

effective and a safe treatment option and have expressed their wish to improve their theoretical and practical competencies in ECT.

Conclusions: ECT is a standard treatment and a therapeutic mainstay in psychiatry but is being less performed in some countries. Early career psychiatrists lack experience with ECT but are interested in training opportunities. Future actions are needed for the improvement of education and training in ECT.

Disclosure of Interest: None Declared

EPV0862

Transcranial magnetic stimulation for catatonia: case series

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Introduction: Catatonia is diagnosed in 5–43% of patients with various mental disorders, thus actualizing the problem of elaborating therapeutic interventions for catatonia on an outpatient basis. Although the current experience in application of transcranial magnetic stimulation (TMS) in catatonia is limited, it provides promising data on positive effect of dorsolateral prefrontal cortex (DLPFC) stimulation in a series of clinical observations. According to the available data, TMS shows comparable efficacy with electroconvulsive therapy, but unlike it is safe and does not require general anesthesia in intensive care unit.

Objectives: to evaluate the efficacy and safety of TMS in the treatment of catatonia in patients with mental disorders

Methods: Four patients were diagnosed with catatonia as part of schizophrenia spectrum disorders in three cases (P1,4,7) and in one case within the structure of recurrent depression phase (P8). Psychopathological examination includes PANSS, SAS, NSA-4, BFCRS, NCRS, and BACS.

Personalized choice of stimulation protocol was determined by rCBF lateralization in DLPFC reflecting the neuronal activity in that region: 1) P1, P4, and P8 underwent 20 sessions of high-frequency stimulation at the frequency of 20 Hz with the amplitude of 120% MT in the projection of left DLPFC 2) P7 underwent 20 sessions of low-frequency stimulation at the frequency of 1 Hz with the amplitude of 120% MT in the projection of right DLPFC **Results:** Safety evaluation was performed daily during TMS sessions. None of participants reported any adverse events at high compliance.

The efficacy was estimated during by the following criteria: 1) positive clinical response: decline of BFCRS and NCRS scores by 70% from the primary evaluation 2) achievement symptomatic remission (total BFCRS and NCRS score 3 and less).

Positive clinical response was detected in all four patients, however, symptomatic remission was formed only in two of them (P1 and P4) referring to BFCRS.

Evaluation of neurotransmitter concentration: P1, P7, P8 showed a tendency for absolute and relative glutamate concentration values to approach normal. After the TMS course GABA concentration

diminished in all cases but P4, in whom the elevation of GABA level was registered.

Conclusions: TMS potentially activates metabolic processes in brain tissues, thus promoting deceleration of pathological mechanisms and potentiating neuroplasticity with procognitive effect, expressed primarily in the increase of processing speed and response to it, as well as in the improvement of working memory. To summarize, the influence of TMS on local brain regions makes it possible to achieve a positive clinical effect in treatment of catatonia.

No strong and unequivocal results were received for the efficacy of TMS in treatment of catatonia. A positive clinical effect was seen, however, insufficient for achieving remission in the majority of subjects.

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EPV0863

The Application of Deep Brain Stimulation for Treatment-Resistant Depression – A Narrative Review

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Introduction: Depression continues to be a leading cause of disability worldwide. Despite the availability of several classes of antidepressants, a third of patients do not recover from their depression. Deep brain stimulation (DBS) is an invasive treatment approach that was found to be effective in the treatment of Parkinson's Disease and presents as an alternative to standard antidepressant therapy for people with treatment-resistant depression (TRD).

Objectives: We aimed to compare the use of DBS to standard antidepressant therapy and decipher whether DBS can be used for TRD. In addition, electroconvulsive therapy (ECT), a current brain stimulation method administered for TRD, was contrasted with DBS.

Methods: A narrative review of the current literature concerning DBS application and TRD was conducted to evaluate whether standard antidepressant therapy was as effective as psychosurgical intervention. Emphasis on TRD-associated DBS was noted.

Results: The studies discussed found that DBS was an effective treatment option for TRD, however, the results were limited due to the studies being conducted in small sample sizes and using DBS in combination with antidepressant therapy. Nonetheless, the concomitant use of DBS and antidepressants demonstrated to be an effective treatment for TRD, highlighting the potential benefit of DBS in inducing remission in TRD. DBS has a wider range of complications compared to ECT as it involves a more invasive neurosurgical approach to implant the device. On comparing the cost of the devices between the 2 studies, DBS costs approximately three times more than ECT.

Conclusions: The spectrum of depressive disorders is known to affect multiple regions of the brain. A more cohesive approach

would be a comprehensive study using DBS in multiple brain regions while incorporating blinded controls. In summary, DBS could be a viable treatment addition for TRD, but more thorough studies are needed to deduce its true efficacy. Future collaborative studies investigating the efficacy of DBS over ECT in TRD may assess further therapeutic potential.

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EPV0864

Philosophical impact of psychosurgery: a narrative of the history of psychosurgery

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Introduction: To fully comprehend and appreciate the impact of psychosurgery on treatment-resistant depression it is pertinent to review its initial development and subsequent history. By reviewing previous studies of psychosurgery, we can build a narrative of what was, what currently is and what might be. Assessing the complex philosophical dilemma of the mind and the impact this has on individuals' concept of psychosurgery has helped to bridge the gap between Neurosurgery and Psychiatry.

Objectives: We aimed to examine this question, starting at the very beginnings of our concept of mind, working through to modern-day thinking, how we approach both neurosurgery and psychiatry and help to bridge the two.

Methods: A narrative review of the current literature concerning neurosurgery for mental disorders and said applications to modern psychiatry was conducted. Emphasis on philosophical thought processing in conjunction with the neurosurgical intervention was noted.

Results: Psychosurgery has its roots in the early philosophy of mind, concerned with distinguishing whether the mind is a physical entity or immaterial. Psychosurgery is reliant on a physical concept of the mind, or at the very least that the mind supervenes the physical brain. History has shown us examples of this, with the archetype of this being the story of Phineas Gage. Since its onset psychosurgery has moved in and out of vogue. After being met with early scepticism it later went on to be performed thousands of times to help cure schizophrenia. In the 1800s, Gottlieb Burkhardt pioneered initial surgical interventions on the brain with intended psychiatric outcomes, moving on to work from Egas Moniz and the development of leucotomies and famously lobotomies, to modern medical techniques of Deep Brain Stimulation.

Conclusions: Psychosurgery has faced much opposition throughout history due to the uniquely invasive nature of not just affecting us physically but also mentally and the implications that this has for us as humans and our understanding of ourselves. As both medical and cultural views of mental health have changed over time, so has our understanding of psychosurgery and its potential applications. It is possible that early attempts to implement psychosurgery, before the advent of modern medicine, did more harm to

psychosurgery's reputation than good. However, without those early forays, we may never have progressed to the modern techniques we now utilise.

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EPV0865

ELECTROCONVULSIVE THERAPY FOR AGITATION IN LEWY BODIES DEMENTIA

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Introduction: Dementia with Lewy Bodies (DLB) is a primary degenerative dementing syndrome characterized by visual hallucinations, fluctuation in cognition, depressive symptoms and parkinsonism. Literature has shown the utility of electroconvulsive therapy (ECT) in demented patients regarding depressive symptoms and agitation. Nevertheless, the majority of cases described include patients with vascular dementia and Alzheimer's disease. There are no cases informed concerning ECT in DLB patients with agitation and aggressive behaviors.

Objectives: Evaluate the impact of electroconvulsive therapy (ECT) for agitation in a patient with diagnosis of Lewy Bodies Dementia (DLB).

Methods: Case report. 68-year-old male, with no prior neuropsychiatric history, was present for psychiatric evaluation for 5 year history of progressive dementia with fluctuations in cognition, complex visual hallucinations, delusional beliefs, depressive mood, anhedonia, irritability, associated to parkinsonism and increasing autoaggressive behaviors and agitation.

An extensive neurologic workup including neuroimaging, EEG and laboratory studies failed to reveal a specific etiology. Neuropsychological testing reveals frontal, attentional, and visuospatial dysfunction. A presumptive diagnosis of DLB was made.

Medication trials including donepezil, memantine, lamotrigine, sertraline, quetiapine, risperidone and melatonin failed to manage his depressive, psychotic and behavioral disturbances.

Results: Considering past medication failures and prominent behavioral disturbances family consented for an acute course of ECT.

Initial acute phase consisted of 6 sessions of right unilateral, brief pulse width (0.3 ms) ECT tri-weekly utilizing Mecta Spectrum. Anesthesia was induced with propofol, and received succinylcholine for muscle relaxation. Initial charge was 115 mC (6x seizure threshold), then raised to 192 mC. Seizure duration averaged in 22 seconds. No adverse reactions reported.

Clinical outcomes were measured with the CGI-Efficacy Index. Pre-ECT CGI-SI score was 6 (severely ill) and post-ECT CGI-I was 3 (minimally improved).

Conclusions: Mood and behavioral disturbances are a frequent primary motive consultations in DLB patients. The treatment is challenging due to the sensitivity to antidopaminergic medications evidenced in this type of patients. This case suggests that ECT has