



## 3,5 years follow up of 232 hospitalised bipolar patients

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**Objektive:** The purpose of the study is to look what happens to bipolar patients after dismissing without a special after care programme. Patients received a treatment concept after informed consent and full information regarding disease and medication was given at discharge. After care treatment was done by various freelance psychiatrists, neurologists, psychotherapists and GPs in a mixed urban/rural catchment area of 200.000 inhabitants under really naturalistic conditions. Time to relapse and medication used are presented in this poster.

**Research design:** All consecutive bipolar patients (ICD-10) were interviewed and documented at their first hospitalisation at our clinic since May 2000 until 2003. We followed up twice in the observation period and asked for relapse, further hospitalisations, medication and various social data till 30.12.2006. Data were collected in a specifically developed data base and descriptive statistics were done with SPSS 13.0. Follow up interviews were done by MDs from the department.

**Patients:** 232 bipolar patients were included, 8 died till December 2006, 4 because of suicide, 69,3% were female, 34,6% with a positive family history of bipolar disorder. Table 1 + 2 show the patient description of the index episode to their admission at our clinic.

Table 1

n= 232	mean	median
Age of onset of psychiatric sympt	33,48	32
Episodes before hospitalis in NK	14,42	4
Interview age	47,97	47
Duration of episode (days)	76,74	50

Table 2

Indexepisode ICD-10, n= 232	F 3, n= 222	95,7%	F 2, n= 10	4,3%
	F30 manic	1,8%	F20 sch	47%
	F31 bipolar	83,1%	F23 psychotic	11,8%
	F32 depressed	6,9%	F 25 saff	41,2%
	F33 unipolar	8,2%		

**Results:** In our purely naturalistic sample the total observation time was 3 to 6 years (mean 3,5yrs) and 43,1% of the patients showed a relapse within this time period. The time to relapse was 73,45 weeks (mean, median 52 weeks). Out of the survival analysis (relative hazard ratio – app via Peto-Pike) of medication and medication groups (atypicals=atyp, antidepressant=AD) only lithium showed a trend on the delay of the time to relapse.

The analysis of the combination of medications (see table 3 + fig 1) showed no sign. results in spite of the good response rates (% of no relapse). The combination of valproic acid (Val) and atypicals (atyp) showed a trend to increase the relapse risk (table 1 + fig 2)

Table 3

medication	no relapse	percent	Sign.
Lithium n= 74	47	63,5	0,061
Lamictal n= 19	9	47,4	0,470
Valproat n=19	11	57,9	0,793
CBZ n= 24	14	58,3	0,878
Atypical n= 56	32	57,1	0,886
Antidepr. n= 110	60	54,5	0,684
combinations			
Li.+ Val. n= 6	4	66,7	0,499
Li. + Atyp. n= 10	7	70,0	0,364
Li. + AD n= 26	18	69,2	0,134
Val. + Atyp. n= 5	1	20	0,072
CBZ + Atyp. n= 9	6	66,7	0,522

Figure 1

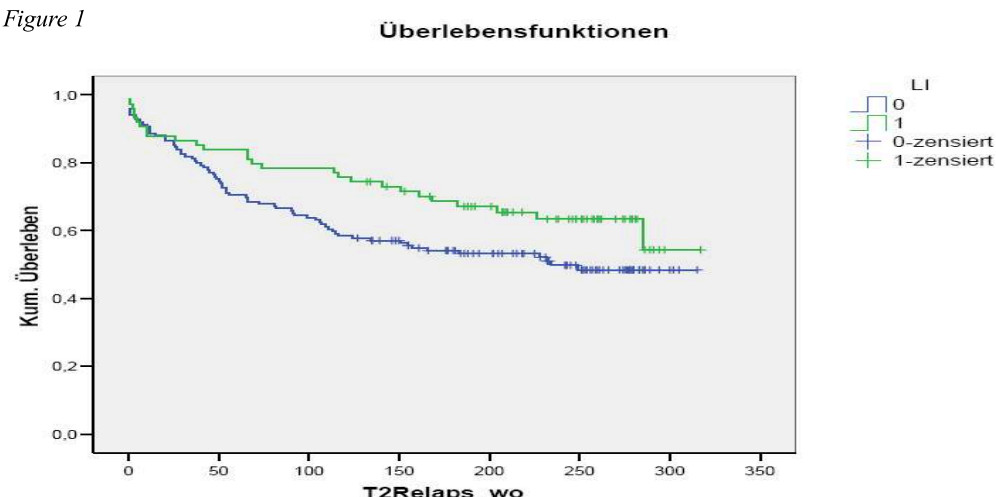
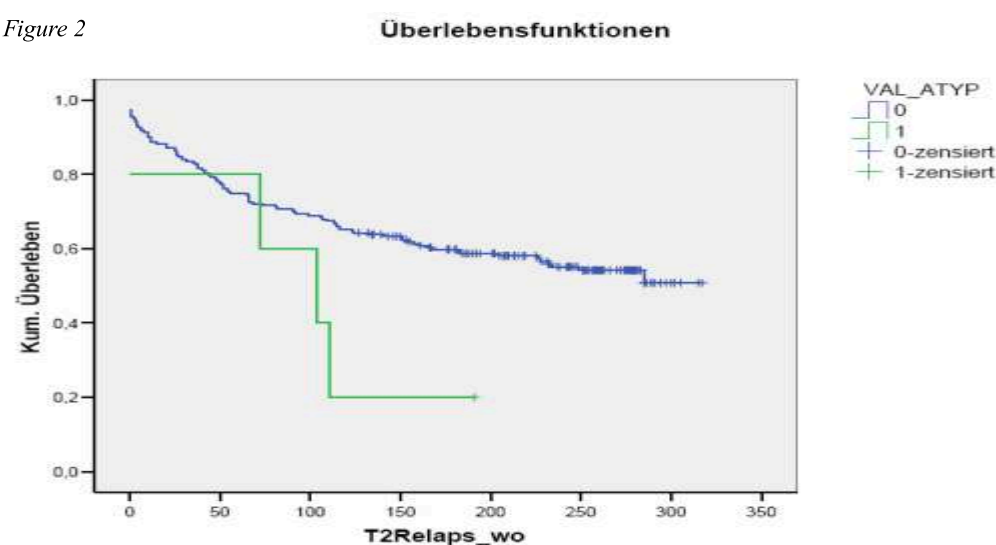


Figure 2



**Discussion:** One must be very cautious to draw conclusions of our results. The numbers per group are sometimes too small. But they definitely do reflect what happens far away from research designed and well payed investigations.

**Conclusion:** Depending on the combination of medication we can avoid relapses in 50 to 70% of our bipolar patients. More field studies are needed to find solutions for the rest of the patients and for a „real world setting“ of treatment.