



EARLY ONSET OF LITHIUM PROPHYLAXIS AS A POSSIBLE GOOD PROGNOSTIC FACTOR FOR STAGING BIPOLAR DISORDER



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PURPOSE

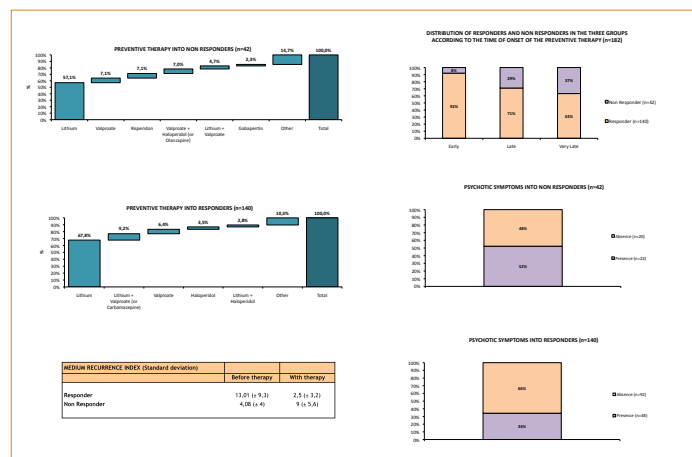
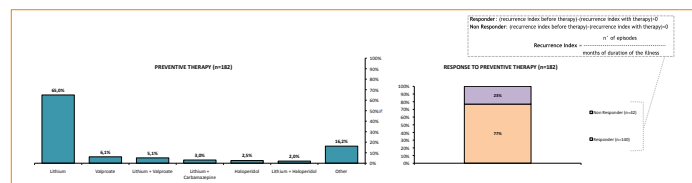
A previous study conducted at our center¹ reported that beginning lithium therapy within the first ten years of illness predicts better preventive outcomes than beginning prophylaxis later, both in major depression recurrent and bipolar patients. The aim of the present study was to confirm these results considering only bipolar patients and to evaluate the clinical markers that may be associated with the response to the stabilization therapy. In particular, we analyzed the role of the initiation time of the maintenance therapy on the control of recurrence, and, therefore, of the outcome of Bipolar Disorder.

MATERIALS AND METHODS

Two hundred fourteen subjects (84 males, 130 females) affected by Bipolar Disorder receiving a stabilization therapy (lithium salts, anticonvulsants, or antipsychotics) were studied. Patients were recruited from the ambulatory center of the Mood Disorder Unit of S. Raffaele Hospital in Milan. Clinical data were collected interviewing the patients through the NIMH Life Chart method. We recorded the time of onset of the preventive therapy and divided the sample into three groups: an “Early group”, including patients who initiated the preventive therapy within the 5th year from the onset of illness; a “Late group”, including patients who initiated the preventive therapy between the 5th and 10th year from the onset of illness; and a “Very Late group”, including patients who initiated the preventive therapy after the 10th year from the onset of illness. The efficacy of the preventive therapy was evaluated calculating the gradient between the recurrence index, before and after starting this treatment. Multiple logistic regression analysis was used to determine the factors that influence the response to the preventive therapy.

RESULTS

Patients received, as main stabilization treatment, lithium salts (65%). The percentage of responders was 77% during a maintenance treatment period of 4.5 years. The variables significantly associated with the outcome of preventive therapy and, therefore, with the control of the illness progression were: **the use of lithium salts as a first treatment choice (P=0.02), starting the preventive therapy within 5 years of the illness onset (P<0.0001), and the high recurrence index of the illness before treatment (P<0.0001). The presence of psychotic manifestations** turned out to be the only factor that negatively influenced the response to the preventive therapy (P=0.03).



CONCLUSIONS

The present study confirmed **the importance of an early intervention in Bipolar Disorder**, indicating that **starting lithium therapy within the first five years of illness is more effective than treatments delivered later in the illness course**. Finally, our data suggest that the time of onset of lithium therapy is a new prognostic element; indeed, an early onset could improve patient’s long-term prognosis, while a late onset is associated with a progression of the Bipolar Disorder. Referring to the staging models proposed recently², we suggest that the time of initiation of maintenance therapy is a clinic crucial information for staging patients with Bipolar Disorder and, therefore, for giving an appropriate preventive treatment.

REFERENCES

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- Vieta E., Reinares M., Rosa AR., 2011. Staging bipolar disorder. Neurotox Res 19, 279-85.