Methods: A comprehensive literature review was conducted, focusing on studies from 2000 to 2023 sourced from PubMed, MEDLINE, and Cochrane Library. Search terms included "postictal delirium," "Electroconvulsive Therapy," "post-anesthesia delirium," and "perioperative cognitive disorders." Key variables analyzed included onset, duration, cognitive and behavioral symptoms, associated risk factors, and treatment protocols for both conditions.
Results: The analysis revealed key differences between PD and PAD. PD generally presents immediately after ECT and resolves within minutes to hours, whereas PAD has variable onset, occurring immediately after surgery or several days later, with symptoms lasting hours to days. Cognitive symptoms also differ. PD is characterized by brief confusion and both anterograde and retrograde amnesia, while PAD presents with prolonged confusion, disorientation, and short-term memory impairment. Behaviorally, PD often involves repetitive, patterned, involuntary movements (stereotypies), such as hand flapping and rocking, whereas PAD is characterized by non-patterned agitation, including both voluntary and involuntary movements. PD typically includes fatigue and altered consciousness, while PAD may present with hallucinations, delusions, and significant sleep disturbances. Risk factors for these syndromes also vary. PD is linked to the intensity of the ECT stimulus and pre-existing neurological conditions, while PAD is influenced by factors such as patient age, type of surgery, anesthesia duration, and baseline cognitive status.
Conclusions: PD and PAD share clinical overlap, particularly in cognitive symptoms, but they differ in onset, duration, behavioral patterns, and associated risk factors. PD following ECT is typically brief and marked by stereotyped movements, while PAD presents with prolonged confusion and non-patterned agitation. Accurate differentiation between these conditions is crucial for appropriate diagnosis and management in the PACU setting. Further research is needed to uncover the underlying mechanisms and enhance therapeutic strategies for these syndromes.

Disclosure of Interest: None Declared

EPP690

Effect of intermittent theta-burst stimulation on chronobiological hypothalamic-pituitary-thyroid axis activity in resistant depressed patients

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Introduction: So far, the effects of intermittent theta-burst stimulation (iTBS) treatment—a form of repetitive transcranial magnetic stimulation (rTMS) technique—on the hypothalamic-pituitary-thyroid (HPT) axis activity are poorly understood. In depression, and especially in treatment resistant depressed patients (TRDs), this axis is often dysregulated. We have previously demonstrated that the difference between the 23:00 h and 08:00 h thyrotropin (TSH) response to protirelin (TRH) tests on the same day (ΔΔTSH test) is a very sensitive chronobiological index since it is reduced in about three quarters of major depressed inpatients.
Objectives: The present study aimed at assessing the effects of iTBS treatment applied to the left dorsolateral prefrontal cortex (LDPFC) in hospitalized TRDs (defined as having at least 2 treatment failures) with abnormal chronobiological HPT functioning at baseline (BL).
Methods: The ΔΔTSH test was performed in 18 TRDs and 18 matched healthy hospitalized control subjects (HCs). To be enrolled in this study, patients had to show at BL reduced ΔΔTSH values (i.e., < 2.5 mU/L) and a score of 18 or greater on the 17-item Hamilton Rating Scale for Depression (HAMD-17). All included TRDs were treated with antidepressants at the time of hospital admission. Drug dosages remained unchanged over the past month and kept stable throughout the course of iTBS. The ΔΔTSH test was repeated in all inpatients after 20 iTBS sessions (single daily session for 5 days of the week). Clinical response was defined as a reduction in HAMD-17 total score > 50% from BL and a final HAMD-17 score ≤ 8.
Results: Compared to HCs, ΔΔTSH values were lower in TRDs at BL ($p < 0.00001$ by U test). After 20 iTBS sessions, HAM-D scores decreased ($p = 0.001$ by T-test) and ΔΔ TSH values increased ($p = 0.01$ by T-test) compared to BL, although endpoint ΔΔTSH values remained lower than those of HCs ($p = 0.02$ by T-test). However, there was a relationship between the reduction in HAM-D scores from BL to endpoint and the increase in ΔΔTSH values (rho = - 0.54; $n = 18$; $p = 0.02$). At endpoint, 10 patients (55%) showed ΔΔTSH normalization (among them 8 [80%] were responders), while 8 patients (45%) did not normalize their ΔΔTSH (all were non-remitters) ($p = 0.001$ by Fisher Exact test).
Conclusions: Although the underlying mechanisms remain to be elucidated, the results of our present pilot study in TRDs suggest that successful iTBS treatment can restore a normal chronobiological activity of the HPT axis and vice versa.

Disclosure of Interest: None Declared

EPP693

ECT in Huntington's Psychosis - an unexplored therapeutic option

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Introduction: Huntington's disease (HD) is a progressive neurodegenerative disorder characterized by motor dysfunction, cognitive decline, and psychiatric symptoms. Among these psychiatric manifestations, psychosis occurs in a subset of patients, presenting significant challenges for both diagnosis and treatment. While pharmacological interventions, such as antipsychotics, are commonly used to manage psychosis in HD, they often come with limited efficacy and a high risk of adverse effects. Electroconvulsive therapy (ECT), traditionally employed in the treatment of severe mood disorders and treatment-resistant psychosis, has garnered minimal attention as a therapeutic option for psychosis associated with HD. This is proven by the absence of literature focusing specifically on the use of ECT for treatment of Huntington's Psychosis. This underexplored avenue holds potential, given ECT's neuroplastic and neurochemical effects, which may counteract the neurodegenerative processes seen in HD. Exploring the efficacy of ECT in HD-associated psychosis could not only provide symptom relief but also offer insights into the broader neuropsychiatric management of the disease.
Objectives: This review aims to highlight the therapeutic potential of ECT as a novel intervention in Huntington's psychosis, addressing the current gap in clinical research and therapeutic strategies.

Methods: A non-systematic review of the published literature using the PubMed/MEDLINE database with the MESH terms "huntington," "psychosis" and "ECT" was made. The articles were selected according to relevance.
Results: There were found 14 relevant publications that adress the use of ECT in HD. 11 of them were case reports and 3 were case series. Most of the studies show good results from the use of ECT in HD. There was improvement in several areas of the patient's mental state, namely depressive symptoms, irritability, psychotic symptoms and psychomotor agitation.
Few case studies reported worsening of the clinical picture, namely aggravation of the catatonic symptoms or cognitive impairment.
Conclusions: The limited but promising evidence from case reports and case series suggests that ECT may be an effective therapeutic intervention for addressing psychiatric symptoms, including psychosis, in patients with Huntington's disease. The majority of studies demonstrate positive outcomes. However, the findings are not universally positive, with a few reports noting potential worsening some symptoms. Given the complexity of managing psychiatric symptoms in HD, ECT presents itself as a valuable treatment option, particularly when pharmacological approaches prove ineffective or poorly tolerated. Nonetheless, the absence of larger, controlled studies on ECT for HD psychosis underscores the need for further research to validate its safety and efficacy.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP696

Investigating the causal pathways among psychopathological variables, cognitive impairment, and real-life functioning in people with schizophrenia

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Introduction: The present study aimed to investigate the causal relationships among cognitive impairment, psychopathology, and real-life functioning in a large sample of people with schizophrenia, using a data-driven causal discovery procedure based on partial ancestral graphs (PAGs).
Objectives: This method may provide additional insights for identifying potential targets of therapeutic interventions to promote recovery in people with chronic schizophrenia.
Methods: State-of-the-art instruments were used to assess the study variables. Two PAGs were generated at baseline and after 4 years of follow-up to explain the nature of the causal relationships linking psychopathology, cognition, and functioning.
Results: The study sample was composed of 612 clinically stable patients with schizophrenia at baseline and 602 at follow-up. The PAGs suggested that working memory deficit is the first ancestor of the causal links, influencing all the other neurocognitive domains, social cognition, and functional capacity, which in turn affects everyday life functioning. From this domain of functioning a causal link is directed to disorganization and positive symptoms, and another to work skills and interpersonal relationships domains; the latter had a direct link to asociality and the other domains of negative symptoms. The structure of the PAGs did not differ significantly between baseline and follow-up, indicating the stability of the causal relationships.
Conclusions: The role of working memory deficits in the pathways to functional outcomes in schizophrenia highlights the importance of implementing integrated pharmacological and cognitive remediation interventions targeting neurocognition. The impact of everyday life and interpersonal functioning on the clinical presentation of schizophrenia suggests that integrated and personalized treatments, promoting relevant skills to improve these functional outcomes, may have a beneficial impact on clinical outcomes.

Disclosure of Interest: None Declared

EPP697

The association of antipsychotic treatment and side effects with societal recovery and happiness: A naturalistic cohort study of people in long term care for a psychotic disorder

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Introduction: Antipsychotics are used to manage psychotic symptoms and reduce the risk of relapse. However, the side effects associated with antipsychotic treatment are seen to hinder societal recovery and happiness by antipsychotic users.
Objectives: In this study, we investigate the association of side effects, antipsychotic dose and antipsychotic polypharmacy with societal recovery and happiness.
Methods: Data from a naturalistic longitudinal cohort was used (PHAMOUS, 2013-2021; n> 3000). Mixed effect linear regression models were used to investigate the association between subjective side effect burden, antipsychotic dose and antipsychotic polypharmacy with societal functioning and happiness. Moreover, the association of single antipsychotic side effects with societal recovery and happiness were investigated with mixed effect linear regression models.
Results: The subjective antipsychotic side effect burden and total antipsychotic dose were both negatively associated with societal recovery and happiness. Polypharmacy was additionally negatively related to societal recovery. Cognition, mood and anticholinergic side effects were most strongly associated with societal functioning.