Objectives: The effects of methylene blue, curcumin, ginkgolide B, and melatonin are being tested as antioxidants, tau-aggregation inhibitors, and mitochondrial-targeted therapies. These antioxidants will also be tested as protective agents against tau-induced mitochondrial dysfunction caused by oligomers of phosphorylated tau (P-tau). The aim of our study is to systematically investigate tau-induced mitochondrial dysfunction in isolated brain mitochondria and the protective effects of AD drugs, adjuvants, against mitochondrial dysfunction.
Methods: Isolated pig brain mitochondria were used as an *in vitro* biological model to evaluate the effects of antioxidants. Hydrogen peroxide formation was determined by fluorescence measurements (starting with Amplex Red, horseradish peroxidase). Mitochondrial respiration was measured using high-resolution respirometry. The effects of tested drugs were measured at concentrations in the range 0.1 to 500 µmol/l; the effect of P-tau was measured in the range 3-120 nmol/l.
Results: Methylene blue and curcumin significantly reduced hydrogen peroxide production at high concentrations. The antioxidants were further tested in combination with effect of P-tau oligomers in various states of mitochondrial respiration.
Conclusions: The results of this study will contribute to the connection of today's most accepted hypotheses of AD (amyloid, tau and mitochondrial), to the understanding of intracellular processes associated with the formation and progression of AD. The applied impact of the study will be the introduction of an *in vitro* mitochondrial assay to evaluate the anti-tau effects of new AD drugs, which will allow the selection of agents with high potential for causal treatment of AD.

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EPV1140

Acute outpatient ECT for depression: case series of the first clinical pilot in Ireland

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Introduction: ECT is a well-evidenced, cost-effective intervention for treatment-resistant depression. In Ireland acute (twice-weekly) outpatient ECT for depression has not been reported, though common elsewhere. Ireland has among the lowest number of inpatient psychiatry beds per person in Europe. We observed a clinical need for acute outpatient ECT for people who could not access elective inpatient care.
Objectives: We describe the process, interventions, outcomes and stakeholder feedback for four cases of acute outpatient ECT.
Methods: All cases provided written informed consent. A multidisciplinary (psychiatry, anaesthesiology, nursing) protocol for assessment and delivery of acute outpatient ECT was developed and implemented, cases described and feedback from stakeholders sought in an acceptability forum.
Results: Four medically stable patients (ASA Grades 2-3) completed acute outpatient ECT (Table 1), receiving between n=6 and n=12 ECT treatments, attending from home. N=140 inpatient psychiatry bed days were saved, and n=45 community psychiatry reviews were required. No adverse events or medical interventions occurres. Three people had CGI outcome of "very much improved" and one person halted their treatment course when "minimally improved", citing lack of response. Stakeholder feedback in an acceptability forum highlighted the increased resource intensity of twice-weekly community review for outpatient ECT, and the positive outcomes for treatment-resistant depression.
Conclusions: Acute outpatient ECT was safe and effective in this case series and resulted in n=140 psychiatry inpatient bed days being saved. There was an increased need for reviews from the community team during the treatment protocol. Medically stable patients with substantial social support were eligible for this pilot phase, thus a priority for future development must be equity of access to this effective intervention.

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EPV1141

Late onset psychosis as an indicator of c9orf72 frontotemporal dementia: a case report

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Introduction: Frontotemporal dementia (FTD) is a heterogeneous group of brain disorders associated with progressive frontal and temporal lobe atrophy. The main syndrome, behavioral variant FTD, is characterized by personality and behavior changes such as apathy, disinhibition, loss of empathy, new compulsive behaviors and executive dysfunction (Pressman, 2021). Psychotic symptoms may occur years prior to diagnosis of FTD, which can lead to misdiagnosis of a psychiatric disorder.
Objectives: To highlight late psychosis as an initial indicator of frontotemporal dementia and emphasize the relationship of somatic delusions with the c9orf72 mutation.
Methods: We reported the clinical case of a 64-year-old patient who was admitted in our acute psychiatric unit for late-onset psychosis with predominance of somatic delusions as the first indicator of c9orf72 frontotemporal dementia. Access to the medical history of the patient and non-systematic review of the literature on MEDLINE (Pubmed) was conducted.
Results: A 64-year-old male initially consulted the mental health services for oral stereotyped movements and behavioral changes after dental surgery. After a few months, the patient was concerned because he reported that he had holes in his mouth from which liquid was leaking. He consults numerous dentists and undergoes several surgeries, without success. The belief becomes more intense and delirious, and he develops self-harming ideation that leads him to be urgently admitted to the acute psychiatric unit. During the admission, aggressive behavior of the patient towards the staff was observed. Treatment with antipsychotics, antidepressants and ECT was carried with little improvement. He was admitted to a Medium-Term Unit where the patient deteriorated rapidly becoming