

P-169 - ADJUVANT TREATMENT IN BIPOLAR DISORDER

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Introduction: The use of monotherapy with mood stabilisers during bipolar disorder concerns only few patients. Neuroleptics, benzodiazepines and recently the new-generation antipsychotic molecules are widely used as adjuvant therapy to mood stabilizers, indeed beyond the indications held by the guidelines.

Objectives: Modalities of prescription of psychotropic medication during the first admission and over a three-year follow-up in subjects with bipolar disorder.

Aims: Evaluate the adequacy of prescribing practices in naturalistic conditions and international guidelines.

Methods: Retrospective study of all first-admitted patients with bipolar disorder in two psychiatric wards of Razi Hospital between 2006 and 2008 and over a three-year follow-up.

Results: Our sample consisted of 72 patients.

Over 80% of patients had initially received an incisive antipsychotic drug in combination with mood stabilizer; it was a conventional antipsychotic in 65.3%. Sedative neuroleptics were prescribed in 40.3% of cases with a duration average of 19.21 ± 11.97 months. The combination of two antipsychotic drugs was found in 33.3% of patients. The most frequent association was "haloperidol-chlorpromazine" (79%). Benzodiazepines were prescribed in acute phase in the majority of the sample (94%) with a duration average of 27mo is ± 8.4 months; it was the lorazepam in 70.6%.

Conclusions: Theoretical recommendations do not always reflect the practical situations. Evaluating indications and conditions of polytherapy are critical issues in future studies on the biological treatment of bipolar disorder.