

P-175 - CONCORDANCE OF MAINTENANCE TREATMENT PATTERNS FOR BIPOLAR DISORDERS WITH CURRENT PRACTICE GUIDELINES IN AN OUTPATIENT SETTING

L.Erkoreka, C.Bolado

CSM Ercilla, BOMS-Osakidetza, Bilbao, Spain

Introduction: Wide variations in guideline concordance rates for bipolar disorder have been reported. To the authors' knowledge, no studies have been carried out in Spain.

Objective: To evaluate whether maintenance treatment patterns for outpatients with bipolar disorders in usual practice are concordant with evidence-based prescription guidelines.

Methods: Cross-sectional data are being collected, starting June 2011, from outpatients diagnosed of bipolar I or II disorders attended at a Mental Health Center in Bilbao (Spain). Information about their maintenance treatment is reviewed, and labelled as "concordant" or "non-concordant". Medication considered concordant with current guidelines^{1,3} are lithium (serum levels 0,6-1,2 mEq/L obtained within the previous 6 months), valproate (serum levels 50-100 µg/mL within the previous 6 months), carbamazepine (serum levels 4-12 µg/mL within the previous 6 months), quetiapine (≥300 mg/d), olanzapine (≥10 mg/d), aripiprazole (≥15 mg/d) and, in bipolar II, lamotrigine ≥100 mg/d. Adjunctive use of other medications is also recorded. To assess concordance when various drugs are combined, at least one of them needs to be within therapeutic dose.

Results: Hitherto, data from 50 patients have been analyzed (66% females; mean age 52,82±13,35; 68% bipolar I). 60% of them present a concordant treatment; 67,64% in the bipolar I subgroup and 43,75% in the bipolar II. Half of the patients are on antidepressants.

Conclusions: Despite the still small sample size and need of a multicenter assessment, adherence to guidelines seems suboptimal, mainly respecting bipolar II. Implementing interventions that have proven effective for enhancing evidence-based care and therefore improving outcomes should be considered.