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LOOKING FOR THE CYCLOTHYMIC TEMPERAMENT WITHIN MAJOR DEPRESSIVE PATIENTS: UNDER-RECOGNISING THE BIPOLAR SPECTRUM?

M. Largueche, T. Ben Abba, M.F. M'Rad

Ibn Jazzar Department, Razi Hospital, La Manouba, Tunis, Tunisia

Background: Under-recognised bipolar spectrum disorder is going to be one of the most important debates in new articles and researches. Recent data, enlarging bipolar criteria to temperament, family history and more, try to help clinicians in the recognition of the broader spectrum of bipolarity and so getting the most adequate therapeutic attitude.

Methods: Consecutive 86 Tunisian patients who meet the DSM IV criteria for major depressive episode (MDE) were interviewed with the temperament evaluation of Memphis, Pisa, Paris and San Diego in order to assess the frequency of cyclothymic temperament (CT). Then we compared the distribution of bipolar criteria, as defined by Akiskal between cyclothymic depressive patients and non cyclothymic ones. Finally the evolution under antidepressants was studied using the GFE: the global functioning evaluation.

Results: 34.9% of patients meet the criteria of cyclothymic temperament and compared to the 65.1% who did not, they had significantly lower age of onset, higher recurrence of MDE, more atypical features and more suicidal attempts and comorbidities (anxious disorders and drug abuse). Family history of bipolar disorder was more frequently found within the cyclothymic group as well as psychotic symptoms but not with a significant difference. Finally 71.4% of the non cyclothymic patients improved under antidepressants (GFE score ≥ 70) compared to only 26.6% in the group of cyclothymic ones.

Conclusion: If we consider the large criteria of bipolarity and the concept of an affective spectrum, the prevalence of bipolar disorder become higher than previously believed, making clinicians reconsider the relevance of the diagnostic of unipolar trouble and the pertinence of the antidepressant treatment.