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DEPRESSION AND BIPOLAR DISORDER: IS PREVENTION OF MANIA POSSIBLE? CRITICAL ISSUES ON DIAGNOSTIC CRITERIA

S. Gorini Amedei¹, M. Catena², F. Lejeune¹, S. Duma¹, M.A. Scarpato¹, C. Faravelli²

¹Psychiatric and Neurological Sciences, ²Department of Psychology, University of Florence, Florence, Italy

Diagnostic criteria for bipolar disorder in DSM IV require the occurrence of a manic or hypomanic episode. The scant appropriateness of these criteria compared with Kraepelin's concept of manic depressive insanity has been repeatedly reported and the concept of bipolar spectrum has been proposed for more than 30 years. The negative consequences of pure adherence to operational diagnostic criteria on clinical needs are presented in terms of community epidemiology results and in terms of clinical evidences and the inadequate treatment of depressive and anxiety episodes and the risk of manic switch with antidepressant drugs are discussed.

The epidemiological survey conducted in Sesto Fiorentino showed that depressive episodes in patients with subthreshold mania or hypomania were different from the clinical presentation of pure unipolar depressive episodes confirming not only the numeric impact but also qualitative differences between these groups of patients.

Our clinical study where predictors of mania have been prospectively evaluated in a trans nosographic sample of outpatients demonstrated that aspects related to bipolarity predicted manic shift regardless of the diagnosis. DSM IV criteria seem not to be able to detect and describe a group of patients relevant both on epidemiological and on clinical level. These findings underline the need of a careful examination of patients treatment and validate the rule of further research in definition of mood disorders boundaries for prevention strategies.