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**Report on the TEM Basic and Clinical Neuroscience**

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Staging models represent a promising direction for future research in bipolar disorder and in neuroscience overall. They may guide diagnosis, prognosis and therapy from prodromal to highly resistant stages of the illness. By improving stage of illness, potential course specifiers may help to provide adequate therapeutic management from illness onset, preventing chronicity up to functional impairment. First episode studies and recent findings in children and adolescents help to implement early intervention from illness onset onward and to study the differentiation between neuroprogression and neurodegeneration.

The aim of the biological research from genetics to behaviours included the genetic study (eg. CACNA1C and ANK3rs) of environmental risk factors for bipolar disorder which would be useful to determine the validity of staging models and its correlates with specific biomarkers, including neurotrophins, inflammatory (interleukins) and oxidative markers (glutathione), as well as psychobiological and neuropsychological measures. Neuroimaging and specific cognitive endophenotypes could also be useful to evidence illness progression.

The correlation of those markers with the course of illness may predict prognosis and therapeutic management for each stage. We should also emphasise the need for early intervention, including the need to prescribe specific Neuroprotective agents such as lithium in monotherapy as well as in combination therapy. Time of treatment initiation is also a key factor of potential neuroprotection as indicated by the relevance of psycho-education in the early phases of the illness.

In summary, the research for new biomarkers for bipolar disorder will be useful to build up an operative new staging model with therapeutic implications.