

P-206 - RESIDUAL SYMPTOMS IN BIPOLAR DISORDER: HOW TO DEFINE AND TO MANAGE THEM IN CLINICAL PRACTICE

L.Samalin¹, L.Yon², B.Giordana³, V.Milhet², W.El Hage⁴, P.Courtet⁵, F.Bellivier², P.M.Llorca¹

¹CHU de Clermont Ferrand, Clermont-Ferrand, ²GH Albert Chenevier Henri Mondor, Créteil, ³Hopital Pasteur, Nice, ⁴CPU Tours Nord, Saint Cyr Sur Loire, ⁵Hopital Lapeyronie, Montpellier, France

Introduction: Residual symptoms (RS) are common in bipolar disorder. There is no clear consensus on how RS are defined, and individual clinicians may have their own perceptions of this clinical problem.

Objective: The aim of this study is to define RS and to describe their management using a qualitative analysis.

Methods: A qualitative study was conducted. Data were collected from five focus groups including 41 psychiatrists all over France. An interview guide was used, including questions about definition of RS, their assessment and influence on the management of bipolar patients. Content analysis was used to identify themes emerging from the focus groups.

Results: There was no consensus among participants regarding an explicit definition of RS. The definition appears to be multifactorial, interactive and scalable. It is based both on the psychiatrist's therapeutic objectives and patient's complaints. Eight major RS was identified: suicidal risk, emotional dysregulation, compliance, cognitive impairment, sleep disorder, functional disability, complaints from the patients and the development of comorbidities.

Content analysis underlines the fact that: standardized tools are not used in clinical practice; RS are a constant preoccupation; they justify optimisation of medication and adjustment of visit frequency.

Conclusions: Qualitative study is helpful to define and describe RS. Identifying RS is an important way of achieving implementation strategies and improve management of bipolar patients.