

way it is presented in the mass media. The objective of this work was to analyze how mental health professionals perceive electroconvulsive therapy.

**Methods:** We conducted a study in which we used a questionnaire applied to the Romanian professionals in the field of mental health.

**Results:** The results were analyzed in accordance with the objective of the study.

**Conclusions:** Through this analysis we wanted to understand how electroconvulsive therapy is seen through the eyes of mental health professionals and to identify those aspects that can help us in carrying out information programs, with a major impact on mental health, in order to reduce stigma forasmuch the therapeutic benefits of electroconvulsive therapy outweigh the possible risks.

**Disclosure of Interest:** None Declared

## EPV0846

### Experiences and attitudes of early career psychiatrists towards ECT – an international study

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**Introduction:** Electroconvulsive therapy (ECT) is a psychiatric intervention that has proven effectiveness and safety in various psychiatric conditions, such as major depressive disorder, prolonged or severe manic episodes and catatonia. Despite positive scientific evidence, ECT was always seen as controversial by patients, caregivers, and even some psychiatrists, which lead to a decrease in its use over the years.

**Objectives:** To investigate the way young psychiatrists view the place of ECT in modern psychiatry by assessing their knowledge, attitude and access to training opportunities in ECT.

**Methods:** An anonymous survey was disseminated online among early career psychiatrists and psychiatric trainees. The questionnaire consisted of 36 multiple-choice and Likert scale questions.

**Results:** Most of our respondents consider ECT both an effective and a safe treatment option and would recommend ECT to their patients when indicated. Early career psychiatrists who had access to ECT training are more knowledgeable about the indications,

precautions and side effects of this method, but more than half of the participants mentioned ECT training was unavailable during their residency programme. Almost all respondents stated that they are interested in enhancing their theoretical and practical competencies in ECT.

**Conclusions:** Early career psychiatrists have a positive attitude towards ECT but express the need of targeted education aimed at improving levels of knowledge about ECT.

**Disclosure of Interest:** None Declared

## EPV0847

### Vagus nerve stimulation (VNS) as a long-term adjunctive treatment option in patients with difficult-to-treat depression (DTD)

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**Introduction:** VNS is a long-term adjunctive treatment option in patients with DTD. It has been shown that patients with VNS as add-on to treatment-as-usual (TAU) have higher response and remission rates than TAU alone. Data on the impact of VNS on the other complex concomitant treatments are limited.

**Objectives:** In this study we evaluated changes in drug load from baseline to 12 months as well as the impact of previous ECT response status at baseline on changes in mean depression severity after 12 months of VNS.

**Methods:** We included n=20 DTD patients (mean age 52.6 years) in the prospective, observational, naturalistic Restore-Life study, who have been treated with adjunctive VNS as add-on to treatment as usual. The RESTORE-Life study is a multi-center study. In this analysis, we report on exploratory results from a single tertiary center. An index has been calculated for each drug by comparing the actual dose with the standard dose of the drug. The drug load for each patient has been constructed by summing up the indices of all agents prescribed for the patient.

**Results:** We observed a slight decrease in mean drug load from 4.5 at baseline to 4.4 at 12 months (p=0.594). The drug load was lower in previous ECT-responders than in ECT-non-responders at both time-points. There was a significant decrease in mean MADRS score from 27.3 at baseline to 15.3 at 12 months (p=0.001). Patients with a history of ECT response at baseline have experienced significantly greater improvement in mean MADRS score at 12 months (p=0.013). Number of maintenance electroconvulsive therapy (ECT) and esketamine sessions decreased from 37 ECT and 58 esketamine sessions in the first six months to 17 ECT (-54%) and 29 esketamine (-50%) sessions between months 6 and 12. VNS-related adverse events were present in 50 % of patients at 12 months (voice alteration/hoarseness 45%, dyspnea and pain during stimulation each 5%). There was no discontinuation of VNS due to adverse events.

**Conclusions:** Overall, VNS was associated with significant decrease in mean MADRS score at 12 months, whereas we did not detect any

significant change in medication load. A more extended observation period might be necessary to observe changes in medication load. There was a reduction in the need of maintenance treatment sessions of ECT and esketamine. History of ECT response may be predictive for greater improvement of depression severity in VNS patients.

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### EPV0848

#### Synchronization of accelerated intermittent Theta-Burst-Stimulation (aiTBS) with VNS in difficult-to-treat depression (DTD)

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**Introduction:** Patients with difficult-to-treat depression (DTD) need multimodal treatment with combination of psychotherapy, pharmacotherapy and neuromodulation. In severe cases, combination of neuromodulatory techniques may be considered to achieve symptom relief.

**Objectives:** To describe a novel treatment approach, which combines VNS in synchronization with accelerated intermittent Theta-Burst-Stimulation (aiTBS) over three weeks in two cases with difficult-to-treat depression.

**Methods:** In this presentation we describe two cases of DTD, which have been implanted with VNS and did not respond to aiTBS previously. Patients then were offered a synchronized treatment regimen, where each stimulus train of aiTBS was synchronized with ON-time of VNS. To start each train simultaneously with VNS ON-time, we set treatment cycle of each aiTBS and VNS to 19 sec. Patients received 2400-3000 TBS pulses daily for 3 weeks over left dorsolateral prefrontal cortex (DLPFC) at 100% of resting motor threshold.

**Results:** In the first patient the MADRS score decreased from 37 to 26 (-30%) and in the other patient there was a decrease of MADRS score from 20 to 9 (-55%), which corresponded to remission after 3 weeks of treatment. The synchronized treatment procedure was well-tolerated in both cases. As both patients experienced significant improvement, we planned maintenance treatment in both cases.

**Conclusions:** Synchronization of aiTBS with VNS is a novel treatment approach in patients with DTD, which can lead to improvement even if patients previously did not respond to aiTBS without synchronization with VNS.

**Disclosure of Interest:** None Declared

### EPV0851

#### The Effectiveness of High-frequency Repetitive Transcranial Magnetic Stimulation in Persistent Somatic symptoms Disorder: A Case report study

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**Introduction:** *Background:*

Somatic symptoms disorders are usually comorbid with depressive disorders despite that there is little evidence for effective treatment for it. Repetitive transcranial magnetic stimulation (rTMS) have been approved by FDA for mildly resistance depression. From this point we hypothesized that rTMS delivered over the prefrontal cortex (PFC) may be useful in somatic symptoms disorder. Therefore, in our case report we want to shed light on the potential effectiveness of rTMS in somatic symptoms disorder.

**Objectives:** case report

**Methods:** case report

**Results:** *Case Report:*

A 65-year-old Omani female with multiple medical comorbidities on multiple medications. She presented complaining of multiple somatic complains in the last 2 years after visiting multiple clinics and underwent several specialists' examinations, investigations and procedure for somatic treatments, all of them where normal. Then patient was seen by different psychiatric clinic multiple antidepressant and adjuvant anti-psychotic medication were try, patient still not improve.

Patient get admitted to hospital for observation and management. Initially she was preoccupying by her somatic complain kept on Fluoxetine and Olanzapine along with that topiramate was added, but still with minimal improvement. Then rTMS was added to her management plan following Intermittent theta burst (iTBS) rTMS protocol. After complete all sessions of rTMS patient was recovering from her all symptoms, no complain report from her.

**Conclusions:** *Conclusion:* our case highlights the important of investigated more thoroughly in rTMS as treatment option for Persistent Somatic symptoms Disorder.

**Disclosure of Interest:** None Declared

### EPV0852

#### Transient Febrile reaction after Electroconvulsive Therapy : A case report in an adult man with Ultra-Resistant Schizophrenia

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**Introduction:** Electroconvulsive therapy (ECT) is a therapeutic method that induces artificial seizure by electrical stimulation to resolve various psychiatric symptoms. ECT is particularly effective in resistant schizophrenia and may improve response to medication despite the presence of potential adverse side effects. Post-ECT delirium and Headaches are some of the most frequent side effects presented in literature. Fever is yet another unexplained reaction,