

¹ Complejo Asistencial de Ávila, Servicio de Psiquiatría, Ávila, Spain

² Hospital Universitario de Fuenlabrada, Servicio de Psiquiatría, Madrid, Spain

³ Complejo Hospitalario de Talavera de la Reina, Servicio de Psiquiatría, Talavera de la Reina Toledo, Spain

* Corresponding author.

Introduction ECT outpatient program recently created in the Psychiatric Day Hospital in Ávila was designed to assess the safety and efficacy of continuation/maintenance electroconvulsive therapy (ECT) in patients after ECT remission.

Objectives Description of the activity and objectives of an ECT outpatient program in a Psychiatric Day Hospital.

Methods Retrospective cross-sectional descriptive Study. The three patients who received the continuation/maintenance electroconvulsive therapy during the 10 months this unit has been opened were chosen as a sample.

Results From the opening of Psychiatric Day Hospital 10 months ago, 58 patients have been admitted; among them, three patients come to the hospital monthly to receive the electroconvulsive therapy, maintaining their psychopathological stability over time.

Conclusions With the creation of this new program we considered three types of objectives:

– therapeutic: a therapy applied in a more comfortable and satisfactory for the patient and family regime. To prevent relapse and exacerbations;

– management: benefits on the best use of existing resources:

- reduction in hospital admissions and readmissions,
- decrease in the average stay,
- reduction in visits to Emergency Services,
- allow referrals from outpatient department,
- individual monitoring of patients that complements the check at their Mental Health Team;
- teaching, training and investigation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2044>

EV1060

The use of electroconvulsive therapy (ECT) in the Czech Republic

L. Kalisova*, K. Madlova, J. Albrecht, J. Michalec
1st Medical Faculty and General Hospital, Charles University,
Psychiatric Department, Prague, Czech Republic

* Corresponding author.

Aim The aim of this study was to monitor the use of electroconvulsive therapy (ECT) in the Czech Republic for the purpose of harmonizing national practice.

Method A 13-item questionnaire was sent to all Czech inpatient psychiatric facilities. This questionnaire assessed technical background of ECT, indications for the treatment, procedure in detail, way of documentation and monitoring of side effects.

Results ECT is used 23 centers (10 psychiatric hospitals, 5 university psychiatric departments and 8 psychiatric wards) across the Czech Republic. There is no special legal act regulating the use of ECT in the CR, but there are guidelines issued by the Czech Psychiatric Society available. All centers use instruments delivering brief pulse stimuli. All patients have to be indicated for this treatment and have to sign inform consent form/excluding situation when patient's life is endangered/. Somatic state is assessed/EKG, blood tests, eye check-up regularly and other examinations in individual cases/. Thiopental and succinylcholine are used most often for anesthesia and myorelaxation. Bitemporal electrode placement is the preferred option in all centers. The ECT is provided 2–4 times a week in special ECT rooms in the presence of staff team/psychiatrist, anesthetist, psychiatric and anesthesiological nurses/. Continuation ECT and outpatient ECT is not used. The procedure including side effects is documented in individual patient's

documentation, but summarizing documentation is conducted only in some centers.

Conclusion ECT is widely used in the Czech Republic. Procedures in all centers follow national guidelines. There is need to improve documentation system to harmonize national practice.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2045>

EV1061

Public stigma of electroconvulsive therapy (ECT) in the Czech Republic

K. Mádlová*, L. Kališová, M. Zajíčková

General Hospital Prague, Psychiatric Department of the 1, Medical Faculty of Charles University and General Hospital Prague, Praha, Czech Republic

* Corresponding author.

Aims To find out how the use of ECT in psychiatry is perceived by the public in the Czech Republic.

Method The questionnaire (8 questions monitoring awareness, knowledge of ECT and its use in modern psychiatry) created for the purpose of this study was shared through internet and also distributed in paper version to public.

Results The sample consists of 365 respondents – age average 28.9 years, 62% of females, 53% of university graduates, 44% with secondary education, 3% other education, 27% of healthcare professionals outside the field of psychiatry, 20% of medical students before the start of the traineeship at psychiatry, 53% of the public. Among the respondents, 98% have heard about ECT, 7% of them think that ECT is no longer used. Among the respondents, 62% learned about ECT from the media (film, print). Among the respondents, 22% do not believe in the effectiveness of ECT, 30% think that ECT is abused by psychiatrists, 86% believe that ECT has side effects (personality changes, permanent memory disorders, brain damage, epilepsy). Among the respondents, 77% would agree with ECT, if it should be applied to their relative.

Discussion ECT is an effective method in treating of severe mental disorders. But until now the public view is influenced by media. Due to the negative stereotype of the method many people are afraid of this treatment. The interesting fact is that also health professionals and medical students are influenced by public stigma of ECT.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2046>

EV1063

A review of transcranial magnetic stimulation for treating negative symptoms of schizophrenia

J. Oliveira^{1,*}, G. Sobreira², C.A. Moreira³, M.A. Aleixo², S. Brissos¹

¹ Centro Hospitalar Psiquiátrico de Lisboa, Neuropsychiatric and Dementia Unit, Lisbon, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, First Psychotic Episode Unit, Lisbon, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Schizophrenia and Schizoaffective Disorders Unit, Lisbon, Portugal

* Corresponding author.

Introduction The finding of prefrontal dysfunction in schizophrenia patients with negative symptoms (NS) has raised interest in using transcranial magnetic stimulation (TMS), which can modulate prefrontal function and dopamine release, as potential treatment for NS.

Objective To briefly review current literature concerning the use of TMS as treatment for NS.

Aims To assess whether current evidence supports the use of TMS for NS.

Methods Narrative review of articles found through a PubMed database search using the keywords “transcranial magnetic stimulation”, “schizophrenia”, and “negative symptoms” between 1998 and 2015.

Results Up to date, reviews of randomized sham-controlled studies found positive effects of TMS in NS. However, they exposed several methodological difficulties. More recent studies, reviewed in this poster, tried to overcome these, using results from multiple centers, larger samples and blinding. Various TMS techniques were studied, differing in frequency, motor threshold (MT), stimulus location, and treatment duration. Overall, TMS continues to show promising results in reducing NS; particularly rTMS 10 Hz, for at least 15 sessions on the left dorsolateral prefrontal cortex (DLPFC) at a 110% MT.

Conclusions TMS may be a useful treatment for NS for patients not responding to pharmacological treatment alone. Studies remain difficult to compare due to different measures of outcome (PANSS and SANS being the most commonly used) and techniques. Furthermore, possible modulators of response include duration of illness, cognitive symptoms amelioration, medication and their dose, and different NS may respond differently to TMS. More studies are needed to better understand the utility of TMS in NS.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2048>

EV1064

Posterior vitreous detachment and electroconvulsive therapy: Insights from a case

F. Pavez*, A. Alcántara, N. López, A. García, M. Sánchez, M. Roca, E. Moral, J. Russo

Hospital General Universitario Reina Sofía, Psychiatry, Murcia, Spain

* Corresponding author.

A case of bilateral posterior vitreous detachment after electroconvulsive therapy (ECT) has been reported previously in the literature. There is not enough evidence about ocular side effects of this treatment. The literature supports a slight increase in intraocular pressure (IOP), although no ocular complications have been reported in normal, glaucomatous or postsurgical eyes. In this case report, we describe a 73-year-old female patient suffering a recurrent depressive disorder, who was admitted to acute psychiatric unit because a treatment-resistant major depressive episode (after an adequate trial of antidepressant drugs and transcranial magnetic stimulation) and clinical suspicion of visual delusions by her reference psychiatrist. The nonpsychiatric history consisted of hypertension, glaucoma and ulcerative colitis in treatment with azathioprine and mesalazine. After a careful examination in the emergency room, we consulted to ophthalmologist because miodesopsias and glaucoma history. The IOP was normal, but a bilateral posterior vitreous detachment (PVD) was identified. Because this entity is not an absolute contraindication for ECT, and there is scarce evidence, we informed the patient and her family. After that, and through informed consent, we decided to undergo ECT. After fourteen sessions, the patient could be discharged because significant clinical benefit and no ocular complications. Outpatient continuation ECT was indicated.

Conclusions ECT can be a safe treatment choice in cases of PVD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2049>

EV1066

Electroconvulsive therapy in depressed older adults with unrepaired abdominal aortic aneurysm: Safety first!

S. Petrykiv^{1,*}, M. Arts², L. de Jonge³, P. Michielsen⁴

¹ GGZ Friesland, Emergency Psychiatry, Groningen, Netherlands

² GGZ Friesland, Geriatric Psychiatry, Leeuwarden, Netherlands

³ UMC Groningen, Epidemiology, Groningen, Netherlands

⁴ GGZ Westelijk Noord Brabant, Psychiatry, Bergen op Zoom, Netherlands

* Corresponding author.

Introduction It is not clear whether electroconvulsive therapy (ECT) is a safe procedure in depressed older adults with unrepaired abdominal aortic aneurysm (AAA). ECT is potentially incriminating to the cardiovascular system due to a transiently elevation of blood pressure and heart rate during the seizure.

Objectives To report a case of an older adult presenting a psychotic depression complicated by an unrepaired AAA.

Aims To report a case study, describing the safety of ECT in patients with unrepaired AAA.

Methods A case report and retrospective review was conducted.

Results A 75-year-old male was admitted to hospital for the treatment of a psychotic depression. Treatment was complicated since for one year he was diagnosed with an AAA (diameter 4.7 cm). In collaboration with vascular surgeons and anesthesiologists we decided to start ECT. After fourteen ECTs an improvement of mood was achieved. Post-ECT we noticed an AAA expansion of 0.1 cm.

Conclusions Our findings indicate that ECT may be a safe procedure for patients diagnosed with unrepaired AAA. Published data suggest that the risk for aortic aneurysm rupture during ECT is low. However, multidisciplinary collaboration among psychiatrists, anesthesiologists and vascular surgeons is essential for a positive outcome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2051>

EV1067

Adverse effects in repetitive transcranial magnetic stimulation – prevention and management

G. Sobreira^{1,*}, M.A. Aleixo¹, C. Moreira², J. Oliveira³

¹ Centro Hospitalar Psiquiátrico de Lisboa, First Psychotic Episode Unit, Lisboa, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Schizophrenia and Schizoaffective Disorders Unit, Lisboa, Portugal

³ Centro Hospitalar Psiquiátrico de Lisboa, Neuropsychiatry and Dementia Unit, Lisboa, Portugal

* Corresponding author.

Introduction Repetitive Transcranial Magnetic Stimulation (rTMS), through modulation of cortical activity, has become an invaluable tool in experimental and clinical neurosciences. Although this form of noninvasive treatment is considered safer than other means of brain stimulation it has been associated with adverse effects (AE).

Objective To make a brief review, concerning the AE of rTMS, their prevention and management.

Aims To understand and be able to deal with the most common AE associated with rTMS.

Methods A PubMed database search, using as keywords “Transcranial magnetic stimulation”, “Repetitive Transcranial magnetic stimulation”; “adverse effects”; “management” and “guidelines” between the year 1998 and 2015.

Results AE caused by rTMS are rare. They can be classified into severe (seizures) and mild (syncope, and transient hearing