

antidepressants, indicating a more pronounced clinical response and suggesting potential synergy between neuromodulation and pharmacotherapy in cortico-limbic circuits. However, larger sample sizes are needed to achieve robust statistical validation, clarifying the isolated impact of each modality and their combination.

**Conclusions:** Both TMS and tDCS represent effective therapeutic alternatives for patients with MDD and GAD, especially those refractory to conventional approaches. Although promising, implementing these techniques faces challenges, including high costs, the need for specialized professionals, and stronger scientific validation to enable widespread use. Expanding clinical knowledge and disseminating evidence-based guidelines can promote safe access to and usage of these therapies.

**Disclosure of Interest:** None Declared

## EPV1653

### A historical overview on the rise and downfall of psychosurgery

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doi: 10.1192/j.eurpsy.2025.2130

**Introduction:** “Psychosurgery” is defined as the human brain surgery to treat psychiatric symptoms.

**Objectives:** This study aims to portray psychosurgery’s historical evolution.

**Methods:** A review of 35 articles from 2000 to 2024 on PubMed and Google Scholar, regarding psychosurgery.

**Results:** The initial phase of psychosurgery dated in 1888, when Swiss psychiatrist Gottlieb Burckhardt, in an effort to control the symptoms of psychiatric patients, he performed the very first brain topectomies. Later on, in 1936, Portuguese neurologist Egas Moniz and neurosurgeon Almeida Lima, collaborated on performing the first lobotomy. After achieving 20 lobotomies, Moniz reported that 35% of patients showed complete remission of psychiatric symptoms, 35% of patients showed a mild improvement, and 30% of patients showed no improvement. It was Freeman’s (a neurologist) and Watts’s (a neurosurgeon) turn to perform in 1936 the first lobotomy on the USA ground, on a woman suffering from depression; Alice Hammatt. Unfortunately, six days post-operation, Hammatt experienced language difficulties, disorientation and agitation. However, the surgery was still considered a success. By 1942, Freeman and Watts had performed 200 lobotomies, declaring that 63% of patients improved, 23% of patients showed no relief, while 14% of patients suffered complications, including death. Freeman pursued with the development of a transorbital method which he tended to perform in outpatient departments, without any neurosurgical assistance, having patients anesthetized with a portable electroshock machine. Profoundly disapproving this method, Watts, decided to end their partnership. Further unsatisfactory outcomes like the lobotomy of Rosemary Kennedy (sister of President John F. Kennedy) shaped an additional negative image of Freeman’s work. Rosemary who initially was subjected to lobotomy due to mild developmental delays, anxiety and epilepsy, was postoperatively left severely disabled, without autonomy, being institutionalized for the rest of her life. Finally, the approval of chlorpromazine’s use in the US (1955) alongside public

awareness over psychosurgery’s complications, such as the “post-leucotomy syndrome” causing disinhibition as well as “lobotomy criteria” which included female gender, non-obedience, hospitalization in overcrowded institutions, opposite political opinion, led to psychosurgery’s downfall.

**Conclusions:** Considering the dark history of psychosurgery, it is imperative to proceed to such treatments exclusively to diseases with a well decoded neurophysiology, always respecting human rights and protecting patients’ dignity and self-will.

**Disclosure of Interest:** None Declared

## EPV1654

### The role of electroconvulsive therapy in the treatment of aggression in psychiatry: A literature Review

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doi: 10.1192/j.eurpsy.2025.2131

**Introduction:** Electroconvulsive therapy (ECT) has gained increasing attention as a therapeutic option for managing aggressive behavior in psychiatric patients. Aggression is a common symptom in several psychiatric disorders, such as schizophrenia, bipolar disorder, and severe depression, which can be resistant to conventional pharmacological treatments.

**Objectives:** This literature review examines the efficacy and safety of ECT in reducing aggression across various psychiatric populations.

**Methods:** We have conducted a web research on Pubmed for articles published in the last ten years about the topic using key words like “aggression”, “ECT”.

**Results:** Evidence suggests that ECT can be particularly effective in cases where patients do not respond to medications or display dangerous behaviors. Significant reductions in aggression have been reported post-ECT, along with improvements in mood and overall functioning.

**Conclusions:** Although ECT remains controversial due to concerns about cognitive side effects, advancements in its application have enhanced its safety. This review emphasizes the need for further.

**Disclosure of Interest:** None Declared

## EPV1657

### A case report of anticonvulsive effects of CBD under ECT treatment

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doi: 10.1192/j.eurpsy.2025.2132

**Introduction:** Cannabidiol (CBD) is a non-psychoactive cannabinoid with therapeutic potential in various fields, such as its effect on mental health or antiepileptogenic, among others. For this reason, the interest in research on the potential effects of this substance is booming and the sale and consumption by the general population is increasing.

**Objectives:** To describe the observed effects of CBD use during treatment with electroconvulsive therapy (ECT).

**Methods:** To describe in detail the clinical case and to correlate the changes observed in the seizures and the electroencephalogram (EEG) of the ECT sessions when the patient performed concomitant consumption of CBD, in addition to the changes at the clinical level that he experienced during this period.

**Results:** The subject is a 47-year-old man who required admission for a psychotic decompensation of his schizoaffective disorder bipolar subtype. In recent years, he had no adherence to psychopharmacological treatment or follow-up, and reported self-medicating with CBD cigarettes in varying amounts (he reported 5 to 15 units/day). During admission, pharmacological treatment was instituted with poor response and an acute course of ECT was performed due to a history of good response in a previous episode 10 years ago and the patient's preference. He remained abstinent from CBD during hospitalization and it was agreed to remain non-consuming at discharge. He presented progressive improvement in the clinical signs from the 4th session, with remission in the 7th session. Upon discharge, it was agreed to perform consolidation ECT on an outpatient basis, initially with weekly sessions and then every two weeks.

From the 2nd outpatient session, a worsening of motor and electroencephalographic seizures was observed in the ECT sessions. A possible relapse into CBD use, which the patient denied, was explored. After the 3rd outpatient session, the patient recognizes relapse into CBD consumption with occasional consumption. During the following 2 sessions, the deterioration in the quality of the EEG pattern progresses and it is decided to interrupt ECT treatment due to the absence of seizures in EEG recording, coinciding with an increase in the daily amount of CBD consumed.

**Conclusions:** There is little literature on the management of the effects of CBD in ECT treatment. The observations in this clinical case provide valuable information about the combination of CBD and ECT that can be useful to other professionals with similar cases.

**Disclosure of Interest:** None Declared

## EPV1658

### Increasing the Utilisation of Transcranial Magnetic Stimulation for Treatment-Resistant Depression

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doi: 10.1192/j.eurpsy.2025.2133

**Introduction:** Transcranial magnetic stimulation (TMS) has been consistently recommended in international guidelines as first-line for treatment-resistant depression, due to its superior efficacy over the next antidepressant, with minimal side effects. However, owing to its high cost, lack of insurance coverage, the need for daily time commitment over a period of 4 to 6 weeks and its relative novelty, TMS is still not being offered to many eligible patients with MDD including at our hospital, leading to an under-utilisation of the service.

**Objectives:** We aim to determine the rate at which TMS is being offered to eligible patients with MDD at our hospital in Singapore, explore the root causes behind why it is not being offered and utilised more often, and implement new models of care to increase this rate by at least two-fold over 6 months.

**Methods:** All patients who registered at our outpatient clinics from June to November 2024 were screened for the eligibility criteria for TMS. Flow charts, affinity diagram and fishbone diagram were drawn. Multi-voting was conducted to arrive at the top root causes for the low rate at which TMS was being offered to eligible depressed patients, determined on a Pareto chart. 5 Plan, Do, Study, Act cycles were carried out. Key interventions included: (a) Adopting evidence-based, shorter TMS protocols that reduced time to remission from 6 weeks to 2-3 weeks, (b) initiating a novel, nurse-led TMS counselling service, (c) improving promotional materials, and (d) using simple yet effective strategies to improve familiarity with TMS and encourage psychiatrists to consider it more often.

**Results:** The rate at which TMS was offered to eligible patients with MDD increased from 15% to 80% over June to November 2024. 31% of these eligible patients took up TMS, and 100% of those who started TMS eventually completed the course. Patients who completed the course had a 69% reduction in clinician-administered depression rating scales. Psychiatrists were more inclined to offer TMS via the TMS counselling service run separately by TMS nurses, as this otherwise often took up substantial time in busy clinic settings. The increased awareness of TMS through promotional materials empowered patients such that they were bringing up TMS during consultations before they were being offered. The evidence-based, shorter TMS protocols involved conducting multiple sessions a day with adequate intervals, without compromising on efficacy and safety. Patients enjoyed the option of having less interruptions from work or school, and the quicker times to remission. Direct cost savings were observed.

**Conclusions:** We observed better quality of clinical care, increased patient, staff and stakeholder satisfaction, cost and time savings to patients, and increased productivity in both patients and staff, through effective and sustainable interventions which can be replicated in TMS clinics elsewhere.

**Disclosure of Interest:** None Declared

## EPV1659

### Unraveling Reality : Complaints that became delusions aligned to Ehlers-Danlos Syndrome ended up with ECT - a case report

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doi: 10.1192/j.eurpsy.2025.2134

**Introduction:** Ehlers-Danlos Syndrome (EDS) is a group of hereditary connective tissue disorders that primarily involve skin hyperelasticity, hypermobility of joints and fragility of blood vessels. This syndrome shows heterogeneous features. Recent studies have shown that patients with EDS have a higher risk of psychiatric conditions such as depression, suicide and schizophrenia. The existing literature on safe administration of ECT defines several case reports which incorporate connective tissue disorders.

**Objectives:** This case report aims to define a rare case of EDS related psychosis including the clinical presentation and management. Furthermore, to show the administration of ECT in patients suffer from this medical condition after their assessment.