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## **A Case Report of a Woman Affected with Rapid Cycling Bipolar Disorder I and Methabolic Syndrome Improved with Aripiprazole Monotherapy.**

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### **Introduction**

We present the case of a 51-years-old Caucasian woman with Bipolar Disorder I (BDI), treated for a long time with typical antipsychotics and mood stabilizers. She referred to our outpatient service because she wished to revise her prescriptions, which had caused several side-effects, including metabolic syndrome, gain of body weight, sedation, cognitive impairments, and extrapyramidal symptoms. Moreover, treatment was poorly effective, the patient's compliance was lacking and she experienced frequent relapses.

### **Aims**

We started treating the patient with aripiprazole at a daily dose of 15 mg. Our aim is to describe the substantial clinical and metabolic improvements of a patient who poorly responded to previous prescriptions.

### **Methods**

Psychometric measures for the assessment of mood and social functioning were administered at baseline and at the follow-up interviews. Body Mass Index was monitored and blood tests were performed to evaluate the lipid profile (LDL, HDL, total cholesterol, triglycerides), blood glucose, and glycated haemoglobin.

### **Results**

In the last two years the patient has regularly taken her therapies and attended to follow-up visits. Her social functioning and tolerance to stressful situations have improved, as well as her metabolic profile. Noteworthy, she had not needed further hospitalizations.

### **Conclusions**

Our clinical observations support the efficacy of aripiprazole in the treatment of BDI. Switching to aripiprazole should be considered in cases similar to the one we have described, characterized by poor compliance, obesity or metabolic syndrome, sensitivity to manifest extrapyramidal syndrome (especially tardive dyskinesia) and other side effects such as sedation and cognitive impairments.