

WS014

A transdiagnostic approach to addiction: possible targets for tDCS

M. W. Van Kernebeek

Dpt of Psychiatry and NEUR Research Group, Center for Neurosciences (C4N), Vrije Universiteit Brussel (VUB), Universitair Ziekenhuis Brussel (UZ Brussel), Brussels, Belgium
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Abstract: Transcranial Direct Current Stimulation (tDCS) has already been proven to be an effective modality in substance use disorder (SUD), often targeting the dorsolateral prefrontal cortex bilaterally. However, addiction is a very broad concept, comprising many different neurocognitive defects.

To better guide and investigate the potential benefits of tDCS for people who suffer from SUD, we shall take a transdiagnostic approach to SUD to see which other targets for tDCS might lead to additional clinical use, paving the way for personalised neurostimulation.

Disclosure of Interest: None Declared

WS015

Connectivity-guided iTBS versus rTMS for treatment-resistant depression: Results from the BRIGHtMIND Study

M. Abdelghani

TMS Service, North London NHS Foundation Trust, London, United Kingdom
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Abstract: Treatment-resistant depression (TRD) remains a major clinical challenge, necessitating novel and more effective therapeutic approaches. The BRIGHtMIND study is the largest transcranial magnetic stimulation (TMS) clinical trial conducted in the UK. This multicentre, randomised controlled trial compares the efficacy of connectivity-guided intermittent theta burst stimulation (iTBS) with standard repetitive transcranial magnetic stimulation (rTMS) in patients with TRD. This talk will present key findings from the study, including response and remission rates, reported side effects, and key differences between the novel iTBS protocol tested and the conventional rTMS protocol used as the control condition. Additionally, we will explore the clinical implications of using functional connectivity to optimise stimulation targets. The results contribute to the growing evidence supporting TMS as an effective intervention for TRD and offer insights into the future of precision psychiatry in brain stimulation.

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WS016

Transmagnetic Stimulation in Special Situations: Is Its Use Safe During Pregnancy?

P. Lusilla

Psiquiatria, Hospital Universitario Vall d'Hebron, Barcelona, Spain
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Abstract: Transcranial Magnetic Stimulation (TMS) is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain. It is primarily used to treat depression and other mental health conditions. When it comes to the safety of TMS during pregnancy, the current evidence is limited but generally suggests that it may be a safer alternative to medications that could potentially harm the fetus. Several small studies and case reports have indicated that TMS does not appear to pose significant risks to the pregnant woman or the fetus. However, the data is not extensive, and more research is needed to fully understand the implications. The procedure is typically avoided in the first trimester unless absolutely necessary, as this is a critical period for fetal development. In summary, while TMS is considered relatively safe during pregnancy, especially compared to some pharmacological treatments, it should only be used when the potential benefits outweigh the risks, and under the close supervision of a healthcare provider. Pregnant women considering TMS should discuss their specific situation with their doctor to make an informed decision.

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WS017

The Portrayal of Psychosis and Delusion in Film History (1895–1930)

D. Henkel

Institute for the History of Medicine and Medical Ethics, University of Cologne, Cologne, Germany
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Abstract: The turn of the century was an important era for the field of psychiatry. Influential physicians such as Sigmund Freud (1856–1939) or Eugen Bleuler (1857–1939) made headlines and new theories on the pathogenesis of psychological disorders emerged with the psychoanalytic approach – the whole field seemed in a state of transition. But did this modern image correspond to how two of psychiatry's most famous conditions – psychoses and delusions – where framed in the mass media of film? Surprisingly, there are no systematic works on these question, neither by medical nor film historians. This lecture tries to close this gap and, for the first time in international research, provides a systematic overview of the representation of the theme in silent cinema. With the aim of sketching a representative image, 36 works portraying psychoses and / or delusions were identified and, among other things,

historically classified, analyzed and evaluated for medical correctness. In summary, it is shown that the early film depicts the condition in a highly ambivalent way, from dangerous and untreatable Insanity to curable illness, thereby reflecting one of the most significant transitions in the history of the understanding delusional symptoms. The presented therapy methods – e. g. psychoanalysis, hypnotherapy, electrotherapy, water therapy and even music therapy –, thus rarely utilized, appear highly modern, while the depiction of the patients seems more influenced by the shadows of the past. Accompanied by scenes from representative works such as *The Other* (1913), *Wolf Blood* (1925), *Shadows* (1923) or the German classic *The Cabinet of Dr. Caligari* (1920), the presentation aims to illustrate all these characteristics of the early ‘psychosis and delusion film’ and explores the important role of cinema as a source of medical history.

Disclosure of Interest: None Declared

WS018

Cinema Therapy: From the Silent Film Era to the Present Day

M. Poltrum^{1*} and M. Poltrum

Faculty of Psychotherapy Science, Sigmund-Freud-University, Vienna, Austria

*Corresponding author.

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Abstract: Under the rubric of cinema therapy, or movie therapy, research has been undertaken for some time to test the effect of films in different therapeutic settings and with different patient groups. Taking a closer look at the history of film therapy, it becomes apparent that at the time of the silent film, there was already a medical discourse on the effect of films in a therapeutic context. In this lecture, principal philosophical-therapeutic elements of consideration regarding cinema therapy are presented along with historical and current discourses; the most important publications are indicated; and the author's own cinema-therapeutic models, experiences and reflections are reported. In addition, selected case studies show how films can be utilized in a clinical context and which effects and unwanted side effects result from film therapy. The final focus of the lecture is on films that depict psychotherapy, love films, and films that address the phenomena of intoxication, ecstasy, and addiction, and how these have been applied by the author in the inpatient treatment of addicts.

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WS019

‘Film is psychosis’: filmmakers with lived experience

S. Anderson

Psychotherapy Science, Sigmund Freud Private University Vienna, Vienna, Austria

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Abstract: The presentation juxtaposes the practice of psychiatry with the creative processes involved in filmmaking. It proposes a correlation between the representation of reality in film, and the processing of visual information. It is informed by autobiographical case study films written and directed by individuals with experience of psychosis. In-depth analysis of film conventions employed by filmmakers with experience of psychosis indicate the potential benefits of further research into collaboration with, and contributions from, those filmmakers.

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WS020

The EPA guidance publications on neurocognition in schizophrenia

A. Vita

Experimental and Clinical Sciences, University of Brescia, Brescia, Italy

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Abstract: Introduction: Although cognitive impairment is a core symptom of schizophrenia related to poor outcome in different functional domains, it still remains a major therapeutic challenge. To date, cognition is still poorly assessed in both research and clinical settings and no comprehensive treatment guidelines for assessment and treatment of cognitive impairment in schizophrenia are implemented.

Objectives: The aim of the European Psychiatric Association (EPA) guidance paper was to provide a comprehensive meta-review of the current available evidence for the assessment of cognitive functions in schizophrenia both in research settings and in real-world clinical practice and for treatment of cognitive impairment, structured into three sections: pharmacological treatment, psychosocial interventions, and somatic treatments.

Results: Based on the reviewed evidence, the EPA guidance recommends a comprehensive and systematic assessment of neurocognitive and social cognitive domains in schizophrenia, in all phases of the disorder, as well as in subjects at risk to develop psychosis. It is recommended not only the use of observer reports, but also of self-reports and interview-based cognitive assessment tools. As for treatment, the EPA guidance recommends an appropriate pharmacological management as a fundamental starting point in the treatment of cognitive symptoms in schizophrenia. Among psychosocial interventions, cognitive remediation and physical exercise, and some variables have been confirmed as core elements for cognitive remediation effectiveness.