Annals of General Psychiatry



Poster presentation

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Lifetime comorbid anxiety in mania: structure factor, links with mixity and role of instable temperament

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from International Society on Brain and Behaviour: 2nd International Congress on Brain and Behaviour Thessaloniki, Greece. 17–20 November 2005

Published: 28 February 2006

Annals of General Psychiatry 2006, 5(Suppl 1):S101 doi:10.1186/1744-859X-5-S1-S101

Background

EPIMAN (n = 104 patients) study was dedicated to explore the dysphoric mixed mania. However, deriving data concerning the phenomenology of comorbid anxiety in mixed mania were lacking.

Materials and methods

"EPIMAN-II Thousand" is a national multi-site collaborative study dedicated to replicate and complete EPIMAN study (Hantouche *et al.*, 2003). It involved training 317 French psychiatrists working in different sites representative of all France. The study actually succeeded in recruiting 1090 cases admitted for acute mania (DSM-IV criteria). Mixed Mania, as defined by the presence of 2 items from the checklist of depressive symptoms, CLDS (10 items) was observed in 30% of the entire population. Lifetime comorbid anxiety disorders were assessed by using the DSM-IV criteria, and the AMDP Anxiety Scale of Bobon. The full TEPMS-A French version (84 items, Hantouche *et al.*, 2001) was used to assess the Affective Temperaments.

Results

In Mixed Mania, the rates of comorbid anxiety disorders were higher than in Pure Mania (especially GAD, 30.3% vs 14.3% Panic Disorder 7.9% vs 2.7% and PTSD 4.5% vs 0.9%). The PCA conducted on the AMDP scale revealed the presence of 3 major components: core factor "Dysphoric Inner Agitation" (9 items), "Psychic and Physical Anxiety" (7 items), and "Phobias" (2 items). The global score factor and factorial scores on AMDP were significantly higher in Mixed Mania versus Pure Mania (respectively 25.3 vs 17.1 and 15.5 vs 11.0 on F1, 10.3 vs 6.6 on

F2 and 1.2 vs 0.7 on F3, p < 0.0001). Moreover, the different scores on AMDP were mostly correlated with the scores on Cyclothymic and Irritable Temperaments (stronger than with Depressive Temperament).

Discussion

Our data obtained on the largest population of manic patients ever conducted (n = 1090) confirmed the complex nature of comorbid anxiety within BP-I disorder, and suggested the significant relationship with Mixed Mania, and the major role of instable premorbid temperaments, such as cyclothymic and irritable.

Acknowledgements

Funding source: unrestricted grant from Sanofi-Aventis.

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