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Quetiapine in the maintenance treatment of bipolar I disorder: Combined data from two long-term phase III studies

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Background and Aims: Combined data are presented from two long-term, phase III studies (D1447C00126; D1447C00127) that examined the efficacy and safety of quetiapine in combination with lithium/divalproex in the prevention of mood events (manic, mixed, or depressed) in bipolar I disorder.

Methods: During a stabilization phase (12–36 weeks), patients received quetiapine (400–800 mg/day; open-label; flexible, divided doses) with lithium or divalproex (target serum concentrations 0.5–1.2 mEq/L and 50–125 µg/mL). Thereafter, patients were randomized to double-blind treatment with quetiapine (400–800 mg/day)+lithium/divalproex or placebo+lithium/divalproex for up to 104 weeks. The primary endpoint was time to the first mood event, defined by medication initiation, hospitalization for a mood event, YMRS or MADRS scores ≥ 20 at 2 consecutive assessments, or discontinuation due to a mood event.

Results: In total, 3414 patients entered the stabilization phase and 1326 were randomized and received ≥ 1 dose of study medication. Rates of recurrence were 19.3% vs 50.4% for quetiapine and placebo groups, respectively. The risk of recurrence of a mood event was significantly reduced in the quetiapine group relative to the placebo group (HR=0.30, $P < 0.0001$). HRs for the risk of recurrence of manic and depressed events were both 0.30 ($P < 0.0001$). Long-term treatment with quetiapine was generally well tolerated; safety data including glucose changes will also be presented.

Conclusions: Quetiapine in combination with lithium/divalproex is significantly more effective than lithium/divalproex alone in the prevention of mood episodes associated with bipolar I disorder, irrespective of the index episode.

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P0115

The using of lithium in the treatment of bipolar disorder - Changes in the time

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Introduction: Bipolar disorder (BD) is chronic psychiatric disorder characterized by remission and exacerbations of mood disturbances. Treatment of BD is often complicated and includes in the first step treatment with lithium, after with other "mood stabilizers", antipsychotics, antidepressants.

The aim of study:

- To assess the change of treatment with lithium over the period of time
- The number of hospitalizations in the patients with BD and differences in using of lithium, age and type of first episode

Patients and Methods:

- Retrospective survey of in-patient's files (1997 - 2007) with typical limitations for retrospective case survey:
- BD, n = 125 (67% women with BD, DSM-IV)

- Number of hospitalizations, average number hospitalizations/year, type of treatment, using of lithium

Results:

- The first episode was depressive in 62% of patients and average number of episodes: 6,2
- There was a steady decrease in use of mood stabilizers medication over the time (68% vs 82%)
- We observed increase in prescription of atypical antipsychotics (in 80% of patients; last 6 years = 93%)
- The using of lithium was in 52% of patients (in 41% patients during first hospitalization) with average dose 1250mg of lithium and average surface of lithium in blood: 0,64mmol/l

Conclusion: We find out trend in using of lithium in 52% patients with BD last time again with average dose 1250mg per day and average surface of lithium in blood 0,64mmol/l and increasing of prescription of atypical antipsychotics (last 6 years = 93%).

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Self appreciation and affective temperaments in psychiatric nurses

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An analysis about the Self Appreciation and the Affective Temperament of Nurses in Psychiatric and Mental Health Services, have a crucial importance, because this fact will influence many phenomena's in nursing practice, like the capacity of develop relationships and create resistance to physical and psychological illness. A total of n=47 nurses, of both sexes, with average age of 38,57 years, working in Mental Health and Psychiatry Departments, in three portuguese Hospitals, were inquired through a Questionnaire of direct application. In the Questionnaire, were introduced measures like: TEMPS-A Scale (Akiskal, 1998), translated into Portuguese, by Figueira and Severino (1999) and Scale of Self Personal Appreciation Scale (Ribeiro, 2006). The obtained results indicate that the population, have, majority, a Hyperthymic Temperament. It was verified that the women presents a higher Self Personal Appreciation and his Self Appreciation is statistically related to the Cyclothymic and Anxious temperaments. The results also show that exist an association between the marital status and the Irritable Temperament, and between the Time of Service and the Cyclothymic and Hyperthymic Temperaments.

Affective temperament of nurses seems to be a good predictor of leadership capacity in violence situation at psychiatric services.

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Overweight and obesity in bipolar disorder

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Aims of the study: To study Body Mass Index (BMI) and Blood Pressure (BP) in bipolar patients.

Methods: Retrospective study in bipolar inpatients of an acute psychiatric Portuguese department during a two years period. Of the 60 bipolar inpatients, 31 were selected. The patients without height or weight data were excluded.

Results: The mean age was 48.5 years. 66.7% of the patients were women. The most frequent pharmacological association (13.3%) was sodium valproate and olanzapine. Using INÉs (National Statistic Institute, 2007) criteria, 25.8% of these patients were overweight and