

Poster presentation

Drug treatment of mania: 6 month prospective follow-up in a naturalistic multi-site survey

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Background

Obtaining quantitative measures on the clinician's habits for using anti-manic drugs, and analyzing the stability of primary treatment choice.

Materials and methods

In March 2003, 110 psychiatrists were selected to be representative at a national level in France. Each investigator should include 3 consecutive patients presenting acutely at least 2 manic symptoms. A structured file was designed to collect precise information on drug prescriptions during a 6-month prospective follow-up (at inclusion, D15, D30, D60, D90, and D180).

Population: 286 patients with acute manic symptoms (61.2% primary bipolars and 30.4% psychotics) were included and 90.6% completed the study. At inclusion, Mood-stabilizers (MS) were chosen as primary treatment in 63.3% of cases (32.9% divalproate, 14.3% lithium, 9.4% valpromide, 4.6% carbamazepine), and anti-psychotics (AP) in 26.6% (10.8% olanzapine, 3.1% haloperidol, 2.8 risperidone).

Results

At the end of follow-up, we observed a global stability for diagnosis in 93% of patients and for the choice of primary anti-manic drug therapy in 74%. In case of changing primary treatment, almost half of changes were done within the same drug family and half toward a switch to another family. At D180, the switch rate from MS to AP was 5% and from AP to MS 14.5%. The global rate of treatment modifications (including changing of dose) was 44% at D15, 42% at D30, 34% at D60, 35% at D90, 32% at D180, and the major reason for modifications was partial efficacy (respectively 17.5%, 15%, 9.4%, 12.2% and

9.4%). Intolerance was the second reason (respectively 8%, 6.3%, 7%, 4.2% and 3.8%).

Discussion

The data suggested the global stability of diagnosis in patients presenting with acute manic symptoms and also the stability of primary drug therapy choice.

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