

EPV1236

TMS use in Depressive disorder in Youth

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Introduction: Trans-cranial magnetic stimulation (TMS) as a non-invasive method of altering brain activity (1) has widened the array of therapeutic options available for various psychiatric disorders.**Objectives:** Trans-cranial Magnetic stimulation (TMS) as a non-invasive method of altering brain activity has widened the array of therapeutic options available for various psychiatric disorders. •A large number of studies have shown therapeutic benefits in a wide range of patient population with majority of studies in adults. •TMS is used increasingly for the treatment of child and adolescent depression. •Yet, the scarcity of studies and lack of published guidelines for this population is notable. •As TMS use is expanding in this population, an overview of the use of TMS in children and adolescents with depression may provide much needed and timely perspective on this neuropsychiatric intervention.**Methods:** We searched all published studies using PubMed database, on TMS use in depressive disorders in children and adolescents. A total of 13 studies were found to have reported use of TMS in depression in children and adolescents.**Results:** We found various case series, open label studies as well as sham controlled blind studies indicating that TMS has been effective in treating depression in children and adolescents. No significant side effects were found in our review.**Conclusions:** Studies have shown that TMS is an effective treatment option for depressive disorders in children and adolescents. Initial studies look promising but implications in large pediatric population may be different and there is a need for more double blind, controlled trials with larger sample size.**Disclosure:** No significant relationships.**Keywords:** TMS; Depression; Child and adolescent psychiatry; neuromodulation

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Paradoxical Neuroethical Crisis of Agency and Identity in an Obsessive-Compulsive Disorder Deep Brain Stimulation Patient

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doi: 10.1192/j.eurpsy.2022.1909**Introduction:** Deep Brain Stimulation is an increasingly viable, well-established treatment for medication refractory obsessive-compulsive disorder. Yet, its neuromodulatory effects on the brain have led to varying and opposing neuroethical debates about its potential influence on a range of phenomena such as human agency, sense of nonauthenticity and identity.**Objectives:** Establish the importance of maintaining the psychotherapeutic alliance in a long-term DBS patient who reported minimal device side effect and no brain-technology interface interpersonal issues; yet struggled with a paradoxical phenomenon of psychic distress surrounding issues of agency and identity, not through device implantation, but through morphology of cognitions from negativistic interpersonal dynamics and spousal victim-blaming due to the necessity for such a device.**Methods:** Case-report of a 60+-year-old gentleman with a history of childhood-onset, treatment refractory OCD with a 15-year history of bilateral DBS lead placed via a ventral caudate/ ventral striatum trajectory through the anterior limb of the internal capsule to the nucleus accumbens.**Results:** Years later he was only minimally improved above baseline; yet now with a few-years increasing degree of distress over a perceived atrophy of his capabilities that he felt was validated through what he described as his failure of artificial bionics. Extensive device setting re-optimization did not improve efficacy and with supportive therapy, the DBS device was weaned, and turned off.**Conclusions:** The following year the therapeutic foci were on interpersonal identity, existential acceptance of breakthrough symptoms, and engagement of spouse into marital counseling leading to subsequent resolution of distress with improved quality of life.**Disclosure:** No significant relationships.

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Knowledge and attitudes toward repetitive transcranial magnetic stimulation (rTMS) as a treatment for postpartum and peripartum depression.

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Introduction: Postpartum and peripartum depression are debilitating disorders that impact the mother and their ability to care for their children's emotional, social, and physical needs. Current treatments include psychotherapy, pharmacotherapy, and electroconvulsive therapy. These treatments are moderately effective or come with side effects that can negatively impact mother and child. As a result, many mothers view some treatments as unacceptable while pregnant or breastfeeding. Over the last decade, repetitive transcranial magnetic stimulation (rTMS) has shown promise as an effective and safe treatment option for postpartum and peripartum depression. However, little is known regarding people's knowledge and attitudes towards this emerging technology, with no research assessing this in Canada.**Objectives:** We aim to identify gaps in knowledge and to assess attitudes toward rTMS as a treatment for postpartum and peripartum depression in mental health professionals, patients, and the general public living in Canada.**Methods:** A mixed methods study design will be employed. The qualitative portion will consist of individual semi-structured interviews. An inductive thematic analysis will be completed. The

quantitative portion will consist of an anonymous, self-administered survey shared through REDCap. Focus groups with rTMS experts will be conducted to inform survey creation.

Results: No result at this time.

Conclusions: Understanding gaps in knowledge and attitudes toward rTMS is the first step toward ensuring that everyone is well informed and able to access safe and effective treatments. With limited treatment options available to a postpartum and/or peripartum depression patients being well informed on all treatments is crucial towards accessing treatments that best suit their needs.

Disclosure: No significant relationships.

Keywords: peripartum depression; repetitive transcranial magnetic stimulation; knowledge; postpartum depression

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Repetitive transcranial magnetic stimulation (rTMS) for catatonia– a case report

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Introduction: Catatonia is one of the most common severe motor syndromes, with an estimated prevalence among psychiatric inpatients of about 15 %. Benzodiazepines and electroconvulsive therapy (ECT) are the most widely studied treatment methods recommended as first-line therapy. We present the case of a 55-year-old female patient with paranoid schizophrenia and severe life-threatening catatonia who remitted under a short series of rTMS.

Objectives: s. Introduction

Methods: The point of resting motor threshold (RMT) for the musculus rectus femoris was determined for the left hemisphere. A straight line 3 cm anterior and parasagittal from that point defined the SMA. A total of three sessions, each with 1000 pulses at intensity 66 % of the RMT, were performed within 24 and 120 hours apart. Stimulation protocol was set to 1Hz in the area of the left SMA with 25 series of 40 pulses, pulse width 25 ms, angle of attack 45°. Hardware: MagVenture, 8-coil “cool-B65 butterfly-shaped coil from Medtronic.

Results: Within 24 hours after the first session, a marked improvement of catatonic symptoms like independent locomotion and verbal communication was recognized. One week after the whole rTMS treatment, a food intake without a gastric tube was possible.

Conclusions: The present case demonstrates that pronounced catatonia may be successfully treated with inhibitory rTMS. Our results underline the importance of non-invasive brain stimulation as a valuable addition to the existing treatment spectrum for catatonia. Future research is empowered to path the way for a significant expansion of treatment.

Disclosure: No significant relationships.

Keywords: Catatonia; repetitive transcranial magnetic stimulation; Supplementary Motor Area; schizophrenia

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Something inside my head

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Introduction: Electroconvulsive therapy (ECT) is a medical treatment for those patients with high suicide risk or refractory psychiatric disorders. It is currently a safe technique, and its effectiveness has been widely demonstrated.

Objectives: Presentation of a clinical case about a patient with drug-resistant delusional disorder and high suicide risk, who eventually received ECT treatment.

Methods: Bibliographic review including the latest articles in Pubmed about ECT procedure, effects and use.

Results: We present a 45-year-old man, who visited different doctors several times by reporting he had the feeling of “having a brain tumor or a vascular disorder”, so he requested imaging tests (computed tomography and magnetic resonance). These tests were absolutely normal, but he kept thinking something was wrong, and eventually attempted suicide by hanging (his family founded him before it was too late). The patient was admitted to hospital, and started psychopharmacological treatment, with minimal response. He desperately insisted that he had “something inside his head”. At this point, it was proposed to start ECT, and the patient accepted. After 6 bilateral ECT sessions, he was visibly more relaxed and less worried, and he no longer presented autolytic ideation. He was still a little bit suspicious about the feeling of having a neurological disease. Currently, the patient runs a follow-up consultation.

Conclusions: Electroconvulsive therapy is a safe and effective technique for those patients with high suicide risk. It may be useful to perform imaging tests in certain cases, for detecting intracranial pressure, acute hemorrhage, tumors... A follow-up of these patients must be performed

Disclosure: No significant relationships.

Keywords: Delusional disorder; ECT; Electroconvulsive therapy

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Electroconvulsive therapy for Patients with Intellectual Disability. When and how?

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