

classic one. It allows a minor number of doses and a better therapeutic fulfillment.

**Aims:** To identify the characteristics and the patients profile treated with depakine crono in a unit of hospitalization. Patients had the diagnosis of bipolar or schizoaffective disorder and they were followed out of the hospital. We stand out the clinical improvement, level of satisfaction, adherence, fulfillment and quality of life obtained.

**Methods:** Patients with a descompensation of their affective disorder admitted in a Acute Unite were studied (N=30). They all needed depakine crono for their stabilization. The information has been obtained by a interview, applying a specific protocol with demographic and clinical data, exploring the reasons and satisfaction with the medication. Four clinical scales were used: DAI, the Scale of Disability of the OMS, EEAG and ICG for the Bipolar Disorder.

**Conclusions:** The profile showed an 32-48-year-old, married woman, with primary studies who lived in family environment, with a maniac episode, with a development of the disease of more than 20 year. The age of the first episode was of 21 years, with somatic and personality disorders and abuse of substances.

The clinical impression in the admission is serious. The average dose needed of depakine crono was 1.000 mg/día, with a good efficiency in the most of patients. The personal and labour functionality improve from the beginning of the treatment. The level of therapeutic fulfillment is satisfactory.

## P0150

Middle-age mania: A clinical case report

C.S.S. Silva, J.M.S. Carvalheiro, J.T.S.F. Serra, O.S.N. Neves. *Sobral Cid Hospital, Coimbra, Portugal*

The authors describe a clinical case of a 58 years old individual with hypertimic temperament, without pathological antecedents and previous psychiatric history and that initiated compatible symptomatology with a first maniac episode. Alterations of the behavior with heteroagressivity in relation to his wife, hypersexuality, disturbance of sleep with almost total insomnia, euphoria, rapid thinking, rapid and senseless speech, revealing delirious ideas of grandiosity and hypergraphia could be observed. A tracing for a secondary aetiology of mania was carried out, having been concluded to be a bipolar disorder of delayed onset. Currently the patient is stabilized with sodium valproate 1500mg/day and risperidone 1mg/day and is regularly observed in a psychiatric consultation. This case alert to the possibility of late onset of a bipolar disorder, however it is always necessary to carry out complementary study to exclude secondary causes of mania.

## P0151

Use of a long-acting atypical antipsychotic in bipolar patients

M. Singh. *Park Royal Centre for Mental Health, London, UK*

Atypical antipsychotics are often used during the acute manic phase of bipolar disorder. Randomised, controlled trials have demonstrated efficacy independent of psychotic features and several are now licensed for this indication. The evidence for maintenance treatment is less clear. There is some data to suggest prevention of manic episodes and practice guidelines (APA, BAP) focus on psychotic symptoms during maintenance therapy.

Adherence with maintenance treatment in bipolar disorder is poor and yet discontinuing treatment is the most frequent cause of recurrence. Conventional depot antipsychotics have been shown to reduce

the numbers of relapses in patients with frequent manic episodes, but are associated with more side effects, especially EPS.

Ten patients with bipolar disorder were treated with risperidone long-acting injection (RLAI). The average duration of illness was 10.6 years. All patients were hospitalized at the time of initiation with an average YMRS score of 25.2.

After six weeks of treatment, YMRS had decreased by 31.7% to 17.2. The average duration of treatment with RLAI was 14.6 months and by endpoint YMRS had decreased by 58.7% (from baseline) to 10.4. All ten patients have been discharged from hospital and are being maintained on RLAI with no reported side-effects.

This small study in bipolar patients suggests that treatment with RLAI is efficacious and combines the tolerability benefits of an atypical antipsychotic with the assured delivery of a long-acting injection. Randomised, controlled trials are needed to further explore the benefits of long-acting atypical antipsychotics in bipolar disorder.

## P0152

Electronic integrated care pathway in the management of bipolar disorder; Do \_ document \_ demonstrate

M. Tremblay <sup>1</sup>, P.G. Mottram <sup>2</sup>. <sup>1</sup> *Cheshire and Wirral Partnership NHS Foundation Trust, Denton House, Northwich, UK* <sup>2</sup> *Cheshire and Wirral Partnership NHS Foundation Trust, Academic Unit, St Catherine's Hospital, Birkenhead, UK*

Bipolar Disorder has an estimated average life prevalence of 1% (0.4-1.6%) with high comorbidity with other disorders, particularly anxiety and substance misuse. The seriousness of this condition is illustrated by a natural chronic course and potentially debilitating impact on functioning. According to the National Institute for Health and Clinical Excellence (NICE) this condition remains unrecognised resulting in suboptimal treatment and increased health costs. NICE offers comprehensive guidance on its evidence-based management.

Modern ways of practising can add to the challenge of mental health workers to deliver the interventions recommended by NICE because of important differences in professional background, unequal funding of services, development of electronic patients' systems and increasingly complex data sets. These factors became the incentive for the development of an electronic Integrated Care Pathway (eICP) for the management of Bipolar Disorder.

The Bipolar eICP brings the most contemporary evidence-based advice right at the finger tips of mental health workers regardless of the setting of the intervention or the professional background of the care provider. It offers a template for collecting vital epidemiological, clinical and socio-demographic information about this index population. This tool provides specific data feedback to facilitate communication and documentation of information to and for users as well as health care or commissioning organisations. In three words the Bipolar eICP makes possible the "Do \_ Document \_ Demonstrate" of evidence-based modern practice.

## P0153

Subsyndromal mood symptoms, cognition, and psychosocial functioning in euthymic bipolar patients

R.M. van Erp Taalman Kip <sup>1</sup>, J.I. Egger <sup>1,2</sup>, E.G. Hartong <sup>3</sup>, J. Jeuken <sup>4</sup>, W.M. Verhoeven <sup>1,5</sup>. <sup>1</sup> *Department of Clinical Research, Vincent Van Gogh Institute for Psychiatry, Venray, The Netherlands* <sup>2</sup> *Behavioural Science Institute, Radboud University Nijmegen, Nijmegen, The Netherlands* <sup>3</sup> *Department of Psychiatry, Canisius-Wilhelmina Hospital, Nijmegen, The Netherlands*