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Insulin resistance and hyperlipidemia in women with bipolar disorder

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Women treated for bipolar disorder (BP) exhibit higher rates of menstrual abnormalities and metabolic dysfunction, such as obesity or insulin resistance (IR). However, it is not clear whether these reported abnormalities are directly attributable to the disorder, are a consequence of pharmacotherapy, or are a result of some combination thereof. We previously reported data suggesting that BP women may exhibit obesity and IR prior to mood stabilizer (MS) exposure.

This study examined metabolic and reproductive markers in a sample of women with bipolar depression (type II), the majority of whom had not previously been treated with MS agents. Eleven BP reproductive-aged women underwent fasting morning blood sampling to assess metabolic and reproductive hormone levels.

Eight women were completely MS-naïve; 3 women had previously been treated with an MS. More than half of the women were obese/body mass index (BMI) >30. Five women exhibited symptoms of IR, as demonstrated by fasting insulin >20mU/mL and/or a homeostatic model assessment of insulin resistance (HOMA-IR) value >2.3. Nearly half of the women had blood lipids markers indicative of hyperlipidemia, which was observed in both obese and non-obese women. The 3 women who received MS treatment in the past demonstrated significant lipid abnormalities compared to those MS-naïve women, which remained even after controlling for BMI.

The results suggest that: (1) increased BMI, IR, and hyperlipidemia can be present in BP women even in the absence of MS treatment; (2) hyperlipidemia may also be an enduring side effect of treatment with mood stabilizing agents.

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Screening for bipolar disorder in a Spanish sample of outpatients with current major depressive episode

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Objective: Bipolar spectrum disorders often go unrecognized and undiagnosed. One of the underlying reasons is the poor recognition of bipolar disorder among patients presenting depressive episodes. Our goal was to estimate the MDQ rate of positive screens for bipolar disorder in a Spanish sample of outpatients with a current major depressive episode and compare it with their psychiatric diagnosis.

Method: 971 consecutively outpatients with a current DSM-IV TR diagnosis of major depressive episode were included. Study measures included socio-demographic and clinical data, Clinical Global Impressions–Severity of Illness Scale (CGI-S), Hamilton Depression Scale (HAMD) and MDQ.

Results: 905 patients fulfilled criteria to be included in the analysis. All suffered a current depressive episode. 74.3% (n= 671) of the patients had received previously a diagnosis of unipolar depression and 25.7% (n= 232) of bipolar disorder by a psychiatrist. Using

a MDQ of 7-or-more-item threshold, the global positive screen rate for bipolar disorder was 41,3% (n=373). From the 671 patients with previous unipolar depression diagnosis, 161 (24%) screened positive for bipolar disorder with MDQ, whereas in 232 patients diagnosed of bipolar disorder, 212 (91.4%) screened positive.

Conclusions: MDQ showed a positive screen rate for bipolar disorder in 24% of patients with a previous diagnosis of unipolar disorder and a current depressive episode. Screening tools like MDQ could contribute to increased detection of bipolar disorder in patients with depression. Early diagnosis of bipolar disorder may have, therefore, important clinical and therapeutic implications in order to improve the illness course and the long-term functional prognosis.

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Coping with bipolar affective disorders via internet? An analysis of online self-help forums

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Background and Aims: The study aimed to evaluate if and how online self-help forums are used by patients with bipolar affective disorders, their relatives and by professionals.

Methods: 2400 postings in two German language forums for patients with bipolar affective disorders, their relatives and professionals were qualitatively and quantitatively analysed. Interrater-reliability was 0,84 (Cohen's Kappa). Chi-squared tests with Bonferroni correction were performed and exploratory factor analyses were conducted.

Results: 94% of all postings were written by patients, 4% were written by relatives, and 2% by professionals. “Disclosure” (44% of all postings), “friendship” (23%), “online-group cohesion” (22%), “empathy and support” (18%), and “provision of information” (15%) were the main self-help mechanisms. The topics most discussed were the “social network” of the patients (27%), the “symptoms of the illness” (22%), “medication” (14%), “professionals” (12%), and “diagnoses” (11%). The item “provision of information” was significantly more often named by professionals ($\chi^2=32,30$; $p<0,001$), whereas the item “gratitude” was significantly more often named by relatives ($\chi^2=34,91$; $p<0,001$). Factor analysis revealed three factors according to self-help mechanisms: “group cohesion”, “emotional support”, and “exchange of information”. Also according to fields of interest factor analysis yielded three factors: “illness related aspects”, “social aspects”, and “financial and legal issues”.

Conclusions: We infer that the main interest in participating in online forums for patients with bipolar affective disorders and their relatives is to share emotions. Our study also reveals that the social network is very important for patients coping with bipolar affective disorders. Psychoeducative programmes should focus on those aspects.

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Fulfillment, satisfaction and functioning in patients hospitalized with bipolar disorder and treatment with Depakine Crono

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Background: Depakine crono presents an immediate, longer absorption, with maximum plasmatic concentrations less high than the