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BIPOLAR TREATMENT IN EVERYDAY PRACTICE - THE EUROPEAN PERSPECTIVE; DATA FROM THE INTERNATIONAL AMSP PROGRAM

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In the last decade new psychotropic agents have been licensed for the treatment of bipolar depression and mania. We wanted to evaluate if this led to changes in psychotropic prescriptions for bipolar-inpatients over the time-period from 2000 to 2007.

On two reference-days per hospital and per year, the following data are recorded for all patients on the wards under AMSP surveillance: all drugs applied on that day with the daily dosage for psychotropic drugs, ICD-diagnosis, age, and sex. In our analysis we evaluated data from 2000 (N=210) and 2007 (N=383).

We found a decrease of psychotropic monotherapy from 13.8% in 2000 to 4.7% in 2007. The percentage of inpatients receiving 5 or more psychotropics increased significantly from 10.95% in 2000 to 22.19% in 2007 ( $\chi^2$ : 11.199, df:1,  $p < 0.001$ ). Furthermore we found a significant decrease of prescriptions for one or two psychotropics (38.89% to 16.38%) in bipolar-depressed-inpatients, but not in bipolar-hypo/manic-inpatients ( $\chi^2$ : 17.929, df:1,  $p < 0.001$ ). The most frequently prescribed psychotropic in bipolar depression in 2000 was lithium-carbonate (median-dosage: 675mg/day) and in 2007 valproic-acid (median-dosage: 1000mg/day). In bipolar hypo-/mania the most commonly prescribed psychotropic in 2000 was again lithium-carbonate (median-dosage: 675mg/day) and in 2007 valproic-acid (median-dosage: 1500mg/day). The most frequently prescribed combinations were those of c bamazepine with lithium-carbonate (4.76%) in 2000 and of valproic-acid with quetiapine (8.88%) in 2007.

In our bipolar sample polypharmacy increased over the years. Further studies evaluating the safety of this polypharmacy, as well as putative effects of psychotropic combination-treatment in bipolar disorder are needed.