to improve the illness course and the long-term functional prognosis.

P0148

Coping with bipolar affective disorders via internet? An analysis of online self-help forums

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Background and Aims: The study aimed to evaluate if and how online self-help forums are used by patients with bipolar affective disorders, their relatives and by professionals.

Methods: 2400 postings in two German language forums for patients with bipolar affective disorders, their relatives and professionals were qualitatively and quantitatively analysed. Interrater-reliability was 0,84 (Cohen's Kappa). Chi-squared tests with Bonferroni correction were performed and exploratory factor analyses were conducted.

Results: 94% of all postings were written by patients, 4% were written by relatives, and 2% by professionals. ‘‘Disclosure’’ (44% of all postings), ‘‘friendship’’ (23%), ‘‘online-group cohesion’’ (22%), ‘‘empathy and support’’ (18%), and ‘‘provision of information’’ (15%) were the main self-help mechanisms. The topics most discussed were the ‘‘social network’’ of the patients (27%), the ‘‘symptoms of the illness’’ (22%), ‘‘medication’’ (14%), ‘‘professionals’’ (12%), and ‘‘diagnoses’’ (11%). The item ‘‘provision of information’’ was significantly more often named by professionals (chi(2)=32,30; p<0,001), whereas the item ‘‘gratitude’’ was significantly more often named by relatives (chi(2)=34,91; p<0,001). Factor analysis revealed three factors according to self-help mechanisms: ‘‘group cohesion’’, ‘‘emotional support’’, and ‘‘exchange of information’’. Also according to fields of interest factor analysis yielded three factors: ‘‘illness related aspects’’, ‘‘social aspects’’, and ‘‘financial and legal issues’’.

Conclusions: We infer that the main interest in participating in online forums for patients with bipolar affective disorders and their relatives is to share emotions. Our study also reveals that the social network is very important for patients coping with bipolar affective disorders. Psychoeducative programmes should focus on those aspects.

P0149

Fulfillment, satisfaction and functioning in patients hospitalized with bipolar disorder and treatment with Depakine Crono

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Background: Depakine crono presents an immediate, longer absorption, with maximum plasmatic concentrations less high than the

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classic one. It allows a minor number of doses and a better therapeutic fulfillment.

Aims: To identify the characteristics and the patients profile treated with depakine crono in a unit of hospitalization. Patients had the diagnosis of bipolar or schizoaffective disorder and they were followed out of the hospital. We stand out the clinical improvement, level of satisfaction, adherence, fulfilment and quality of life obtained.

Methods: Patients with a descompensation of their affective disorder admitted in a Acute Unite were studied (N=30). They all needed depakine crono for their stabilization.The information has been obtained by a interview, applying a specific protocol with demographic and clinical data, exploring the reasons and satisfaction with the medication. Four clinical scales were used: DAI, the Scale of Disability of the OMS, EEAG and ICG for the Bipolar Disorder.

Conclusions: The profile showed an 32-48-year-old, married woman, with primary studies who lived in family environment, with a maniac episode, with a development of the disease of more than 20 year. The age of the first episode was of 21 years, with somatic and personality disorders and abuse of substances.

The clinical impression in the admission is serious. The average dose needed of depakine crono was 1.000 mg/día, with a good efficiency in the most of patients. The personal and labour functionality improve from the beginning of the treatment. The level of therapeutic fulfillment is satisfactory.

P0150

Middle-age mania: A clinical case report

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The authors describe a clinical case of a 58 years old individual with hypertimic temperament, without pathological antecedents and previous psychiatric history and that initiated compatible syntomatology with a first maniac episode. Alterations of the behavior with hetero-agressivity in relation to his wife, hypersexuality, disturbance of sleep with almost total insomnia, euphoria, rapid thinking, rapid and senseless speech, revealing delirious ideas of grandiosity and hypergraphia could be observed. A tracing for a secondary aetiology of mania was carried out, having been concluded to be a bipolar disorder of delayed onset. Currently the patient is stabilized with sodium valproate 1500mg/day and risperidone 1mg/day and is regulary observed in a psychiatric consultation. This case alert to the possibility of late onset of a bipolar disorder, however it is always necessary to carry out complementary study to exclude secondary causes of mania.

P0151

Use of a long-acting atypical antipsychotic in bipolar patients

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Atypical antipsychotics are often used during the acute manic phase of bipolar disorder. Randomised, controlled trials have demonstrated efficacy independent of psychotic features and several are now licensed for this indication. The evidence for maintenance treatment is less clear. There is some data to suggest prevention of manic episodes and practice guidelines (APA, BAP) focus on psychotic symptoms during maintenance therapy.

Adherence with maintenance treatment in bipolar disorder is poor and yet discontinuing treatment is the most frequent cause of recurrence. Conventional depot antipsychotics have been shown to reduce the numbers of relapses in patients with frequent manic episodes, but are associated with more side effects, especially EPS.

Ten patients with bipolar disorder were treated with risperidone long-acting injection (RLAI). The average duration of illness was 10.6 years. All patients were hospitalized at the time of initiation with an average YMRS score of 25.2.

After six weeks of treatment, YMRS had decreased by 31.7% to 17.2. The average duration of treatment with RLAI was 14.6 months and by endpoint YMRS had decreased by 58.7% (from baseline) to 10.4. All ten patients have been discharged from hospital and are being maintained on RLAI with no reported side-effects.

This small study in bipolar patients suggests that treatment with RLAI is efficacious and combines the tolerability benefits of an atypical antipsychotic with the assured delivery of a long-acting injection. Randomised, controlled trials are needed to further explore the benefits of long-acting atypical antipsychotics in bipolar disorder.

P0152

Electronic integrated care pathway in the management of bipolar disorder; Do _ document _ demonstrate

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Bipolar Disorder has an estimated average life prevalence of 1% (0.4-1.6%) with high comorbidity with other disorders, particularly anxiety and substance misuse. The seriousness of this condition is illustrated by a natural chronic course and potentially debilitating impact on functioning. According to the National Institute for Health and Clinical Excellence (NICE) this condition remains unrecognised resulting in suboptimal treatment and increased health costs. NICE offers comprehensive guidance on its evidence-based management.

Modern ways of practising can add to the challenge of mental health workers to deliver the interventions recommended by NICE because of important differences in professional background, unequal funding of services, development of electronic patients' systems and increasingly complexed data sets. These factors became the incentive for the development of an electronic Integrated Care Pathway (eICP) for the management of Bipolar Disorder.

The Bipolar eICP brings the most contemporary evidence-based advice right at the finger tips of mental health workers regardless of the setting of the intervention or the professional background of the care provider. It offers a template for collecting vital epidemiological, clinical and socio-demographic information about this index population. This tool provides specific data feedback to facilitate communication and documentation of information to and for users as well as health care or commissioning organisations. In three words the Bipolar eICP makes possible the "Do _ Document _ Demonstrate" of evidence-based modern practice.

P0153

Subsyndromal mood symptoms, cognition, and psychosocial functioning in euthymic bipolar patients

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