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doi: 10.1192/j.eurpsy.2022.670

Introduction: Alzheimer's disease (AD) is the leading cause of dementia worldwide. About 40-50% of AD patients are also affected by depression, with mounting evidence suggesting its association with worse disease prognosis and negative outcomes, such as lower quality of life, higher mortality and more hospitalizations. However, few studies have specifically measured the association of depression with AD hospitalization outcomes.
Objectives: To characterize depression among all hospitalizations with a registered diagnosis of AD and to explore its association with hospitalization outcomes, including in-hospital mortality, length of stay and discharge destination.
Methods: A retrospective observational study will be conducted following the RECORD statement. A Portuguese nationwide hospitalization database from all mainland public hospitals will be used. Episodes of inpatients ≥65 years old with a primary or secondary diagnosis of AD (ICD-9-CM code 331.0), discharged between 2008-2015, will be selected. Codes 296.2X, 296.3X, 300.4 and 311 will be used to identify episodes with a concomitant registry of depression at any diagnostic position. Descriptive, univariate and multivariate approaches will be used.
Results: A total of 61 361 episodes complying with the fixed criteria will be assigned to one of two groups (with vs without depression). Groups will be compared regarding sociodemographic characteristics, comorbidity profile, type of admission (planned vs urgent) and hospitalization outcomes. Results regarding the association of depression and outcomes will be presented as crude and adjusted odds ratios (OR).
Conclusions: With this nationwide analysis, we expect to contribute to the clarification of depression impact on AD hospitalizations, so that best-practice care may be provided to these patients.

Disclosure: No significant relationships.
Keywords: Alzheimer's disease; Depression; Administrative Database; Hospitalization outcomes

EPP0405

Safety of concomitant tranylcypromine treatment during electroconvulsive therapy (ECT) series

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doi: 10.1192/j.eurpsy.2022.671

Introduction: Tranylcypromine (TCP), an irreversible monoamine oxidase inhibitor (MAOI), is recommended for difficult-to-treat depression. Besides the requirement of a low-tyramine diet, there are concerns about the safety of TCP treatment during anaesthesia and electroconvulsive therapy (ECT). For safety reasons, many psychiatrists prefer to terminate TCP before ECT.
Objectives: To assess the safety of tranylcypromine treatment during ECT series in patients with difficult-to-treat depression (DTD).
Methods: In this retrospective study we report on n=19 patients, who were treated with tranylcypromine during the ECT series. ECT parameters, clinical and safety data were obtained from our clinical database.
Results: Mean age of patients was 51 years (range 29-77) at time of the first ECT sessions. 58 % (n=11) of patients were female. In total, 198 ECT sessions were analysed (mean 11, median 9,5 per patient). Mean TCP dose was 44 mg at time of first ECT (median 43). Concomitant TCP and ECT treatments were well tolerated during the entire ECT series. In one case TCP treatment was discontinued due to self-limiting bigeminus during the ECT session. In another case TCP and other drugs as well as the ECT series were stopped after the patient developed delirium. At the end of ECT series the mean TCP dosage was 37 mg.
Conclusions: Tranylcypromine appears to be safe during ECT series and does not necessarily have to be terminated prior to electroconvulsive therapy.

Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; ECT; Tranylcypromine; MAOI

EPP0406

Late 1800s Fringe Electrotherapeutic Devices: Comparative Electrical Capabilities

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doi: 10.1192/j.eurpsy.2022.672

Introduction: Desperation for cure led to 19th century invention--electrotherapeutic devices; replete with hyperbolic claims of cure-all, perceived ineffectiveness, and potential harm rendered the modality as quackery but were used in early brain stimulation, melancholia treatment, and cortex mapping. Here, antique devices are restored, and their electrophysiological qualities ascertained.
Objectives: Determine the comparative capabilities of these devices in delivering electrostimulation and compare with modern standards to understand possible electrophysiological sequelae.
Methods: Devices known as "medical batteries" were analyzed. Power delivery utilized a "voltaic battery", simple circuit, and a conductor wrapped around an iron core. When the circuit is energized, the core is magnetized by direct current of the battery which induces an alternating current that electrifies probes used on the body. Due to their marked age, a common 9-volt battery was exchanged for the corrosive dry cell paste batteries. Electrical parameters were then measured.

Results:

Table 1

Device	Frequency (Hz)	Resistance (Ohms)	Max Output (Amps)	Min Output (Amps)	Max Output (Volts)	Min Output (Volts)
Voltamp[a]	2k – 12K	60	0.66	0.33	60V	20V
J.H. Bunnell & Co.'s No. 4 D.D.	7k-10k	50	6	0.4	300V	20V
Schall & Son (London)[b]	300-1200	40	10.5	2.75	420V	110V

Conclusions: Devices for electrotherapeutics ranged from anemic vibrations to dangerous tetany inducing shocks. Measuring the capabilities of these devices shows the robust yields possible if the original higher capacity batteries were utilized. The reality is, cure or not, the devices were surprisingly potent. It is interesting that, albeit unrefined, efficacious doses were available before modern electrification.

Disclosure: No significant relationships.
Keywords: electrostimulation; device; historyofmedicine

EPP0408

Evaluation of the self-reported questionnaires used to assess mental health after the January 2015 terrorist attacks in the Paris Region: IMPACTS survey

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doi: 10.1192/j.eurpsy.2022.673

Introduction: Structured clinical interviews are the gold standard for assessing mental health. However limited resources may allow the use of only self-report questionnaires. In the context of emergency, such as terrorist attacks, the performance and thresholds of such tools still unclear.
Objectives: We investigated the performance of the Posttraumatic stress disorder CheckList Scale (PCL-S) and of the Hospital Anxiety and Depression scale (HADS), both compared to the MINI Interview, among civilians and first responders involved in terrorist attacks.
Methods: The data came from the IMPACTS survey which was conducted from 6-10 months among civilians (N=190) and first responders (N=232) after the January 2015 terrorist attacks in the Paris Region, France. Sensitivity and specificity of the PCL-S and HADS were estimated by the ROC curve, and the optimal threshold was defined using the Youden index.