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**Aims:** The Bipolar Functional Status Questionnaire (BFSQ) is a novel patient-reported instrument designed to assess day-to-day functioning among patients with bipolar disorder. The development and psychometric evaluation of the BFSQ are described.

**Methods:** Constructs of the BFSQ were identified through literature review, expert consultation, and patient interviews. Iterative sets of interviews with additional patients were conducted to inform item reduction and revisions. 596 patients completed the BFSQ and a series of other patient- and clinician-reported health assessments during a multi-site validation study. Participants included three patient groups: 148 patients who were hypomanic or recently recovered from a manic episode within the last month, 215 patients who were currently depressed or recently recovered from a dysthymic episode within the last month, and 233 patients whose mood had been stable for a minimum of 2 months. Test-retest was assessed in 187 stable patients using data from a second administration. Additional analysis evaluated the factor structure, internal consistency, reliability, and validity.

**Results:** Exploratory and confirmatory factor analyses indicated that a one-factor structure best fit the data, providing support for a total score. Item-level descriptive statistics, Cronbach's alphas, and validity correlations all met standard criteria. Furthermore, the BFSQ demonstrated superior ability to discriminate among the three subgroups.

**Conclusions:** The BFSQ is a psychometrically sound measure of functional status among bipolar patients. Efforts are underway to gather evidence for its responsiveness. The ultimate goal is for the BFSQ to facilitate the identification of treatments, which maximize functional status and ultimately improve patient adherence to treatment.

### P0136

Frequency of comorbidity between bipolar disorder and substance abuse

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**Aim:** We want to study comorbidity between substance abuse and bipolar disorder in patients who have been examined in psychiatric department as outpatients.

**Material:** We examined 48 patients with bipolar disorder for two years and we investigated how many of the patients had the diagnosis of substance abuse. The diagnosis was according to DSM IV-TR diagnostic criteria. We used BPRS scale, Mini scale, GAF and self-report scale SF-36 Health Survey. Our patients were between 18 and 65 years old. They had done blood and urine tests.

**Results:** Men were more often substance abusers than women but it seems that it starts to change in the younger populations. 22% of our bipolar patients were in a lifetime period substance abusers, especially alcohol and cannabis and more seldom cocaine and heroin. The results of pharmacological treatment were better in patients who weren't substance abusers.

**Discussion:** Our findings are limited in a small population group. There is need to conduct further studies in which the patient's sample will be larger and the design of the studies will include more agents.

### P0137

Change of prescription patterns for bipolar disorder in a clinical setting: A 6 year longitudinal survey

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**Objective:** A Survey of changes in prescription patterns for Bipolar Disorder in a clinical setting and of coherence to therapy guidelines..

**Methods:** We collected data about demographic variables, diagnosis and discharge medication of all patients diagnosed with bipolar disorder admitted to the University Clinic for Psychiatry I, Salzburg, between January 2002 and October 2007.

**Results:** 679 bipolar patients (373 female / 306 male) with a total number of 3217 admissions to our hospital during an observational period of almost 6 years were included in the survey.

**Results and Conclusions:** Since 2002, a substantial change of prescription patterns in bipolar patients has taken place, with a trend towards valproate and atypical antipsychotics and against lithium and typical antipsychotics. Modern antidepressants are routinely used in the treatment of bipolar depression. Combination strategies of two or more compounds are common. In general, adherence to treatment guidelines was high with the possible exception of very frequent use of antidepressants in bipolar depression.

### P0138

Relationship between depression and hostility among teachers

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**Objective:** The purpose of the present study was to examine the relationship between depression and hostility among teacher.

**Method:** Participants were 531 teachers of education organization of Golestan province in Iran. The mean age of the participants was 37.49 years (SD = 5.58) and ages ranged from 21 to 50 years old. There were 215 men and 316 women. Measures: All participants completed a questionnaire booklet containing one self-report measures: The Symptom Checklist-90-R (SCL-90-R).

**Results:** The results of the present study demonstrate that: 1) Correlation between depression and teacher's hostility is meaningful and positive ( $r = 0.714$ ,  $p < 0.001$ ).

**Conclusions:** The present study revealed that a more depression is associated with a high level of self-reported hostility.

**Key words:** hostility, Depression, Teachers

### P0139

Long-term efficacy and safety of Aripiprazole in children (10-17 yo) with mania

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**Background:** There is limited published data from long-term pediatric bipolar clinical trials with which to guide appropriate treatment decisions. Long-term efficacy and safety of aripiprazole was investigated in this patient population.

**Methods:** 296 youths, ages 10-17 year-old with a DSM-IV diagnosis of bipolar I disorder were randomized to receive either placebo or aripiprazole (10mg or 30mg) in a 4-week double-blind trial. Completers continued assigned treatments for an additional 26 weeks (double-blind). Efficacy endpoints included mean change from baseline to week 4 and week 30 on the Young Mania Rating Scale; Children's Global Assessment Scale, Clinical Global Impressions-Bipolar version severity scale, General Behavior Inventory, Attention Deficit Hyperactivity Disorders Rating Scale, and time to discontinuation. Tolerability/safety assessments included incidence and severity of AEs, blood chemistries and metabolic parameters.

**Results:** Over the 30-week course of double-blind treatment, aripiprazole (10 mg and 30 mg) was superior to placebo as early as week 1 ( $p < 0.002$ ) and at all scheduled visits from week 2 through week 30 on mean change from baseline in the Y-MRS total score ( $p < .0001$ ; all visits). Significant improvements were observed on multiple endpoints including the CGAS, GBI, CGI-BP, ADHD-RS-IV total score, time to discontinuation, and response and remission rates. The 3 most common AEs were somnolence, extrapyramidal disorder, and fatigue. Mean change in body weight z-scores over 30 weeks was not clinically significant.

**Conclusions:** Over 30-weeks of treatment, both doses of aripiprazole were superior to placebo in the long term treatment of pediatric bipolar patients. Aripiprazole was generally well tolerated.

## P0140

Age at onset in bipolar disorders

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**Background:** The underlying genetic heterogeneity in Bipolar Disorder (BD) has led to the search of potential markers associated with subtypes of the disorder; as such, age at onset (AAO) could be considered as a factor that defines more genetically homogeneous subgroups.

**Objective:** To analyze the modal distribution of a BD population according to the AAO of the disorder, as well as the clinical characteristics related to the distribution findings.

**Methods:** 357 patients with a BD diagnosis were included in the study. AAO was defined as the age when the patient first met DSM-IV criteria for a major mood episode. Using an admixture analysis, patients were distributed among different parameters; and parametric analyses were conducted in order to compare the demographic and clinical characteristics between groups.

**Results:** The model that best fit the observed distribution was a mixture of three Gaussian distributions (mean  $\pm$  SD):  $17 \pm 3.7$  years,  $26 \pm 8.8$  years, and  $35.5 \pm 12.54$  years. Statistically significant differences were found with respect to social status, course of illness, suicidal behavior, rapid cycling, medical co-morbidities and lithium response ( $p < 0.05$ ).

**Conclusions:** Our results support the existence of a tri-modal distribution in BD defined by AAO, each one with different clinical characteristics; and suggest that early-onset and late-onset BD reflect an underlying genetic heterogeneity in bipolar disorder, being early-onset BD implicitly a more serious subtype of disorder.

## P0141

Delayed diagnosis of the bipolar disorder

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The delayed diagnosis of patients with bipolar disorder is a significant problem. These Patients will necessarily receive an inappropriate therapeutic and an inadequate management.

The objective of this work is to value the delay diagnosis of the bipolar trouble, to determine the factors of risk and its impact on the evolution of the disorder and on the life of patient.

It is a retrospective study of 101 bipolar patients, according to the DSM IV criteria, that have been seen in consultation or hospitalized to the psychiatric unit of Marrakech, during a period from February 1st to September 2007.

The middle age of the patients was of 29,5 years with a masculine predominance (60,4%), the patients were unmarried in 61,4% and without profession in 44,6%.

The personal antecedents of hypomania were present in 61,4% , the familial antecedents of psychiatric disorder in 55,4%.

The middle time between initial mental health diagnosis and bipolar diagnosis was 76 months with a maximum of 132 months.

The impact of the delay on the illness had been noted in 60% of the cases (length and severity of the episode, recidivisms), the suicidal risk was present at 32,7% of the patients.

The factors incriminated in the delayed diagnosis of the bipolar trouble are essentially represented by the minor or atypical shapes of mania.

The recognition of these shapes will permit a precocious diagnosis what will avoid the deleterious impact of the delay diagnosis on the evolution of the illness and the life of the patient.

## P0142

Response to antidepressant treatment by suicidal major affective disorder patients

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**Objective:** To test the prognostic value of suicidal status in depressed patients for responses to antidepressant treatment.

**Methods:** We evaluated treatment response and covariates in depressed patients diagnosed with DSM-IV major depressive ( $n=50$ ) or bipolar disorders ( $n=32$ ) treated initially in a day-hospital for 2 weeks, followed by 4 weeks of outpatient treatment with antidepressants, with or without a mood-stabilizer. Being suicidal was based on an item-3 of the 17-item Hamilton Depression Rating Scale (HDRS17) scored at  $\geq 3$  and verified by baseline clinical assessment; morbidity and improvement were based on the total of the remaining 16 nonsuicidal items (HDRS16).