

psychiatrists have a positive attitude toward rTMS. Only 53% of psychiatrists agreed to receive (rTMS) in case they were in a psychotic depressive condition. Minority (7%) of psychiatrists would not refer their patients for rTMS.

Conclusion Most of psychiatrists have a good knowledge and a positive attitude toward rTMS. Those who have high level of training and experience show higher level of knowledge. Articles are found to be a better source for updating knowledge. Having an rTMS treated person in the family or relatives will positively affect the psychiatrist's attitude.

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EW457

ECT-treatment in Western Norway; first data from the Regional register of neurostimulation treatment

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Introduction Electroconvulsive therapy (ECT) is one of the most polarizing treatments in medicine. Although the treatment effect is well documented in clinical studies, there is a lack of data regarding patients treated in an ordinary clinical setting. In 2013, we established a regional register of neurostimulation treatment in Western Norway.

Objectives To describe the use of ECT at the Haukeland university hospital in Bergen.

Methods Patients treated with ECT between June 2013 and June 2015 were included in the register.

Results One hundred and forty-seven patients received ECT during the 2 years period. The mean age was 58.4 years (22–91 years), 67% were female. Half of the patients (49.7%) had been treated with ECT previously. Indication for treatment was depression in 137 patients (93.2%), of which 29 (19.7%) were moderately, and 69 patients (46.9%) severely depressed, and additional 37 patients (25.2%) presented with severe depression with psychotic features. All but two patients were treated with right unilateral electrode placement, with a mean of 9.7 (3–22) treatments.

The mean MADRS before treatment was 34.2 (4–56) and after treatment 11.9 (0–39). One hundred and ten patients (74.8%) responded to treatment; of which 89 (60.5%) remitted (response defined as a 50% or greater decrease from MADRS baseline score, remission defined as MADRS ≤ 12). Twenty patients (13%) continued with continuation or maintenance ECT after the index series.

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EW458

Repetitive transcranial magnetic stimulation (rTMS) for the management of treatment-resistant depression in schizophrenia

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Introduction Depression is the most common co-occurring syndrome in schizophrenia, which affects up to 60% of patients. Depression aggravates negative symptoms and cognitive deficit

and can deteriorate social functioning, quality of life and outcome of the disease. Insufficient clinical response to adequate pharmacotherapy determines rising interest to brain stimulation techniques such as rTMS.

Objectives The primary goal was to evaluate safety and efficacy of rTMS in treatment-resistant schizophrenia patients with dominant depressive and negative symptoms in open non-controlled trial.

Aims and patients Thirty-one schizophrenia (ICD-10) patients with evident depression (CDSS ≥ 6) and negative symptoms and with stable low rate positive symptoms on combined adequate pharmacotherapy (antipsychotic + antidepressant), which have not been changed for at least 6 weeks, were included to the study.

Methods All patients received 15-Hz rTMS on the left dorsolateral prefrontal cortex (100% intensity, 1800 pulses per session, 5 sessions per week, 15 sessions per course) with 8-shaped coil of Neuro-MS/D stimulator (Neurosoft). The primary efficacy measure was 50% CDSS score reduction after the 3rd week of treatment. The secondary measures were weekly reduction rates for CDSS and for PANSS negative syndrome scale.

Results Twenty (64,5%) patients respond to rTMS. Final mean CDSS score reduction was 55,2% ($P=0,000004$), and mean PANSS negative scale score reduction was 21,3% ($P=0,000012$). Two patients (6,5%) were excluded due to persistent headaches, no serious adverse events were observed.

Conclusions rTMS is safe and effective strategy for the management of treatment-resistant depression in schizophrenia and can alleviate negative symptoms. Further sham-controlled studies are needed.

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EW459

Long-term electrical stimulation of bed nucleus of stria terminalis for obsessive-compulsive disorder

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Introduction We previously reported that deep brain stimulation (DBS) in the anterior limb of the internal capsule/bed nucleus of the stria terminalis (IC/BST) is effective in reducing symptoms in severe treatment-resistant obsessive-compulsive disorder patients.

Objective To examine the long-term evolution of obsessive compulsive disorder (OCD) symptoms in 24 patients treated with chronic electrical stimulation in IC/BST.

Aims We aimed to examine the evolution of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and to determine if a number of predictors assessed before surgery are significantly related to this evolution.

Methods We used a linear mixed model to investigate the evolution of the Y-BOCS in 24 patients. Data was collected in a naturalistic manner. Seven hundred measurements, taken during a total of 1836 follow-up months, are included in this analysis.

Results Our analysis showed a long-term, sustained effect of electrical stimulation in the IC/BST. After a fast initial decline of OCD symptoms, these symptoms stay relatively stable. In addition, results show a strong ON/OFF effect of stimulation (e.g., due to battery depletion). Beside the ON/OFF effect of stimulation, the surgery itself has no additional effect on OCD symptoms. The Beck Depres-

sion Inventory (BDI) at baseline was the only predictor significantly related to the evolution of the Y-BOCS. A higher BDI at baseline seemed to be related to a smaller decrease of the Y-BOCS over time.

Conclusion Electrical stimulation in the IC/BST has a fast and sustained effect on OCD symptoms.

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EW460

Superficial neurostimulation application, alpha rhythm and clinical effects

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Introduction The alpha rhythm (EEG) in prefrontal regions has been related with the emotional equilibrium, predisposition for a positive mood (Urry et al., 2004) and the activation of the approximation system (Davidson and Irwin, 1999). Superficial neurostimulation application (SNSA) provokes an increase of such rhythm in prefrontal and temporal areas (Bardasano et al., 2010).

Aims To demonstrate that the increase of alpha synchronization is a common factor in the satisfactory evolution of patients with different pathologies.

Methods Thirty patients with different symptoms (hostility, anxiety, bruxism and obsessive symptoms) received 20 weekly sessions of 45 minutes long using the SNSA.

Materials –SNSA topology system: it is a machine for superficial stimulation that uses electricity through superficial electrodes which are placed on feet and hands and an electrode over the 7th cervical vertebra;

–digital encephalogram;

–Faraday cage.

Results The alpha rhythm was incremented in 85% of the cases in anterior regions of the brain, related with the improvement of scale's punctuation.

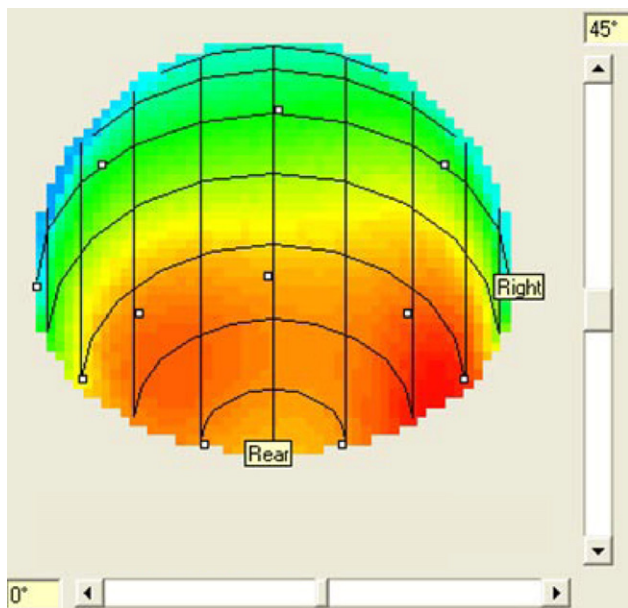


Fig. 1 Distribution of cranial α calotte activity post-SNSA. 20th session. Distribution of cranial α calotte activity pre-SNSA. 1st session.

Conclusion The alpha rhythm has been showed to be presented in all individuals that improved their symptoms after the application of SNSA (Fig. 1).

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Psychotherapy

EW461

Digging out insights and behavioral correlates of false and true femininity in borderline personality disorder patients attending four-step integrative model group psychotherapy

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Introduction The four-step integrative model of psychotherapy is concerned with individual's needs, wants, rights and decisions in that order. It may carry a promise for deep and changing vision for patients with borderline personality disorder (BPD).

Objectives The study of the illuminating and changing effect of dealing with BPD patients in view of their needs, wants, rights and decisions.

Aims To evaluate the effect of group work through the hierarchy of the four-step integrative model with BPD patients and to help them explore false and true elements of their femininity.

Methods Forty-three female patients (age range: 19-37) diagnosed according to DSM-IV diagnostic criteria for BPD were enrolled in a dynamic psychotherapy group. Their progress was evaluated using Borderline evaluation of severity over time (BEST) and they wrote down detailed comments about their experience quarterly.

Results Results of regular attendants for 2 years were included (35 = 81.4%). The results of BEST showed a significant reduction of BPD severity at the end of 1 and 2 years. During psychotherapy sessions and within their quarterly comments, patients expressed their change in terms of moving from a state of cunning, manipulation, aggression, arrogance, envy and rejection (as stemming from their false femininity) into wisdom, confrontation, patience, pride, healthy competition and containment respectively (as stemming from their true femininity).

Conclusions Patients with BPD may gain a better insight and genuine change as they realize what is false and what is true about their femininity in the context of attending four-step integrative model group psychotherapy.

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What makes for good outcomes in solution-focused brief therapy? A follow-up study

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