Discussion: Depressed patients with bipolar disorder and co-morbid anxiety may be in particular need for additional psychotherapy for treating acute depression. These results need to be replicated in studies that stratify bipolar patients to treatments based on their anxiety co-morbidity status.

Age of onset, course of illness, and response to psychotherapy for bipolar depression

A Peters[a], LG Sylvia[b], PV Magalhaes[c], D Miklowitz[d], E Frank[e], M Otto[f], M Berk[g], A Nierenberg[b], T Deckersbach[b]
[a]*Psychiatry, University of Illinois at Chicago, Chicago, USA,* [b]*Psychiatry, Massachusetts General Hospital, Boston, USA,* [c]*National Institute of Translational Medicine, Hospitalde Clínicasde Porto Alegre, Porto Alegre, Brazil,* [d]*Psychiatry, University of California at Los Angeles, Los Angeles, USA,* [e]*Psychiatry, University of Pittsburgh, Pittsburgh, USA,* [f]*Psychology, Boston University, Boston, USA,* [g]*Psychiatry, Deakin University, Geelong, Australia*

Background: The course of bipolar disorder tends to worsen progressively. Although responses to pharmacotherapy diminish with greater chronicity, less is known about whether patients' prior courses of illness are related to responses to psychotherapy.
Method: The Systematic Treatment Enhancement Program (STEP-BD) randomized controlled trial of psychotherapy for bipolar depression compared the efficacy of intensive psychotherapy versus collaborative care (a brief, 3-session psychoeducational intervention). We assessed whether the number of previous mood episodes, age of illness onset, and illness duration were related to likelihood of recovery and time until recovery from the episode of depression at baseline.
Results: Participants with 1–9 prior depressive episodes were more likely to recover ($p = 0.030$, OR = 2.12) and had faster time to recovery ($p = 0.024$, OR = 1.53) than those with 20 + previous depressive episodes. Participants with 1–9 ($p = 0.033$, OR = 1.53) and 10–20 ($p = 0.025$, OR = 1.73) previous manic episodes had faster time to recovery than those with 20 + episodes. Longer illness duration predicted a longer time to recovery ($p = 0.01$, OR = .98). Participants were more likely to recover in intensive psychotherapy than collaborative care if they had 10–20 prior episodes of depression (NNT = 2.00), but equally likely to respond to psychotherapy and collaborative care if they had 1–9 (NNT = 32.0) or > 20 (NNT = 9.0) depressive or manic episodes. Age of onset was unrelated to recovery.
Discussion: Number of previous mood episodes and illness duration are of value for assessing the likelihood and speed of recovery among bipolar patients receiving psychosocial treatment for depression. Different psychosocial treatments may be warranted for patients who have more and less frequent depressive episodes.

Extreme attributions predict the course of bipolar disorder following psychotherapy treatment for depression

D Miklowitz[a], J Stange[b], LG Sylvia[c], PV Magalhaes[d], M Otto[e], E Frank[f], A Peters[g], M Berk[h], A Nierenberg[c], T Deckersbach[c]
[a]*Psychiatry, University of California at Los Angeles, Los Angeles, USA,* [b]*Psychology, Temple University, Philadelphia, USA,* [c]*Psychiatry, Massachusetts General Hospital, Boston, USA,* [d]*National Institute of Translational Medicine, Hospitalde Clínicasde Porto Alegre, Porto Alegre, Brazil,* [e]*Psychology, Boston University, Boston, USA,* [f]*Psychiatry, University of Pittsburgh, Pittsburgh, USA,* [g]*Psychiatry, University of Illinois at Chicago, Chicago, USA,* [h]*Psychiatry, Deakin University, Geelong, Australia*

Background: Little is known about predictors of recovery from or the onset of mania after depression. In the present study, we investigated attributional style (a cognitive pattern of explaining the causes of life events) as a predictor of recovery from episodes of bipolar depression and transition to mania among bipolar adults receiving psychosocial treatment for depression.
Method: 106 depressed outpatients with DSM-IV bipolar I or II disorder who were enrolled in the Systematic Treatment Enhancement Program for Bipolar Disorder were randomly assigned to intensive psychotherapy for depression (n = 62) or to collaborative care (n = 44), a minimal psychoeducational intervention. Patients completed a measure of attributional style at baseline and were followed prospectively for up to one year. Effects of attributional style on recovery and transition to mania were evaluated using intent to treat analyses.
Results: Extreme attributions predicted a lower likelihood of recovery ($p < 0.001$). Extreme attributions also predicted a higher likelihood and shorter time until transition from depression to a (hypo) manic or mixed episode (ps < 0.05).
Conclusions: Evaluating extreme attributions may help clinicians to identify patients who are at risk for experiencing a more severe course of bipolar illness, and who may benefit from treatments that introduce greater cognitive flexibility.

Symposium XXIII
Suicide in Bipolar Disorder: An ISBD Task Force Report
Chair: Ayal Schaffer and Yongmoon Lee

Prevalence and characteristics of suicide in bipolar disorder

D Moreno
Psychiatry, Mood Disorders Unit (GRUDA) Institute of Psychiatry Faculty of Medicine University of São Paulo, São Paulo, Brazil

Objectives: To determine the frequency of attempted suicide and suicide death in bipolar disorder (BD) overall, by subtype and in comparison to other mental illness as well as methods used.
Method: This work is part of the International Society of Bipolar Disorders taskforce on suicide. It examined prevalence and charac-