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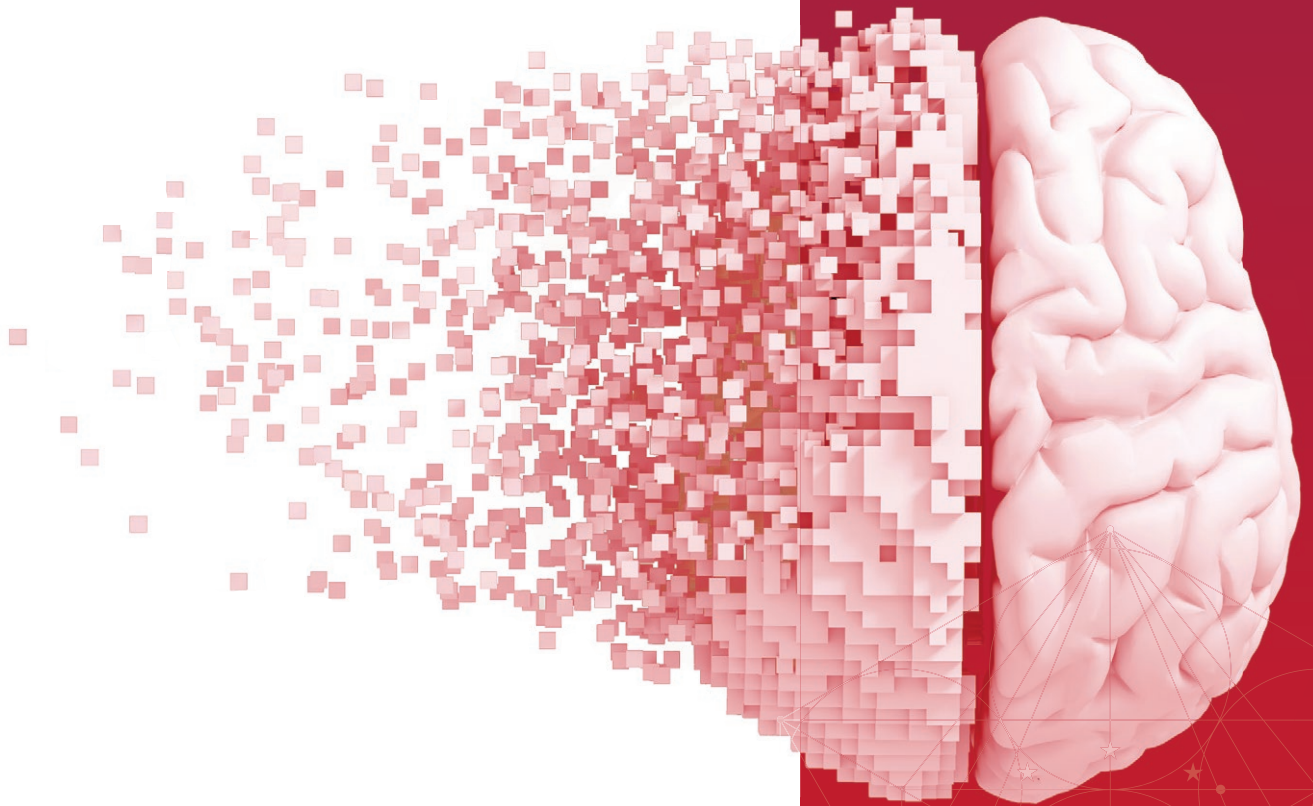
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Introduction: Bipolar disorder is a severe and chronic disease that can be life threatening. Treatment adherence is a key to remission and a way to recover a good social functioning. Long acting antipsychotics can be used in maintenance treatment of bipolar disorder.

Objectives: We aimed to describe the clinical characteristics of bipolar patients on long acting injections of antipsychotics.

Methods: Cross sectional study among hospitalized patients with a manic or depressive episode of bipolar disorder, in the period from October 2018 to September 2019. Clinical assessments were performed using clinical global impression scale (CGI) and the global assessment of functioning scale (GAF).

Results: We included 39 patients, with a mean age of 42±13 years, 80% were male, 43% were single and 26% unemployed. The mean number of hospitalizations was 5. Long acting antipsychotics were prescribed in 34% of cases. The use of depot treatment was significantly associated with the age of onset ($p=0.005$), suicide attempts ($p=0.04$) and cannabis use ($p=0.005$).

Conclusions: The use of long acting antipsychotics is not a commonly recommended treatment in BD, but it can be used in order to deal with non adherence or in severe cases. More research is required to assess the effectiveness of this approach.

Conflict of interest: No

Keywords: Bipolar disorder; long acting antipsychotics

EPP0129

Open label randomized 44-weeks comparative study of valproate, lamotrigine and topiramate efficacy and tolerability in bipolar disorder kostyukova e.g., fedotov d.d., mosolov s.n.,

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Introduction: The evidences of comparative efficacy and tolerability of anticonvulsants in longterm therapy for bipolar disorder (BD) are sparse.

Objectives: to compare the longterm efficacy and tolerability of valproate (SV), lamotrigine (LAM), topiramate (TPM) in BD.

Methods: 90 BD patients (34 men, 56 women, mean age - 40.8 ± 12.7 , disease duration at least 2 years (mean - 14.1 ± 9.4), with at least 2 episodes during the past year, were randomized into 3 therapeutic groups (SV, LAM, TPM). Efficacy was separately assessed by the changes in the relapse rate and duration of both depressive and manic episodes.

Results: The mean relapse duration decreased for SV by 81.84%, LAM-71.4%, TPM-73.5% ($p<0.0001$), the frequency - 67.7%, 63.3% and 63.6%, respectively ($p<0.0001$) (SV vs LAM vs TPM - NS). The TPM group had the highest dropout rate and the shortest period of time for therapy discontinuation. Manic symptoms duration decreased ($p<0.0001$) in the SV group by 79.0%, LAM - 69.3%, TPM - 63.8%, depressive - 64.4%, 80.2%, 73.9%, respectively. Manic episodes frequency ($p<0.0001$) - by 60.0%, 41.7%, 54.5%, depressive -

50.0% ($p<0.0001$), 55.0% ($p<0.0001$) and 43.8% ($p<0.05$), respectively. Differences between drugs (Mann-Whitney test) in pairwise comparison to reduce the duration of manic symptoms for SV and TPM ($p=0.008$), depressive - for VN and LAM ($p=0.002$), frequency of manic episodes for SV and LAM ($p=0.003$), depressive - NS. The incidence of side effects: TPM (26.7% of patients) >SV(20.7%) > LAM(12.9%).

Conclusions: SV, TPM, LAM have equal efficacy. VN, TPM were better of LAM in controlling manic, LAM - in depressive symptoms.

Conflict of interest: No

Keywords: #bipolar disorder' anticonvulsant' relapse-prevention'; Bipolar disorder; #bipolar disorder; anticonvulsant; relapse-prevention; anticonvulsant

EPP0130

Psychoprophylaxis of autoaggressive behavior in patients with bipolar affective disorder

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Introduction: Current researches suggest that 0.3-1.5% of world's population suffer from bipolar affective disorder. Modern researches emphasize that main medical and social consequences of bipolar affective disorder are due to high level of comorbidity and suicidal behavior associated with this form of pathology.

Objectives: Purpose of the study is to develop a pathogenetically justified system of psychoprophylaxis of autoaggressive behavior in patients with bipolar affective disorder on basis of studying features of its formation.

Methods: We conducted comprehensive examination of 117 patients of both sexes with bipolar affective disorder with signs of autoaggressive behavior with clinical psychopathological method.

Results: It has been established that autoaggressive behavior in case of manic episode of bipolar affective disorder is associated with angry mania; in case of depressive episode it is associated with sad depression, when mixed episode - with a combination of angry mania and anxious depression. We have developed pathogenetically justified system for the prevention of autoaggressive behavior in patients with bipolar affective disorder, which included pharmacotherapy, psychotherapy and psychosocial therapy. Pharmacotherapy of manic episode of bipolar affective disorder included the use of valproic acid salts, olanzapine; when depressive episode - lamotrigine or valproic acid salts, quetiapine; when mixed episode - valproic acid salts, aripiprazole. The psychotherapeutic component was represented by the integrated use of rational psychotherapy, personality-oriented psychotherapy, and cognitive therapy. Psychosocial therapy was implemented through conducting psychoeducational trainings and training of solving interpersonal problems.

Conclusions: 1.5 year follow-up study showed high efficiency of developed prevention system of suicidal behavior in patients with bipolar affective disorder.

Conflict of interest: No

Keywords: psychoeducation; bipolar affective disorder; suicidal behavior; psychoprophylaxis