

P01-24 - QUETIAPINE XR IN RAPID CYCLING BIPOLAR DISORDER-DEPRESSIVE EPISODE - STUDY CASE

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Background: A partial solved issues in the treatment of Bipolar Disorder (BD) is depressive episode if is rapid cycling. Often, antidepressant monotherapy increases the risk of switching into mania/hypomania. Using quetiapine XR in these cases may help to avoid these disease burdens.

The aim: To estimate the clinical efficacy and acceptability, in rapid cycling depressive episode of quetiapine XR.

Methods: 34 yrs. woman, Bipolar Disorder-Depressive Episode, rapid cycling (DSM-IV), scores YMRS=10 and HAMD-17=32 at baseline.

Instruments: Depression (HAMD-17), mania (YMRS), CGI-S, CGI-I, side effects and relapse (follow-up: 12 month). The patient has a history of 12 yrs. of BD with 5 depressive and 6 manic episodes. Last year depressive episodes were 3 manic and 1 depressive episodes.

Results: After 4 weeks, of treatment with quetiapine XR 300mg/day in the evening, the depressive scores improved 75%, sleep became normal, no co-medication was needed. The patient continued to receive quetiapine XR and assessments were performed monthly. The follow-up priod demonstrated no relapses (depressive or manic).

Conclusions: 1. In this case of Bipolar Disorder-rapid cycling, the treatment of depressive episode quetiapine XR-300mg/day was effective and well tolerated; no switch in manic or hypomanic was noticed.

References:

1. Suppes T, et al: Effectiveness of the new extended-release formulations of quetiapine as monotherapy for the treatment of acute bipolar depression: Int J Neuropsychopharmacol. 2008; 11: (Supplement S1); 185
2. Susan McElroy et al, A double-blind, placebo-controlled study of quetiapine and paroxetine in adults with bipolar depression (EMBOLDEN II study acute phase, poster, ECNP Congress, September 2008, Barcelona