S23-02 - **IN SEARCH OF OPTIMAL LITHIUM LEVELS IN THE LONG-TERM TREATMENT OF BIPOLAR DISORDERS**

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Introduction: Lithium is generally regarded as a first-line option for the long-term

treatment (ie, maintenance treatment, prophylactic treatment) of bipolar disorders.

However, there is a substantial amount of uncertainty regarding the most efficacious

plasma concentration of this drug for this indication.

Aims: To allow clinical psychiatrists to practice evidence-based medicine when it comes to decide which lithium levels to target in the long-term treatment of their patients with bipolar disorders.

Methods: We will present the available evidence from randomized controlled trials (RCTs) explicitly addressing the issue of optimal lithium levels, show new data from post-hoc analyses of more recent approval-seeking RCTs including lithium as a comparator drug, discuss the methodological limitations and pitfalls inherent in all these studies and address open questions still waiting to be answered.

Results: The available evidence suggests that lithium levels ≥0.6 mmol/L will be

necessary for optimal protection against both manic/mixed and depressive episodes. For most patients an increase in lithium levels beyond 0.8 mmol/L will not be associated with superior efficacy against either manic/mixed or depressive episodes. In contrast, lithium levels between 0.4 - 0.6 mmol/L may be sufficient, at least for some patients, for optimal protection against pure depressive episodes.

Conclusion: Lithium levels between 0.6 - 0.8 mmol/L seem to be associated with optimal protection against both manic/mixed and depressive episodes in the long-term treatment of bipolar disorders.

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