

Symposium | Psychopharmacology : [Symposium 95] Towards Better Patient Treatments in Asia: Based on the Research on Asian Psychotropic Prescription Patterns (REAP)

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[Symposium 95] Towards Better Patient Treatments in Asia: Based on the Research on Asian Psychotropic Prescription Patterns (REAP)

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[SY-95-03] Antidepressant Use and Clinical Correlates in Bipolar Disorder: An International Psycho-pharmacoepidemiology Consortium Study

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Background: Adjunctive anti-depressant (AD) use remains prevalent for the treatment of bipolar disorder (BD) in many countries. In light of less data on adjunctive AD use in BD within Asia, this study aimed to determine the prevalence, dosing and clinical correlates of adjunctive AD use in a large Asian sample.

Methods: Patients with BD treated with pharmacotherapy were recruited across 13 Asian sites in this cross-sectional study. Differences between patients with and without adjunctive AD prescriptions, as well as between mood stabiliser (MS) and AD combination therapy, and MS monotherapy were explored. Multivariate logistic regression was used to determine the factors associated with adjunctive AD use, and MS with AD combination therapy.

Results: A total of 2114 participants (male=47.7%, mean age=42.4±15.2, mean BMI=25.0±5.02) were recruited. The overall prevalence of adjunctive AD use was 19.8%, with a mean imipramine-equivalent AD dose of 113.2±76.1 mg/day. Adjunctive AD use was associated with specific demographic factors (such as older age), outpatient treatment setting, clinical features (more depressive symptoms, suicidality, rapid cycling), illness course (less remission, depression at first onset) and treatment aspects (lower dose of MS and AP used).

Conclusions: Understanding the clinical profile of patients being prescribed with adjunctive AD potentially allows for identification and need for closer follow up for optimization of treatment. Further research including prospective studies, can clarify inter-relationships between the onset of clinical symptoms, progression and clinical predictors of response to pharmacological interventions in BD.

