

P04. Bipolar disorders

P04.01

Construct validity of affective temperament questionnaire: data from the National French Study "EPIDEP"

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Current clinical research in the field of mood disorders is focused on the assessment of affective temperament and their influence on the clinical picture of depression. The aim of EPIDEP was to show the feasibility of validating the spectrum of soft bipolar disorders by practicing clinicians (Allilaire et al, 2001). In this report we focus on data concerning the assessment of affective temperament in a cohort of 493 patients with major depression (DSM-IV).

Methods: Forty-two psychiatrists working in 15 different sites in France have participated. After at least one month from inclusion, assessment of hypomania and affective temperaments with a French version of UCSD Affective Temperament Questionnaire, ATQ (Hantouche et Akiskal, 1997) was performed.

Results: Principal component analyses (PCA) were conducted on hyperthymic (HYP), depressive (DEP) and cyclothymic (CYC) temperament questionnaires as assessed by clinicians. PCA showed the presence of a global major factor for each questionnaire with respective eigenvalues of the correlation matrix as followed: 7,1 for HYP, 6,0 for DEP, and 4,7 for CYC.

The total scores on HYP and CYC were significantly more important in BP-II group and on DEP in Unipolar group ($p < .001$).

Conclusion: Construct validity and uni-dimensionality of each ATQ was suggested. Despite uniformity of depressive intensity and symptoms, obvious significant differences were observed between unipolar and BP-II patients according to ATQ assessment.

- (1) Hantouche EG, Akiskal HS. Clinical assessment of affective temperaments. *Encephale* 1997; 23 (sp.1): 27–34.
- (2) Allilaire JF, Hantouche EG, Sechter D et al. Frequency and clinical aspects of BP-II: data from the French multi-site study EPIDEP. *Encephale* 2001; 27: 149–58.

P04.02

Pure versus dysphoric mixed mania: 12-month prospective follow-up data from the French National EPIMAN Study

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This paper derives from the French national multi-site collaborative study on the clinical epidemiology of mania (EPIMAN). In this report we present data obtained from a prospective follow-up on a 12-month period of a cohort of hospitalized manic patients. EPIMAN involves training 23 French psychiatrists in 4 different sites (Paris, Bordeaux, Marseille and Besançon).

Results: From an initial sample of 104 patients at inclusion, 91 patients were seen and assessed during follow-up: 61 with pure mania (PM) and 30 with dysphoric mixed mania (DMM), as defined by the presence of at least 2 coexisting depressive symptoms). At the end of one year, relapse rate was 29,5% in PM and 43,3% in DMM ($p = .19$), and residual symptoms rate

was respectively 19,7% versus 20,0%. During the entire period of follow-up, 45,9% of PM and 63,3% of DMM have presented at least one relapse ($p = .12$), and respectively 24,6% and 10,0% ($p = .10$) have been rated with maintained complete remission. Repeated assessment of mania with Beigel-Murphy scale (MSRS) showed comparable decrease on total score in both groups. Mean scores on the depressive factor from MSRS and the Hamilton depression scale (13 and 17 items) were significantly higher in DMM group at M3, M12, and end-point. The presence of Depressive Temperament would explain the persistent higher level on HAM-D in DMM group.

Conclusion: Relapse and residual symptomatology were frequently observed in both Pure and Mixed Mania during one-year follow-up. Stability of dysphoria in Mixed Mania could be related to Depressive Temperament.

- (1) Akiskal HS, Hantouche EG, Bourgeois ML et al. Gender, temperament, and the clinical picture in dysphoric mixed mania: findings from EPIMAN study. *J Affect Disord* 1998; 50: 175–86.

P04.03

Frequency and hospitalisation-related costs of manic episodes in patients with bipolar I disorder in France

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Objectives: To assess the frequency of hospitalisation and inpatient costs associated with manic episodes in patients with bipolar I disorder in France.

Method: The prevalence of bipolar I disorder, the frequency of manic episodes, the proportion of bipolar patients who are rapid cyclers, and the average cycle duration, were estimated from published epidemiological data. Only data on bipolar I disorder were included, as there is greater consensus and better documentation for this subgroup of patients. A computerised literature search was performed using the main scientific and medical databases. Additional epidemiological references were identified from textbooks and "grey" literature. For data on frequency of hospitalisation and length of stay, statistics from the Medical Information Department of a large psychiatric university hospital in Paris for the year 2000 were used. Patients admitted or consulting hospital specialists for a manic episode were identified using the appropriate ICD-10 codes (F30, F30.1, F30.2, F31.1, F31.2 and F31.6).

Results: The epidemiological and economic data on bipolar disorder available in France is very limited. The annual number of manic episodes in patients with bipolar I disorder was estimated to be around 258,000 in France. Based on hospital data in Paris, the proportion of manic episodes that require hospitalisation was estimated to be around 63 %. The average length of stay was 32.4 days and the hospitalisation-related costs were estimated to be around 8,5 billion FF per year (€1,3 billion).

Conclusion: Our literature review highlights the lack of medical and economic data on the frequency and hospitalisation-related costs of manic episodes in patients with bipolar I disorder in France. As the lifetime prevalence of bipolar I disorder may be as high as 3 % among adults, future studies are required to provide representative national data and to allow economic evaluations of costs related to bipolar disorder in France.