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ELECTROCONVULSIVE THERAPY IN TREATMENT-RESISTANT SCHIZOPHRENIA: A CASE REPORT

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Electroconvulsive therapy (ECT) is born as we know it in the first half of the twentieth century. Although initially introduced as a treatment for schizophrenia, soon proved more effective in affective disorders.

Currently this therapy is second choice in the treatment of schizophrenia, representing only 10-20% of ECT treatments.

We present a 55 years-old-woman diagnosed with Paranoid Schizophrenia in the adolescence, with several hospital admissions who was sent from sub-acute unit to receive ECT, given the null response to several pharmacological trials. The last, 1,200mg amisulpride, 650mg clozapine and 1,000mg valproate per day, and Zuclopenthixol ampoule every 14 days. She verbalizes poorly structured persecutory, megalomaniac and nihilist delusional ideas, as well as auditory hallucinations which she does not clarify, and thought broadcasting phenomena. After withdrawing this medication and starting treatment with 30mg haloperidol and 550mg quetiapine, 14 bifrontotemporal ECT sessions were given. Given the disappearance of persecutory delusional ideas, and the decrease of auditory hallucinations, which she criticizes, the patient was discharged. After 4 months, she is still psychopathologically stable, and receiving maintenance ECT biweekly.

ECT, either alone or in combination with conventional antipsychotic drugs, has been shown effective in a certain percentage of patients with acute schizophrenia, particularly in the catatonic subtype and also in schizoaffective disorder. The use and efficacy of ECT in chronic schizophrenia is a more controversial topic.

Research should also focus on the determination of optimal number of ECT, the predictors of response and the efficacy of continuation and maintenance ECT.