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Neuroprotection in the Aftermath of a First Episode of Mania.

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Objectives: Despite cognition being normal or even superior to controls prior to a first episode of mania, there is a decline in cognitive capacity that is arguably steepest in the interval after a first episode of mania. What is unclear, is the extent to which this can be prevented and which agents might be most useful for doing so.

Methods: This study reports the outcomes of a single-blind, randomised control trial of maintenance therapy with lithium compared to quetiapine after a first episode of mania. Cognition and structural imaging were the primary endpoints.

Results: This study examined a number of paper and pencil tests of neurocognition as well as a computerised battery including Cogstate and Presentation. Tests used include the Wechsler Test of Adult Reading, the Wechsler Abbreviated Scale of Intelligence, Digit Span and Digit Symbol sub-tests of the Wechsler Adult Intelligence Scale – III, Trail Making Test, Rey Auditory Verbal Learning Test, Controlled Oral Word Association Task, Attention Network Test, Go-Nogo and Stroop Tasks. Results of this study will be presented.

Conclusions: Given that cognition is a major symptomatic domain of bipolar disorder and has substantive effects on quality of life, functioning and symptomatic outcomes, the ability to influence the trajectory of cognitive change is of considerable clinical importance.