studies also indicated it may be helpful to depression. Will it be helpful if treating the adolescent bipolar disorder?

Method: 76 patients were randomized into two groups, 37 treated with capsule Acanthopanax senticosus plus tablet lithium, 39 treated with capsule fluoxetine plus tablet lithium. Hamilton depression rating scale, 17 items (HAMD-17) was assessed during the trial.

Result: After 6 weeks treatment, There was a main effect for duration of treatment for Hamilton depression scale scores ($F=183.06$, $P<0.01$), but there was no group main effect($F=0.99$, $P=0.323$) or group-by-duration of treatment interaction($F=0.779$, $P=0.437$). The response rate and remission rate between the two group were similar. 3 patients suffered mood switching in fluoxetine treated group while no patients in Acanthopanax senticosus treated group.

Conclusion: This preliminary study suggested that lithium adding Acanthopanax senticosus was as effective as lithium adding fluoxetine for treating adolescent bipolar depression, and Acanthopanax senticosus may be more safer and less risk to mood switching.

P143

Response- and remission rates as efficacymarker of monotherapy with atypical neuroleptics in the treatment of acute mania

S. Eppendorfer, S. Wilhelm, C. Nicolay, H.P. Hundemer. *Medical Department, Lilly Deutschland GmbH, Bad Homburg, Germany*

Introduction: Numerous studies on the treatment of acute mania in bipolar patients have demonstrated the efficacy of atypical neuroleptics versus placebo or active comparator. However, there is a lack of direct comparative studies between atypicals. We present an overview on the efficacy (response and remission rates) of atypicals.

Methods: Using MEDLINE-analysis, all prospective double-blind studies of atypical neuroleptics in acute mania published until November 2006 were identified. Response was defined as 50% improvement and remission as an endpoint ? 12 in YMRS. The following parameters were calculated: response rates, remission rates, odds ratios, adjusted odds ratios.

Results and Discussion: Response rates in placebo controlled studies (duration 3-4 weeks) ranged from 18.9% to 42.9% (placebo) and from 39.8% (aripiprazol) to 72.9% (risperidone) for comparators. The adjusted odds ratios ranged from 1.946 (ziprasidone) to 2.727 (risperidone), all differences versus placebo were statistically significant in favor of the atypical. Remission rates ranged between 22.1% and 35.7% (placebo) and for comparators between 27.7% (quetiapine) and 61.1% (olanzapine). In comparator controlled studies (duration 3-12 weeks) response rates ranged between 42.3% and 74.2%. With odds ratios between 0.580 and 1.629, differences versus comparator were not statistically significant. Remission rates in these studies varied from 27,7% (quetiapine) to 49% (lithium). The observed trends for treatment effect differences between the atypicals are confounded by different study designs and patient characteristics. Thus, direct comparative studies between atypicals in acute mania are required to detect potential treatment effect differences, e.g. in special patient subgroups.

P144

Preventing bipolar relapse: Which factors are associated with different mood stabilizer therapy?

S. Wilhelm [1], A. Schacht [1], A. Minarzyk [1], A. Liebeskind [1], H. Grunze [2]. [1] *Lilly Deutschland GmbH, Medical Department, Bad Homburg, Germany* [2] *Department of Psychiatry, Ludwig-Maximilans-University, Munich, Germany*

Background: As bipolar disorder drastically afflicts the patient's family, social, and occupational life alongside with a high suicide rate, early initiation and maintenance of pharmacotherapy is crucial. However, bipolar relapse prevention including modern atypical antipsychotics still deserves research.

Methods: Targeting relapse prevention in a natural setting, this ongoing 18-months, prospective, multicenter, non-interventional study compares mood-stabilizing therapies in German outpatients with bipolar disorder.

Results: The present analysis of baseline-data reveals that of 761 adults included, 26.1% are receiving olanzapine monotherapy (OM), 21.2% lithium monotherapy (LM), 30.1% anticonvulsant monotherapy (AM), 6.4% olanzapine/lithium combination therapy (OLC), 9.5% olanzapine/anticonvulsant combination therapy (OAC), 6.7% other combinations of mood stabilizers (OC) and 5.8% no mood stabilizers (NO). A higher rate of females receive AM (32.5%, males 22.9%) while males are rather treated with OM (26.6%, females 23.0%). At baseline, 36.4% of the patients had been hospitalized within the last 12 months due to psychiatric disorder, 26.8% had a history of suicide attempts, 10.7% were considered rapid cyclers.

Within the last 12 months 66.5% of the patients experienced manic episodes, 88.6% depressive episodes and 43.1% mixed episodes. The highest rates of prevalent diabetes mellitus (12.6%) and lipid disorders (17.5%) and second highest of cardiovascular disease (20.4%) was found in Patients receiving LM. Employment rate at baseline was highest in the AM-group (39.6%) and lowest with OC (29.2%).

Conclusion: The present data show that these patients in whom maintenance therapy was initiated, form an exceedingly heterogeneous population, suggesting a strong demand for individually customized therapies.

P145

Preventing bipolar relapse: In which way do patients with mixed episodes differ?

S. Wilhelm [1], A. Schacht [1], A. Minarzyk [1], A. Liebeskind [1], H. Grunze [2]. [1] *Lilly Deutschland GmbH, Medical Department, Bad Homburg, Germany* [2] *Department of Psychiatry, Ludwig-Maximilans-University, Munich, Germany*

Introduction: Treating bipolar disorder, patients with mixed episodes are considered the most problematic subgroup as they do not respond easily, which makes the choice and dosage of the respective pharmacotherapy difficult. One objective of this ongoing 18-months, prospective multicenter, non-interventional study on mood-stabilizing therapies is to find out what specific patient features are associated with mixed episodes.

Methods: Observational data from 761 outpatients are collected by 150 office or hospital based psychiatrists throughout Germany in the course of standard treatment for bipolar disorder. A baseline analysis was run and patients without mixed episodes (0-MX) were compared to those with one (1-MX) and more (>1-MX) mixed episodes.

Results: 30.9% patients experienced mixed episodes within the last 12 months, with a hospitalization rate of 33.2% for the 0-MX, 36.5% for the 1-MX and 43.4% for the >1-MX group. The 0-MX group had 5.6% rapid cyclers, while it was 11.0% for the 1-MX and 32.8% for the >1-MX group. Regarding treatment, 0-MX mostly receive anticonvulsive monotherapy (31.1%), 1-MX olanzapine monotherapy (31.8%) and >1-MX anticonvulsive monotherapy (35.3%). A higher psycho-education rate appeared with the 1-MX (19.0%) and >1-MX (28.8%) than with the 0-MX group (14.8%).

https://doi.org/10.1016/j.eurpsy.2007.01.881 Published online by Cambridge University Press