

MEETING ABSTRACT

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Evaluation of pharmacotherapy in inpatients with mania in bipolar disorder

Agnieszka Piróg-Balcerzak*, Małgorzata Rzewuska, Małgorzata Luks, Janina Skalska, Agnieszka Kałwa

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Background

The studies concerning prophylactic treatment in bipolar disorder suggest it should be introduced after the first manic episode [1]. Also early polytherapy is promoted, mainly mood stabilizers and antipsychotics. Antipsychotics are recommended in short-term use [2], but they are also used after improvement. Typical antipsychotics are effective in monotherapy in 70% of patients, like mood stabilizers.[3] The combination of antipsychotics and mood stabilizers is superior to monotherapy in rapid control of agitation.

Materials and methods

We determined which drugs are chosen at Institute of Psychiatry and Neurology for treating and preventing manic episodes. 61 inpatients diagnosed with manic episodes were evaluated. At discharge, 28% of patient were ordered to take one drug. For 72% patients polytherapy was ordered.

Results

There was no difference in the number of disease or manic phases between the group of patients with a remission phase lasting for at least a year and less than a year. Recurrence within one year after discharge was twice as frequent in patients with polytherapy than with monotherapy. During polytherapy the probability of avoiding recurrence was dropping quickly. No dependence was observed between the number of recurrences at patients with monotherapy or polytherapy and such parameters as the number of manic episodes, the number of depression episodes or education.

Conclusions

In most inpatients polytherapy was applied. For the maintenance phase of treatment the same drugs were recommended as used for active treatment. The way of treatment fully corresponds to bipolar disorder treatment standards.

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Independent Pharmacotherapy Unit, Institute of Psychiatry and Neurology, Warsaw, Poland