Social distancing and suicide in COVID-19 age

S0062

How COVID-19 related psycho-social stressors affect longevity

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Introduction: Before the COVID-19 pandemic, the literature on psychosocial stressors and psycho-social protective factors already clearly indicated that the two were linked in a multitude of ways to longevity. These ways include 1) directly through increased risk in suicides with respect to psycho-social stress or lack of connectivity 2) increased risk for psychopathologies such as depression, post-traumatic stress disorder and others, which in turn can decrease longevity in indirectly, and 3) a worse/healthier lifestyle that may be associated through decreased/improved social connectivity. With the advent of the COVID-19 pandemic, the ways in which these psychosocial factors could be impacted by policy came into focus. Attempting to quantify the potential future impact of such policies on longevity through psycho-social changes appeared necessary to allow better guidance of policy making.
Objective: This presentation aims to leverage the experience gained from making a projection of the impact of pandemic mitigation strategies on longevity in the early advent of the COVID-19 pandemic.
Results: The authors model indicated the high need for measures that are protective of the general populations' psychosocial health in the face of a pandemic and associated mitigation strategies.
Discussion: This presentation will discuss issues concerning quantifications of the impact of COVID-19 related policy on psychosocial health. The assumptions necessary to arrive at projective models may be at odds with parts of the current culture in the field. The presentation will discuss potential strategies in order for the scientific community to be better prepared for similar events in the future.

Disclosure: No significant relationships.
Keywords: Psychosocial Stress; Projection Studies; Covid; Longevity

S0060

Swedish perspectives and ethical discussion

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As COVID-19 spread, many countries in the world responded swiftly in an attempt to reduce transmission. Sweden, however, took a different approach to many other nations and did not implement a nationwide lockdown, instead deciding on a more "holistic approach to public health". The focus was on minimising transmission as much as possible, protecting those in risk groups, ensuring that the response strategies were sustainable long-term, mitigating other health concerns as a result of the response and that evidence-based methods were used as much as possible. At this stage, it is difficult to know how exactly the Swedish strategy has fared in comparison to other responses. In Sweden, there has been much debate about the strategy, particularly concerning the protection of the elderly due to unexpectedly high mortality rates in the older population as well as among residents in retirement homes. Many ethical questions remain in regard to which strategies would have been preferable.

Disclosure: No significant relationships.
Keywords: holistic approach; ethical questions; risk groups; Swedish COVID-19 response

Personalising ECT for depression

S0061

Effect of electrode placement on speed of response to ECT

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Objective: Electroconvulsive therapy (ECT) can be rapidly effective in treating severe depression. Right unilateral (RUL) or bitemporal (BT) electrode placement may affect the speed of ECT effectiveness although our current understanding of demographic and clinical factors for predicting predict speed of response and remission with ECT is limited. We investigated differences in improvement speed and also time to achieving response and remission criteria between brief-pulse moderate-dose (1.5 x seizure threshold) BT ECT and high-dose (6 x seizure threshold) RUL ECT. Additionally, we explored the influence of demographic and clinical characteristics.
Methods: Se analysed weekly 24-item Hamilton Depression Rating Scale scores obtained from severely depressed patients participating in the EFFECT-Dep trial (ISRCTN23577151). Improvement speeds in patients treated randomly with a course of either BT (n = 69) or RUL ECT (n = 69) were compared using independent sample t-tests. Weekly proportions of responders and remitters were compared using chi-square tests. Cox regression analyses were used to explore predictors of speed to achieve response and remission status.
Results: Se found no differences between RUL and BT ECT in speed of improvement or time to achieve response or remission. Exploratory analyses indicated that a wide variety of demographic and clinical features did not serve to predict speed of response and remission to ECT.
Conclusion: Electrode placement did not substantially influence speed of improvement, response and remission with twice-weekly brief-pulse ECT. Minimising the cognitive side-effects of ECT may be of more relevance when choosing between BT and RUL electrode placement for ECT.

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Keywords: response; Electroconvulsive therapy; Depression; remission

S0062

Personalized ECT: Much ado about nothing?

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The discussion about whether or not to focus our attention on the 'average' ECT-treatment technique that suits the majority of our patients or tailor the treatment to the needs of individual patients is ongoing. The question is, however, whether the available evidence permits us to to offer treatment 'à la tête du client'. The start of a treatment course can be personalized by choosing electrodeplacement (EP) (e.g. bilateral in case of a severe or life-threatening condition, when fast improvement prevails over cognitive impact), parameter selection (e.g. a shorter pulse-width in order to avoid cognitive side-effects), and a dosing strategy. A fixed-dose will lead to overdosing in some patients (causing side-effects) and underdosing in others (delaying/decreasing response) (1) Adjusting an ongoing treatment-technique can be based on response, side-effects or on the quality of the elicited seizure (EEG). In case of inadequate response, the clinician can decide to switch EP or to increase dose. There is no consensus as to the number of sessions after which technique should be changed. In case of intolerable side-effects, parameter selection and/or EP can be adjusted. The evidence that is available to guide these steps is limited. There is some evidence for a relation between several EEG-characteristics and outcome. Thus, in the event of an inadequate seizure, changing the anesthetic regimen, optimizing ventilation, lengthening the anesthetic-ECT time-interval or increasing the stimulus dose, can be of help. 1. Sackeim et al. Treatment of the modal patient: does one size fit nearly all? J ECT 2001;17:219-222.

Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; electrode position; personalized medicine

S0063

Who benefits most?

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We know from past meta-analyses that several clinical variables are associated with electroconvulsive therapy (ECT) outcome in major depression. In this lecture we give an update of clinical variables associated with ECT outcome and dig deeper into the fact that these variables also seem to be somehow associated with each other. We attempt to disentangle the interdependence between the clinical variables and try to distil the most important predictors of treatment success to help improve patient-treatment matching. Therefore we created a conceptual framework of interdependence between predictors capturing age, episode duration, and treatment resistance, all variables associated with ECT outcome, and the clinical symptoms of what we have called 'core depression', i.e., depression with psychomotor agitation, retardation, or psychotic features, or a combination of the three. We validated this model in a sample 73 patients using path analyses, with the size and direction of all direct and indirect paths being estimated using structural equation modelling. Results of these analyses were recently published and will also be disscussed at this symposium. The conceptual model could eb largely validated, the most important finding being that age was only indirectly associated with ECT outcome, meaning that age seems to be associated with ECT outcome only because more psychomotor and psychotic symptoms occur in elderly patients with a depressive disorder.

Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; Outcome predictors

S0064

Managing ECT related cognitive side effects: An individual approach

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Electroconvulsive brain stimulation may represent the strongest manipulation available to study brain plasticity in humans. Brain plasticity induced by electroconvulsive brain stimulation, profoundly improves disturbed emotion and motivation in patients with depression. Electroconvulsive therapy (ECT) is a highly effective and safe treatment for psychiatric disorders like severe depression. However, there is ongoing concern about the negative impact of ECT on brain function and cognition that is, surprisingly, only seen in a part of the treated patients. After 80 years of research on ECT, virtually nothing is known about the mechanisms underlying these strong individual differences in cognitive changes induced by ECT. A first step would be to better quantify the pattern and severity of the adverse cognitive outcomes in order to better distinguish patients that suffer from adverse cognitive outcomes from those that do not or even improve. By better distinguishing of these subgroups, a second step towards understanding can be taken: to identify the factors that predict adverse cognitive outcomes. Our research aims to advance understanding of the mechanisms of cognitive plasticity and reveal the pre-treatment profiles that render a patient cognitive vulnerable or resilient.

Disclosure: No significant relationships.
Keywords: individual variablity; Depression; Cognitive side effects; pre-treatment predictors

On a level playing field with forensic patients?

S0065

Lived experience roles in forensic in-patient treatment

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wThe development of recovery-oriented practice in mental health has brought about a much greater prominence to the place of lived experience workers. Many aspects of indvidualised recovery-oriented

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