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, fulfilment 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

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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 syntomatology 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 regulary 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

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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

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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 complexed 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

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The influence of subsyndromal mood symptoms (SSMS) on cognition and psychosocial functioning of euthymic bipolar patients remains unclear. Viewpoints vary from minor to major influence of SSMS, but seem to be dependent on the methodological choices of the respective researchers. The present study evaluates the relationship between SSMS and cognitive or psychosocial functioning. 16 euthymic patients with bipolar (I: n= 10; II: n= 6) disorder according to DSM-IV criteria were included. SSMS were measured using the MOODS-SR. Cognitive functioning was measured using STROOP, Trail Making Task, WMS-R visual memory subtests, CVLT, WCST, BADS, NART, amongst others. Psychosocial functioning was determined using the GVSG-45, and the Rand-36. Number of bipolar mood symptoms significantly predicted psychosocial functioning. Post-hoc analyses revealed this effect was greatest for the number of depressive symptoms. To our surprise, cognitive functioning had no significant relation to number of mood symptoms or psychosocial functioning. Although the study has several limitations, our results may imply careful detection of subsyndromal depressive mood symptoms in recovered bipolar patients, as these symptoms may typically be responsible for lowered psychosocial functioning and well-being.

P0154

Functional, social and labour impact of depressive symptoms in bipolar disorder (Sindepres study)

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Background and Aims: The impact of depressive symptoms in stability phases on bipolar disorder outpatients' functional aspects could be important to determine if they are impaired and their treatment requirements. Our aim is to describe functional impact and social adjustment in stable BD, regarding present subclinical depressive symptoms.

Methods: Crossectional, prospective, 16-week study of a cohort of 761 BD patients included by 94 investigators. Clinical stability was assessed at baseline and week 16, with the Clinical Global Impression scale for BD (CGI-BP-M), depressive symptoms at baseline with the Hamilton Depression Rating Scale (HDRS), the Montgomery-Asberg Scale (MADRS) and with the self-applied Center for Epidemiologic Studies-Depression Scale (CES-D). Functional status was evaluated with Social and Occupational Functioning Assessment Scale (SOFAS) and Social Adaptation Self-evaluation Scale (SASS).

Results: Depressive symptoms were detected: mean scores on the HDRS 3.7 (SD 3.1), MADRS 4.9 (SD 4.5) and CES-D 15.2 (SD 9.9) scales. On EEASL mean was 79.5 (SD 12.7), showing a slight decline in social-labour activity and poor social adjustment; SASS mean was 37.5 (SD 7.9). 3.4% of the sample (95%CI 2.0-4.8) presented mild depression with moderate functional impact. The presence of depressive symptoms is related to social-labour functional impact and social maladjustment. The highest correlation coefficients are seen between EEASL and MADRS (r= -0.54, $p<0.0001$) and between SASS and CES-D (r=-0.47, $p<0.0001$).

Conclusions: Depressive symptoms on BD outpatients may result in a decline in social-labour functionality and social maladjustment. Self-applied tests performed during follow-up provide important information about patient's functionality.

P0155

Maintenance treatment in bipolar I disorder with Quetiapine in combination with Lithium/Divalproex: A placebo-controlled, randomized trial (North American trial D1447C00127)

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Background and Aims: To examine the long-term efficacy and safety of quetiapine in combination with lithium (Li) or divalproex (DVP) in the prevention of recurrent mood events (manic, mixed, or depressed).

Methods: Patients with bipolar I disorder (DSM-IV, most recent episode manic, mixed or depressed) received open-label quetiapine (400–800 mg/day; flexible, divided doses)+Li/DVP (target serum concentrations 0.5–1.2 mEq/L and 50–125 μg/mL) for up to 36 weeks to achieve ≥12 weeks of clinical stability. Patients were subsequently randomized to double-blind treatment with quetiapine (400–800 mg/day)+Li/DVP or placebo+Li/DVP for up to 104 weeks. Primary endpoint was time to recurrence of any mood event defined by medication initiation, hospitalization, YMRS or MADRS scores ≥20 at two consecutive assessments, or study discontinuation due to a mood event.

Results: 1953 patients entered the stabilization phase and 623 were randomized and received ≥1 dose of study medication. Rates of recurrence of a mood event were 20.3% (63/310) vs 52.1% (163/313) for quetiapine and placebo groups, respectively, a risk reduction of 68% (HR 0.32; $P<0.0001$). Risk reductions were similar for manic and depressed events (HRs 0.30 and 0.33, respectively; $P<0.0001$). Safety data were consistent with the recognized safety profile of quetiapine. However, a greater incidence of blood glucose ≥126 mg/dL was observed in the quetiapine treatment group.

Conclusions: Maintenance treatment with quetiapine+Li/DVP was significantly more effective than placebo+Li/DVP in increasing the time to recurrence of a mood event in stable patients with bipolar I disorder.

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P0156

Efficacy and safety of Quetiapine in combination with Lithium/Divalproex as maintenance treatment for bipolar i disorder (international trial D1447C00126)

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Background and Aims: An international, randomized, double-blind, parallel-group study was designed to determine the efficacy and safety of quetiapine+Li/DVP compared with placebo+Li/DVP in

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