

## **PSYCHOTROPIC MEDICATIONS IN MOOD DISORDERS: CURRENT ATTITUDE IN TWO PSYCHIATRIC WARDS IN CAGLIARI**

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Mood disorders are generally treated with antipsychotics and mood stabilizers, either in monotherapy or in association. Nevertheless, psychotropic medication of acute episodes has changed over the last decades: second-generation antipsychotics (SGA) and anticonvulsants have progressively substituted lithium (Kessing LV et al, 2016) and first-generation antipsychotics.

The aim of this study is to describe and compare the psychotropic medications used to treat acute mood disorders in Cagliari, Sardinia. We examined the clinical records of patients hospitalized for affective episodes from January 1 to December 31, 2016, in Cagliari Psychiatric Wards I and II, and we focused on their pharmacological treatments on admission and at discharge. In addition, the following data were extracted: age, sex, diagnosis, age at onset of the disorder, number of prior hospitalizations, history of suicide attempts and prior psychotropic medications prescribed.

The sample included 357 patients, 161 in Unit I and 196 in Unit II (42% men, 58% women), with the following diagnoses: Bipolar Disorder (50%), Major Depression (18%), Schizoaffective Disorder (17%) and Mood Disorder Not Otherwise Specified (14%). Mean age was 47 (SD  $\pm$ 13), while mean age at onset was 30 (SD  $\pm$ 14). The mean duration of hospitalization was 9 days (SD  $\pm$ 7). 28% patients had a history of prior suicide attempts and 61% had previous hospitalizations.

Overall, most of the patients received benzodiazepines (89%) and antipsychotics (86%) at discharge. Antidepressants were prescribed in 23%, mood stabilizers in 40% and lithium in 25%.

Our findings show that there are different trends in prescribing psychotropic medications between the two Units examined: first-generation antipsychotics were more often prescribed in Unit I (45% vs 30%;  $p$  0.004) while SGA were more frequently used in Unit II (57% vs 75%;  $p$  0.0003). Another major difference involved lithium, whose prescription was found twice as much in Unit I (34% vs 17%;  $p$  0.0002). No significant difference was found in the prescription of other mood stabilizers (carbamazepine, valproate, lamotrigine;  $p$  0.28) or antidepressants ( $p$  0.08).

Currently, antipsychotics seem to be the most widely used drugs in mood disorders (Karanti et al, 2016), even though, according to our sample, the choice between first and second-generation drugs is still up to physicians. Although lithium is still considered a gold standard in long-term maintenance therapy and prevention of suicide behavior (APA, 2002; NCCMH, 2006), it is currently underused and its prescription rate varies markedly between different units.

A.P.A., Practice Guidelines for Treatment of Patients with Bipolar Disorder – Revision American Psychiatric Association, Washington DC, 2002

Karanti A et al., Changes in mood stabilizer prescription patterns in bipolar disorder. *J Affect Disord.* 2016 May;195:50-6

Kessing LV et al., Nationwide and population-based prescription patterns in bipolar disorder. *Bipolar Disord.* 2016 Mar;18(2):174-82

NCCMH, *Bipolar Disorder: The Management of Bipolar Disorder in Adults, Children and Adolescents, in Primary and Secondary Care.* The British Psychological Society & The Royal College of Psychiatrists, Leicester UK, 2006