Bipolar disorders

O004

Lithium-associated hypothyroidism: Reversible after lithium discontinuation?

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Introduction: The association between lithium and thyroid dysfunction has long been known. Yet it is not known whether lithium-associated hypothyroidism is reversible, once lithium treatment has been stopped.
Objectives: To determine whether lithium-associated hypothyroidism was reversible in patients who subsequently discontinued lithium.
Methods: Retrospective cohort study in the Swedish region of Norrbotten into the effects and side- effects of lithium treatment and other drugs for relapse prevention (LiSIE). For this particular study, we reviewed medical records between 1997 and 2015 of patients treated with lithium.
Results: Of 1340 patients screened, we identified 90 patients with lithium-associated hypothyroidism who subsequently discontinued lithium. Of these, 27% had overt hypothyroidism at the time when thyroid replacement therapy was initiated. The mean delay from lithium start to thyroid replacement therapy start was 2.3 (SD 4.7) years. Fifty percent received thyroid replacement therapy within 10 months of starting lithium. Of 85 patients available for follow up, 35 (41%) stopped thyroid replacement therapy after lithium discontinuation. Six patients reinstated thyroid replacement therapy subsequently. Only one of these had overt hypothyroidism, occurring 13 days after stopping lithium and 11 days after stopping thyroid replacement therapy.
Conclusions: Lithium-associated hypothyroidism seems reversible in most patients, once lithium has been discontinued. In such cases, thyroid replacement therapy discontinuation could be attempted much more often than currently done. Based on the limited evidence of our study, we can expect hypothyroidism to recur early after discontinuation of thyroid replacement therapy if at all.

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Keywords: lithium; adverse effects; bipolar disorder; hypothyroidism

O005

The WHO-5 well-being scale and its correlation to depressive and manic symptoms among outpatients with bipolar disorder or unipolar depression

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Introduction: There is a lack of longitudinal studies of patients with bipolar disorder (BD) or unipolar depression (UD) in terms of psychological well-being as measured by the WHO-5 and the correlation to symptom scores. It is of interest to investigate whether the WHO-5 is useful in monitoring patients with mood disorders over time, as a tool in measurement-based care, and as a supplement to other psychometric measures.
Objectives: In this study we investigate the correlation at baseline between the depressive symptom scores according to the 6-item Hamilton Depression Score (HDS-6) and the WHO-5 scores in outpatients treated for BD or UD. Furthermore, in patients with BD we investigate correlations between manic symptom scores according to the modified Bech-Rafaelsen Mania Scale (MAS-M) and the WHO-5 scores. Lastly, in patients with BD or UD, we investigate the correlations between endpoint-baseline change in WHO-5 and change in MAS-M and HDS-6.
Methods: A longitudinal study of 200 outpatients diagnosed and treated for either BD or UD. Patients will be measured at baseline and at least four weeks later. Baseline data are presented as frequencies, means and standard deviations or medians with interquartile ranges as appropriate. All correlations are presented as scatter plots and a Spearman correlation analysis
Results: The study is ongoing, but the results will be available for presentation at the EPA in 2021.
Conclusions: The WHO-5 may represent a relevant outcome measure in the treatment of BD and UD.

Disclosure: No significant relationships.
Keywords: bipolar disorder; who-5; quality of life; unipolar depression

O006

Higher illness burden is associated with reduced heart rate variability in bipolar disorder

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