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The Impact of Prophylactic Medication Use on the Recurrence of Bipolar Episodes in the BDRN Pregnancy Study

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Aims. Women with bipolar disorder have a high recurrence rate in the perinatal period. However, the use of prophylactic medication can be a concern during pregnancy and breastfeeding. There are few studies looking at the impact of prophylactic medication on the risk of recurrence. The aims of this study are to describe the use of medication in women with bipolar disorder in the perinatal period and the impact of that prophylactic medication on the rate of postnatal recurrence.

Methods. The BDRN (Bipolar Disorder Research Network Study) is the largest individual network of individuals with bipolar disorder and related mood disorders in the world. The BDRN pregnancy study is a prospective observational study which took place in the UK. We collected sociodemographic, clinical and medication data from pregnant women with a diagnosis of bipolar disorder and who were euthymic entering the postpartum period. The clinical data were collected via interviews during pregnancy and the postpartum and access to clinical records where those were available.

Data were analysed for association using χ^2 tests and logistic regression.

Results. Our total sample for this analysis comprised of 103 women who met the criteria.

We found that 71 (70%) were taking medication at delivery: 43 (43%) antipsychotics, 9 (9%) antidepressants, 10 (10%) mood stabilisers, (6 lithium, 4 anticonvulsants and 9 multiple medication classes).

Of the total sample, 44 (43%) experienced a postpartum recurrence: 21 (20%) had an episode of postpartum psychosis, 15 (15%) of non-psychotic depression and 8 (8%) of hypomania. Of the postpartum psychotic episodes 11 were of mania with psychosis, 8 of mania without psychosis and 2 of psychotic depression.

There was no significant association between taking medication at delivery and postpartum recurrence χ^2 (1)=0.116, $p=0.73$.

In a multivariable analysis there continued to be no association when adjusted for age, ethnicity, parity, severity (previous admissions, age at impairment, bipolar subtype) and previous psychotic symptoms aOR 1.35 95%CI [0.45; 4.00], $p=0.59$.

Conclusion. A high number of bipolar women are taking medication at delivery and in the majority, antipsychotics are prescribed. The postnatal recurrence rate in both medicated and unmedicated women is high.

Our findings align with recent electronic health records and observational studies, but differ from older clinical cohort and higher Lithium-prescribing sample studies. Limitations include the study design and confounding by indication. Further research in larger populations is necessary to inform clinical decision-making for women and their healthcare providers.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Testogel Application in the Menopause: Making a Difference to the Lives of Women

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Aims. Benefit has been shown from testosterone therapy given to postmenopausal women experiencing reduced sexual desire. Specifically, an increased frequency of satisfying sexual encounters and intensity of sexual desire and better sexual response has been shown with testosterone therapy in a number of studies spanning more than 35 years. Androgen therapy has been related to improvement in energy, mood, well-being, self-perception, and some parameters of sexuality (libido, activity, sexual arousal, excitability and satisfaction).

Methods. In a group of 10 menopausal women applying Testogel 16.2mg/g at the dose of 20.25 mg every 3-4 days as part of their usual care together with oestrogen +/- progestogen HRT, we measured serum testosterone and free androgen index (FAI) pre-application of Testogel and 24 hours after its application. Testosterone was measured by mass spectrometry. The Female Sexual Functioning Index (FSFI) was completed by the women.

Results. The range of duration of treatment with testosterone was 6 months-23 years. All women subjectively reported an improvement in sexual function with testosterone administered most recently as Testogel.

Female Sexual Functioning Index (FSFI) median score was 24.5/36 (25-75% interquartile range 18-28) with highest domain scores for sexual satisfaction and arousal (4.2/6) and moderate scores for orgasm and desire (3.6/6) with lowest domain score for lubrication (2.4/6) and no reported issues re pain on intercourse. All women subjectively reported an improvement in sexual function with testosterone supplementation.

Mean pre-Testogel administration testosterone level (corresponding to a trough level) was 0.85: 0.6-1.2 nmol/L (median: 25-75% interquartile range) rising at 24 hours post Testogel to 3.6: 1.9-4.8 nmol/L (median: 25-75% interquartile range) (Reference range for testosterone in women is up to 1.4 nmol/L).

The rise in serum testosterone was not associated with any untoward effects in terms of hirsutism/acne.

Conclusion. All the women in our case series experienced benefit with testosterone gel in terms of sexual function. FSFI score indicated reasonable sexual function in this group of women treated with Testogel for HSDD.

The increase in serum testosterone level and FAI at 24 hours after application of Testogel was not associated with untoward reported / manifest consequences.

Testosterone supplementation is not approved for treatment of hypoactive sexual desire disorder (HSDD) in the UK / other parts of Europe. This matter needs to be addressed as a priority by all stakeholders so that this medication can be made more freely available.

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