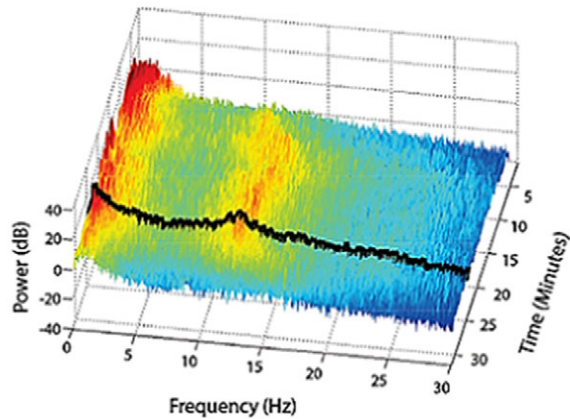


little brain activity, and warmer colours reappear in all frequency bands, including beta, reflecting the progressive recovery of wakefulness.

Image:

D 3D Spectrogram (Compressed Spectral Array)



E Spectrogram (Density Spectral Array)

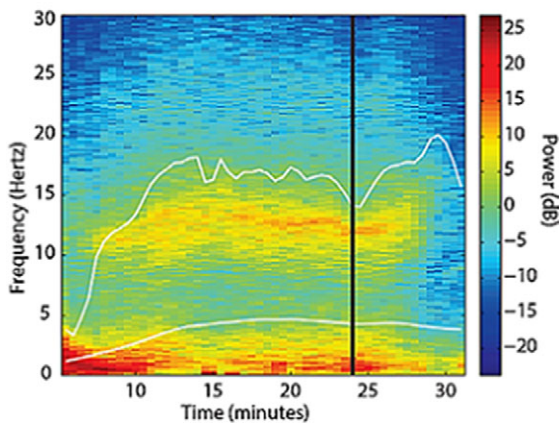


Image 2:

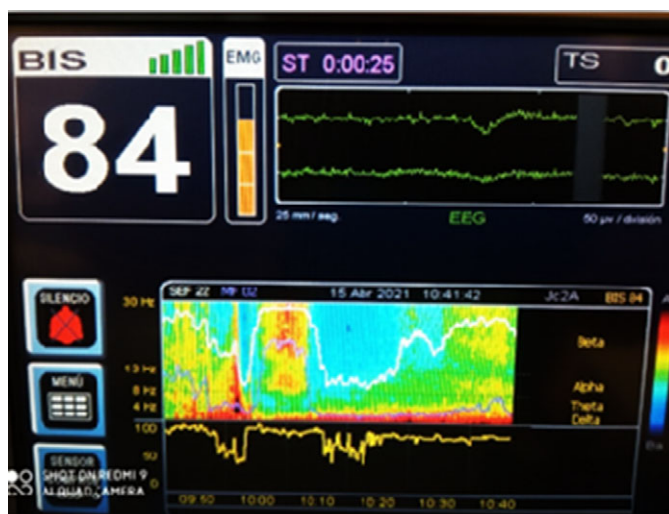
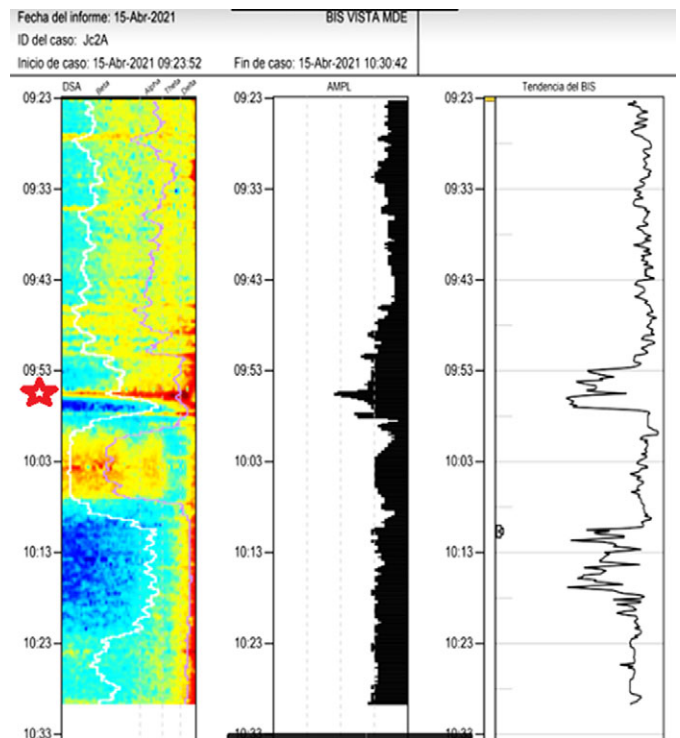


Image 3:



Conclusions: Psychiatric pathology can be reflected in the SDM, which allows to observe changes in the EEG, correcting the electrical stimulus of the shock and the dose of anesthetic appropriate to the patient to trigger an intentional brief seizure under general anesthesia.

Disclosure of Interest: None Declared

EPV0868

The cognitive impairments of electroconvulsive therapy

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Introduction: Electroconvulsive therapy (ECT) is one of the most controversial treatments in medicine, mainly because of its still unknown mechanism of action and uncertainty about cognitive side effects. ECT is used mainly when antidepressant medications do not result in an adequate response in severe depression, and may also be indicated for other disorders. During the acute phase after electroconvulsive therapy there are better cognitive outcomes with unilateral ECT compared to bilateral ECT.

Objectives: This literature review aims to analyze the validity of electroconvulsive therapy despite the cognitive impairment and effectiveness of electroconvulsive therapy.

Methods: The method used was a literary review based on articles published in Scielo and Pubmed. Eighteen electronic articles in English were used in a 10-year time frame, using the term electroconvulsive therapy as descriptors in the title, as well as cognitive impairment in all fields.

Results: We observed that older individuals benefit the most from ECT, with faster response rates and higher remission rates in rapid responders, on the other hand they have a higher risk of cognitive side effects induced by electroconvulsive therapy. Anterograde and retrograde amnesia usually resolve within months. Recovery from retrograde amnesia may be incomplete, resulting in permanent amnesia for events that occurred close to the time of ECT. Right-sided or bilateral electroconvulsive therapy was more effective in treating depression than left-sided. Patients who used right unilateral electroconvulsive therapy had less impairment of verbal memory and post-ictal recovery and faster reorientation compared to left unilateral and bilateral, whereas left unilateral ECT showed a smaller decline in visual memory and non-verbal tests. Bilateral ECT is more effective and faster acting, but is associated with more cognitive impairments compared to unilateral ECT.

Conclusions: We can conclude that ECT is an effective, safe and tolerable treatment, which results in faster and higher remission rates compared to treatment alone with pharmacotherapy. Cognitive effects are largely transient, usually ending within three months. The decision to use unilateral right, left, or bilateral ECT should be made individually for the patient and should be based on a careful assessment of the relative priorities of efficacy versus minimizing cognitive impairment.

Disclosure of Interest: None Declared

EPV0869

RTMS AND H7-COIL IN THE TREATMENT OF TINNITUS; MODIFIED PROTOCOL PRELIMINARY RESULTS

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Introduction: A relatively large number of studies of the efficacy of rTMS on tinnitus have been conducted. LF stimulation of the auditory cortex in combination with HF stimulation of the DLPFC, has shown efficacy in reduction of symptoms (especially loudness and anxiety).

Objectives: To launch a protocol to examine the efficacy of Cool-B65 coil LF rTMS combined with H7-deep coil HF rTMS, in the treatment of idiopathic, chronic, normo-acoustic tinnitus disorder, informed by the assessment of efficacy of rTMS on idiopathic, chronic tinnitus disorder. Preliminary results will be presented.

Methods: We first conducted a meta-analysis of randomized sham-controlled, double-blind trials to access the efficacy of rTMS on idiopathic, chronic tinnitus disorder. We are now planning an industry-independent, single-center, prospective, randomized sham-controlled, two-arms, double-blind superiority clinical trial

with concealed allocation and masked independent outcome assessment.

Population of this study will include Outpatients diagnosed for ≥ 12 months and ≤ 5 years with persistent, subjective, normo-acoustic tinnitus disorder of at least moderate severity defined by the THI score ≥ 38 , both unilateral and bilateral, both genders, and with no hearing loss, age 18-65 years, with the tinnitus treatment unchanged for at least one months. Exclusion criteria will be: organically caused tinnitus and organic brain lesion, objective tinnitus, severe hearing loss or Menier's disease, middle ear disease, diagnosed mental disorder, suicidality, alcohol or drugs addictions, clinically relevant neurological disorder and standard rTMS exclusion criteria. Population will include 52 in HR rTMS H7-coil arm, and 52 in sham control arm. Adjusted median of differences in instruments measuring tinnitus, annoyance, distress, anxiety, and depression will be used as an outcome.

Results: The Cool-B65 coil LF rTMS (1Hz) placed over the auditory cortex combined with H7-deep coil HF rTMS (10Hz) placed over mPFC, applied for 15 days, is expected to have superior efficacy on tinnitus symptoms measured by the overall THI score, then the SHAM passive coil.

Conclusions: We are conducting a theoretically founded study, with an empirically founded patient-oriented approach. We are expecting that H7-coil in stimulating auditory cortex and mPFC may be a possible alternative target for HF rTMS of the DLPFC.

Disclosure of Interest: None Declared

Psychotherapy

EPV0870

Medical Orgone Therapy, a relic of the past or a technique for the future?

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Introduction: We introduce and present a psychotherapeutic technique initiated by Wilhelm Reich (1897-1957) in the 1920's and thereafter expanded and refined with essential contributions by Elsworth Baker among others. We outline its theory and technical foundations and also provide an epistemologic interpretation of its peculiar body-mind representation based on character- and muscular armoring as a reaction to suffering; armoring of the ocular segment in the etiology of Bleuler's schizophrenic splitting; and finally the consequences of armoring on the energetic functions as the logical development of Freud's theory of libido, with significant theoretic, therapeutic and nosologic consequences.

Objectives: The goal of my presentation is to avoid extinction of a valuable technique for future psychiatrists; moreover, to catch the interest of young colleagues to a technique that integrates Bleuler's psychiatric discovery with Freud's psychoanalytic contribution and demonstrates that the old nosology and theoretical achievements in the psychic field were not as obsolete as today many think.