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SUICIDE RISK DURING ANTIEPILEPTIC DRUGS TREATMENT IN BIPOLAR DISORDERS,  
UNIPOLAR DEPRESSION AND EPILEPSY

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Antiepileptic drugs (AEDs) are receiving growing attention for possible association with suicidal risk. Several recent studies using varied methods have yielded inconsistent findings regarding risk of suicides and other self-injurious violent acts, particularly with specific AEDs. Suicidal risk may reflect high risks of co-morbid psychiatric conditions associated with suicide that call for routine consideration in epileptic patients. However, the studies involved are limited by providing associational findings that may be confounded by several uncontrolled variables. The reported apparent suicidal risk (US-FDA, 2008) was found with highly pharmaco-dynamically heterogeneous anticonvulsants as a group, and significantly only among epileptic patients. Three AEDs appear among three highest-risk agents in at least 2/6 reported analyses: levetiracetam (5/6 studies) > lamotrigine (3/6) = topiramate (3/6), although only topiramate has been associated with new clinical depression, and the three drugs differ in pharmacodynamic mechanisms. The evidence on this point remains very limited, but some anticonvulsants may reduce risk of suicides and attempts among patients diagnosed with bipolar disorder, though perhaps less than by long-term treatment with lithium. For now, however, clinical prudence calls for routine, ongoing assessment of mood and suicidal thoughts among neurological or psychiatric patients, whether or not treated with particular drugs. This presentation reports a metanalytic investigation related to AEDs involving mood. Based on the recent research reviewed here, particular care, as well as further research, are indicated for levetiracetam and perhaps also lamotrigine and topiramate.