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Results: A total of three patients (1.3%) satisfied DSM-IV mixed state criteria. Application of criteria by Cassidy et al. (2000) for manic mixed states identified 13.4% (n = 26) of patients as experiencing mixed episodes. Similarly, 13.9% (n = 27) of patients were identified as experiencing mixed episodes when Benazzi (2003) criteria for depressive mixed states were used. Meeting the criteria for a mixed manic state was associated with a lower mean health state score on the EQ-5D - EuroQol Instrument. Depressive mixed state patients had a significantly higher BMI than those patients who failed to meet these diagnostic criteria. Irrespective of the definition applied, a mixed state diagnosis was associated with compromised clinical status, substance abuse and social and occupational dysfunction.

Conclusion: An accurate mixed state diagnosis is important for treatment choice. Application of different diagnostic criteria varied the reported prevalence of mixed state diagnoses in this cohort of bipolar patients. This has clinical and therapeutic implications.


**P01.016 IMPACT OF DIAGNOSTIC DEFINITION ON REPORTED PREVALENCE OF MIXED EPISODES IN AN AUSTRALIAN COMMUNITY BIPOLAR COHORT**

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Objectives: A mixed state diagnosis may have significant impact on treatment choice in bipolar I patients. This project aims to compare the prevalence of mixed state patients in an Australian community cohort using different diagnostic definitions.

Methods: The Bipolar Comprehensive Outcomes Study (BCOS) is a 2-year, prospective observational study of treatment and outcomes for patients with bipolar I, or schizoaffective disorder. Different mixed state definitions were applied to this cohort (n = 194), including the standard DSM-IV mixed episode, a definition focusing on mania in the presence of depression (Cassidy et al., 2000), and a definition focusing on depression in the presence of mania (Benazzi, 2003).