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DELAY IN STARTING AUGMENTATION WITH MOOD-STABILISERS CAN AFFECT RECOVERY IN FIRST EPISODE SEVERE MANIA WITH PSYCHOSIS

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Introduction

Current guidelines on management of first-episode mania recommend augmenting with Valproate or other mood-stabilisers if antipsychotic proves ineffective.

Objective

To study if timing of starting mood-stabiliser augmentation would influence recovery outcomes in first-episode mania with psychosis.

Aim

To study how 'time to start augmentation' is related to ‘time to recovery' and ' hospital stay'

Method

11 patients with first-episode mania with psychosis (FEM-P) presenting to a specialist early-intervention service in South London, part of naturalistic study of 150 cases of first-episode psychosis. Patients interviewed using the standard rating scales. Other details of treatment obtained from systematic review of case-notes covering 18 months. Operational criteria defined recovery. Correlation and regression analysis carried out to test hypotheses using SPSS-19. Set of predictor variables such as age, DUP, type of antipsychotic, substance misuse used in regression.

Results

All 11 patients started on atypical-antipsychotic (Olanzapine 5, Risperidone 6). 9 patients required augmentation with Valproate, with a mean time of 74 days (s.d.=91) to start augmentation. The mean time to first recovery was 86 days (s.d.=39). Regression analysis with ‘time to recovery’ as dependant variable and ‘time to start augmentation’ as covariate with other predictor variables yielded significant relationship (F=9.2, t=3.1, p=0.02, CI 0.07-0.56). Also time to ‘start augmentation’ showed correlation at trend-level with ‘hospital stay’ (mean= 40,s.d.= 40.3) (Pearson correlation =0.57, p=0.09).

Conclusions

When there is insufficient response with antipsychotic in treatment of FEM-P, augmentation with mood-stabiliser such as Valproate without delay can shorten time to recovery and hospital stay.

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