**Methods:** 296 youths, ages 10-17 year-old with a DSM-IV diagnosis of bipolar I disorder were randomized to receive either placebo or aripiprazole (10mg or 30mg) in a 4-week double-blind trial. Completers continued assigned treatments for an additional 26 weeks (double-blind). Efficacy endpoints included mean change from baseline to week 4 and week 30 on the Young Mania Rating Scale; Children's Global Assessment Scale, Clinical Global Impressions-Bipolar version severity scale, General Behavior Inventory, Attention Deficit Hyperactivity Disorders Rating Scale, and time to discontinuation. Tolerability/safety assessments included incidence and severity of AEs, blood chemistries and metabolic parameters.

**Results:** Over the 30-week course of double-blind treatment, aripiprazole (10 mg and 30 mg) was superior to placebo as early as week 1 ($p< 0.002$) and at all scheduled visits from week 2 through week 30 on mean change from baseline in the Y-MRS total score ($p<.0001$; all visits). Significant improvements were observed on multiple endpoints including the CGAS, GBI, CGI-BP, ADHD-RS-IV total score, time to discontinuation, and response and remission rates. The 3 most common AEs were somnolence, extrapyramidal disorder, and fatigue. Mean change in body weight z-scores over 30 weeks was not clinically significant.

**Conclusions:** Over 30-weeks of treatment, both doses of aripiprazole were superior to placebo in the long term treatment of pediatric bipolar patients. Aripiprazole was generally well tolerated.

## P0140

Age at onset in bipolar disorders

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**Background:** The underlying genetic heterogeneity in Bipolar Disorder (BD) has led to the search of potential markers associated with subtypes of the disorder; as such, age at onset (AAO) could be considered as a factor that defines more genetically homogeneous subgroups.

**Objective:** To analyze the modal distribution of a BD population according to the AAO of the disorder, as well as the clinical characteristics related to the distribution findings.

**Methods:** 357 patients with a BD diagnosis were included in the study. AAO was defined as the age when the patient first met DSM-IV criteria for a major mood episode. Using an admixture analysis, patients were distributed among different parameters; and parametric analyses were conducted in order to compare the demographic and clinical characteristics between groups.

**Results:** The model that best fit the observed distribution was a mixture of three Gaussian distributions (mean ± SD): 17±3.7 years, 26±8.8 years, and 35.5±12.54 years. Statistically significant differences were found with respect to social status, course of illness, suicidal behavior, rapid cycling, medical co-morbidities and lithium response ($p<0.05$).

**Conclusions:** Our results support the existence of a tri-modal distribution in BD defined by AAO, each one with different clinical characteristics; and suggest that early-onset and late-onset BD reflect an underlying genetic heterogeneity in bipolar disorder, being early-onset BD implicitly a more serious subtype of disorder.

## P0141

Delayed diagnosis of the bipolar disorder

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The delayed diagnosis of patients with bipolar disorder is a significant problem. These Patients will necessarily receive an inappropriate therapeutic and an inadequate management.

The objective of this work is to value the delay diagnosis of the bipolar trouble, to determine the factors of risk and its impact on the evolution of the disorder and on the life of patient.

It is a retrospective study of 101bipolar patients, according to the DSM IV criteria, that have been seen in consultation or hospitalized to the psychiatric unit of Marrakech, during a period from February 1st to September 2007.

The middle age of the patients was of 29,5 years with a masculine predominance (60,4%), the patients were unmarried in 61,4% and without profession in 44,6%.

The personal antecedents of hippomania were present in 61,4% , the familial antecedents of psychiatric disorder in 55,4%.

The middle time between initial mental health diagnosis and bipolar diagnosis was 76 months with a maximum of 132 months.

The impact of the delay on the illness had been noted in 60% of the cases (length and severity of the episode, recidivisms), the suicidal risk was present at 32,7% of the patients.

The factors incriminated in the delayed diagnosis of the bipolar trouble are essentially represented by the minor or atypical shapes of mania.

The recognition of these shapes will permit a precocious diagnosis what will avoid the deleterious impact of the delay diagnosis on the evolution of the illness and the life of the patient.

## P0142

Response to antidepressant treatment by suicidal major affective disorder patients

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**Objective:** To test the prognostic value of suicidal status in depressed patients for responses to antidepressant treatment.

**Methods:** We evaluated treatment response and covariates in depressed patients diagnosed with DSM-IV major depressive (n=50) or bipolar disorders (n=32) treated initially in a day-hospital for 2 weeks, followed by 4 weeks of outpatient treatment with antidepressants, with or without a mood-stabilizer. Being suicidal was based on an item-3 of the 17-item Hamilton Depression Rating Scale (HDRS17) scored at ≥3 and verified by baseline clinical assessment; morbidity and improvement were based on the total of the remaining 16 nonsuicidal items (HDRS16).

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