*European Psychiatry*

**www.cambridge.org/epa**

# Debate

## Antidepressants in bipolar depression: should we use them?

## Abstracts

**Cite this article:** (2020). Debate. *European Psychiatry* **63**(S1), S1–S2.
https://doi.org/10.1192/j.eurpsy.2020.4

### D001

### Pro

I. Pacchiarotti

Bipolar and Depressive Disorders Unit, Hospital Clínic de Barcelona, Psychiatry, Barcelona, Spain

The use of antidepressants in treating bipolar depression still represents a great controversy. Overall, the evidence that antidepressants are efective in treating bipolar depression is weak. Another issue is the possibility of antidepressants to produce an affective switch or a worsening o depression. Evidence of cycle acceleration with antidepressants seems to be prevalent with older Antidepressants. Similar evidence with modern antidepressants such as selective serotonin reuptake inhibitors (SSRIs) is lacking. The key issue that need to be debated is to identify for which subgroup of patients antidepressants could be useful or harmful and if there are some predictors of a worsening of bipolar depression with antidepressants. Another issue is if mono-therapy with antidepressants in Bipolar II depression is a possible and safa strategy in bipolar depression and in which cases we can use antidepressants as adjunctive therapy to mood stabilizers.

**Disclosure:** Dr Pacchiarotti has received CME-related honoraria, or consulting fees from ADAMED, Janssen-Cilag and Lundbeck.

### D003

### Do EE need antipsychotics for the long-term treatment of Schizophrenia?
### Pro

R. Emsley

Stellenbosch University, Psychiatry, Cape Town, South Africa

The effectiveness of antipsychotic treatment in preventing relapses and improving outcomes in schizophrenia has been extensively documented. Consequently, most clinicians advocate ongoing, indefinite maintenance treatment. However, in addition to the considerable side-effect burden associated with long-term antipsychotic treatment, concerns have been raised that the cumulative effects of antipsychotics may actually contribute to poorer outcome and brain volume reductions. Also, recent long-term outcome studies suggest that a substantial number of patients remain free of psychotic symptoms, without ongoing antipsychotic treatment. Thus, some have questioned the need for ongoing treatment. Relapse rates are very high after treatment discontinuation, and they often occur shortly after stopping treatment. Furthermore, symptoms may return abruptly and there are no reliable early warning signs to identify those at imminent risk of relapse. Therefore, even careful follow-up of patients with introduction of rescue medication at the first sign of recurrence when treatment is discontinued is unlikely to be effective in real-world settings. Also, there are no clinically useful predictors of who is most likely to successfully discontinue antipsychotics, and no specific discontinuation strategies that have been shown to work. The consequences of relapse may be far-reaching, and include disruption of relationships, inability to work, hospitalisation, attempted suicide, and incarceration. In addition, emerging evidence suggests that relapse events are the critical factor in illness progression and emergent treatment refractoriness. Further research is urgently needed to identify predictors of successful discontinuation and effective discontinuation strategies. Until then, clinicians should advocate indefinite antipsychotic maintenance treat-ment with the lowest effective dose.

**Disclosure:** In the past 3 years I have participated in speakers/advisory boards and received honoraria from Janssen, Lundbeck, Servier and Otsuka. I have received research funding from Janssen and Lundbeck.



EUROPEAN PSYCHIATRIC ASSOCIATION

## D005
## Pro

## Is Psychotherapy The First Line of Treatment for Borderline Personality Disorder?

L. Claes

University of Leuven, Psychology and Educational Sciences, Leuven, Belgium

In the present PRO presentation, I will give an overview of randomized studies with samples of borderline personality disorder (BPD) in which the authors compare specific psychotherapeutic interventions against control interventions (without any specific action) or against a comparative specific psychotherapeutic intervention (e.g., Stoffers-Winterlin et al., 2012). Furthermore, I will focus on factors that predict the outcome of psychotherapy for BPD (e.g., Barnicot et al., 2012). Additionnaly, I will zoom in on the effectivenes of crisis interventions for adults with BPD in any setting (e.g., Borschmann et al., 2012). And finally, I will put forward some ideas about managing BPD fom a life course perspective (e.g., Hutsebaut et al., 2019).

**Disclosure:** No significant relationships.

https://doi.org/10.1192/j.eurpsy.2020.4 Published online by Cambridge University Press