

EPP0074

The factors associated with chronic benzodiazepine use in bipolar patients

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Introduction: Benzodiazepines (BZD) are widely used in patients with bipolar disorder (BD) and their effectiveness is well documented. Therefore, there are major risks associated with BZD use including abuse and dependence. Those risks can be related to the patients' characteristics, the particularities of BD and the prescribers.

Objectives: To determine the factors associated with chronic use of BZD in patients with BD.

Methods: We conducted a cross-sectional, descriptive and analytical study among a sample of patients with BD (DSM-5) followed in psychiatric outpatient of Hedi Chaker university hospital in Sfax. We used the Benzodiazepine Cognitive Attachment Scale (ECAB) to determine dependent patients

Results: Among the 61 included patients, 50 (82%) had a chronic use of BZD (> 3 months). They had a mean age of 49.3 years (\pm 14.02 years) and a low socio-economic level in 44%. The type of BD was dominated by type II (66%). Initial episode type was depressive in 78%. The average number of depressive episodes was 2.92 ± 2.3 . A rate of 65.5% of patients have already attempted BZD withdrawal. Chronic BZD use was significantly correlated with BZD dependence ($p=0.000$), low socioeconomic level ($p=0.04$), depressive type of the initial episode ($p=0.011$), the depressive recurrence ($p=0.000$) and the absence of any attempt to discontinue BZD ($p=0.011$).

Conclusions: Chronic use of BZD in patients with BD is prevalent. In order to minimize this problem in this population, it is important to enhance programs to improve psychiatrist-prescribing behavior and to use cognitive-behavioral therapies in combination with medication to help withdrawal.

Keywords: Bipolar Disorders; benzodiazepine; chronic use of BZD

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Lithium placental passage at delivery and neonatal outcomes: A retrospective observational study

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Introduction: Lithium is an effective mood stabilizer and is widely used as a first-line treatment for bipolar disorder in the perinatal period. Several guidelines have provided clinical advice on dosing strategy (dose reduction versus stop lithium) in the peripartum period to minimize the risk of neonatal complications. An association has been observed between high neonatal lithium concentrations (> 0.64 mEq/L) and lower 1-min Apgar scores, longer hospital stays, and central nervous system and neuromuscular complications.

Objectives: To quantify the rate of lithium placental passage at delivery. To assess any association between plasma concentration of lithium at delivery and neonatal outcome.

Methods: In this retrospective observational cohort study, we included women treated with lithium at least in late pregnancy. Maternal (MB) and umbilical cord (UC) lithium blood level measurement were collected at delivery. Lithium serum concentrations were determined by means of an AVL 9180 electrolyte analyzer. The limit of quantification (LoQ) was 0.20 mEq/L and detection limit was 0.10 mEq/L. From the medical records, we extracted information on neonatal outcomes (preterm birth, birth weight, Apgar scores, pH-values, and admission to NICU) and complications categorized by organ system: respiratory, circulatory, hematological, gastrointestinal, metabolic, neurological, and immune system (infections).

Results: Umbilical cord and maternal lithium blood levels were strongly correlated: mean (SD) range UC/MR ratio 1.15 (0.24). Umbilical cord lithium levels ranged between 0.20 to 1.42 mEq/L. We observed no associations between umbilical cord lithium blood levels at delivery and neonatal outcomes.

Conclusions: In our study, newborns tolerated well a wide range of lithemias, between 0.20 and 1.42 mEq/L.

Keywords: Neonate; lithium; Placental transfer; Delivery

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Subsyndromal symptoms in bipolar disorder

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Introduction: The inter-critical phase in bipolar disorder may contain symptoms that do not meet the diagnostic criteria for a thymic episode. According to studies, these symptoms are common and usually associated with impaired psychosocial and family functioning.

Objectives: Study the subsyndromal symptoms in remitted patients with bipolar disorder, and their functioning repercussions.

Methods: We conducted a cross-sectional, descriptive and analytical study, in the outpatient psychiatry department of the University Hospital in Sfax (Tunisia) among 30 remitted patients with bipolar disorder. We used: the Montgomery And Asberg Depression Rating Scale (MADRS), the Angst Hypomania Questionnaire and the FAST test to assess functioning levels.