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Kulkarni, J., Berk, M., Fitzgerald, P., de Castella, A. R., Filia, S., Filia, K., Tahtalian, S., Dodd, S., Callaly, P., Berk, L., Kelin, K., Smith, M., Brnabic, A., Lowry, A. J. and Montgomery, W. 2006, Disease burden of bipolar and schizo affective disorder in an Australian cohort, *International journal of neuropsychopharmacology*, vol. 9, no. Supplement 1, pp. S104-S104.

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P01.014 DISEASE BURDEN OF BIPOLAR AND SCHIZOAFFECTIVE DISORDER IN AN AUSTRALIAN COHORT

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Objective: The Bipolar Comprehensive Outcomes Study (BCOS) is an ongoing Australian, 2-year, observational study of participants with bipolar I or schizoaffective disorder, designed to examine the economic, clinical, and functional outcomes associated with treatment in a 'real-life' context.

Methods: Participants prescribed olanzapine or conventional mood stabilizers were assessed at entry using a range of measures, including the Young Mania Rating Scale (YMRS), 21-item Hamilton Depression Rating Scale (HAMD₂₁), Clinical Global Impressions Scale – Bipolar Version (CGI-BP), and the EuroQol Instrument (EQ-5D).

Results: On average, participants were 41.8±12.7 years of age (mean±SD), 58% (n=140) were female, and 73% (n=176) had a diagnosis of bipolar I disorder. Olanzapine was prescribed to 35% (n=85) of participants, and was more commonly prescribed for schizoaffective disorder (48% vs. 31% for bipolar). Based on CGI-BP scores, more women were markedly ill (34% vs. 22%, women vs. men), however, the overall CGI-BP score appeared unaffected by gender or diagnosis (3.8±1.3). Irrespective of gender and diagnosis, participants were, on average, hypomanic, with YMRS Total and CGI-BP Mania scores of 8.2±8.5 and 3.0±1.6 (mean±SD), respectively. On average, women were significantly more depressed than men – HAMD₂₁ Total score 14.3±8.7 vs. 12.1±8.3, $p=0.048$, CGI-BP Depression scores 3.5±1.3 vs. 2.8±1.3, $p<0.001$ (women vs. men). Interestingly, the HAMD₂₁ indicated that schizoaffective disorder was associated with depression, with Total scores of 15.5±8.4 vs. 12.6±8.5, $p=0.024$ (schizoaffective vs. bipolar), however this was not reflected in the CGI-BP Depression scores 3.1±1.1 vs. 3.2±1.4, $p=0.538$, highlighting a difference in these assessments. In the 3 months prior to enrolment, 33% of participants had spent at least 1 day in hospital for psychiatric treatment; for bipolar participants 95% were single admissions (compared with 65% for schizoaffective participants, $p<0.001$). Bipolar participants rated their overall health state higher than those with schizoaffective disorder, with EQ-5D visual analogue scores of 68.2±18.8 vs. 61.6±22.7 (bipolar vs. schizoaffective, best imaginable health state score 100, $p=0.023$). This trend was also reflected by the mean weekly wage (\$500–999, 21.3% vs. 6.3%, % participants, bipolar vs. schizoaffective; Australian average ~\$805 [1]), unemployment rate (22.2% vs. 48.4%; Australia-wide 5.1% [2]), and relationship status (current romantic relationship, 47.1% vs. 26.6%, $p=0.005$).

Conclusion: Participants were characterised by social and occupational dysfunction at study entry, but those with schizoaffective disorder appeared to be more severely affected. Effective treatment is required to address both clinical and functional impairment.

Supported by funding from Eli Lilly.

(1) Australian Bureau of Statistics, August 2005.

(2) Australian Bureau of Statistics, December 2005.