

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.

**Disclosure of Interest:** None Declared

## 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