

Disclosure: No significant relationships.

Keywords: Electroconvulsive therapy; Depression; treatment response

EPV0547

Non-stop management of an electroconvulsive therapy unit (ECT-U) during the first two months of COVID-19 lockdown in Spain

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Introduction: Since the declaration of the national lockdown in Spain on March 14th until the publication of the SEPBB recommendations on May 11th, most of the ECT-U closed or drastically reduced their activity.

Objectives: To present our non-stop management of an ECT-U during the first two months of COVID-19 lockdown in Spain.

Methods: We retrospectively analysed the time between sessions, the clinical, pharmacological and electrical data records of maintenance patients (m-ECT) and compared them with their own records in the two-month period prior to COVID-19. We analysed the length of admission, clinical, pharmacological and electrical records in hospitalized patients (i-ECT) and compared them with patients from the entire year prior to COVID-19 paired by age, sex and diagnosis.

Results: The ECT-m programme included 17 patients: we postponed the ECT in 8 patients; 1 patient was hospitalized and 8 patients continued normally. The time between m-ECT increased by 8.37 ± 4.89 days ($p=0.018$) without relapse. During the COVID-19 period, we performed ECT-i in 14 patients without new infections. In i-ECT the duration of admissions increased by 22.1 ± 1.2 days ($p=0.006$), the load increased by 81.53 ± 87.8 mC ($p=0.027$) and the time of the electrical seizure decreased by 7.9 ± 9.2 seconds ($p=0.037$).

Conclusions: The modifications that reach a statistical significance are explained by the readjustment of the ECT-U, with no clinical significance. With the appropriate measures, neither m-ECT nor i-ECT were discontinued. Thus we maintained adequate patient management.

Disclosure: No significant relationships.

Keywords: Electroconvulsive therapy; COVID-19; lockdown

EPV0548

Postictal suppression in electroconvulsive therapy (ECT) according to sex, age, diagnosis and treatment phase

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Introduction: Postictal suppression (PSI) is considered a key feature for ECT's outcomes because higher values have been correlated with clinical efficacy. However, little is known about the demographic factors influencing this parameter.

Objectives: To analyze the influence of sex, age, diagnosis and treatment phase on ECT efficacy measured with PSI value.

Methods: 3251 ECT sessions were performed on 182 patients during two years at a university hospital. PSI was retrospectively analyzed comparing it according to sex (male, female), age, main diagnosis (major depressive disorder [MDD], bipolar disorder [BD], schizoaffective disorder [SZA], schizophrenia [SCZ]) and treatment phase (acute [a-ECT], continuation [c-ECT], maintenance [m-ECT]).

Results: PSI values were 69.76 % (SD 17.05) in women and 70.72 % (SD 16.81) in men without differences between sexes ($F=0.979$; $p=0.607$). PSI was correlated with age ($r=-0.058$; $p=0.031$). MDD PSI was 70.01 % (SD 16.88), for BD it was 69.48 % (SD 17.00), for SZA it was 68.62 % (SD 17.39), and for SCZ it was 70.73 % (SD 17.18), without differences between diagnosis ($F=1.085$; $p=0.141$). According to treatment phase, PSI in the a-ECT was 72.26 % (SD 16.43), in the c-ECT it was 67.83 % (SD 17.53), and in the m-ECT it was 68.47 % (SD 17.02), without differences between phases ($F=0.901$; $p=0.915$).

Conclusions: Although there exist statistically significant association between age and PSI it is a negligible correlation with no clinical relevance. Thus, we conclude that neither sex nor age, nor diagnosis, nor treatment phase seem to influence PSI to a relevant degree.

Disclosure: No significant relationships.

Keywords: Electroconvulsive therapy; postictal suppression

EPV0549

Differences in cognitive side-effects and seizure parameters between thiopental and propofol narcosis in ECT

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Introduction: The standard anaesthetic for electroconvulsive therapy (ECT) in our hospital methohexital was no longer available from the beginning of 2019. A change to alternatives became necessary. We initially decided on thiopental and then switched to propofol after the suspicion of increased occurrence of cognitive deficits due to thiopental narcosis was expressed by clinicians.

Objectives: This retrospective study provides a comparison of the two narcotics in terms of side-effects and seizure parameters.

Methods: We performed a retrospective data collection from our clinical database and identified a total of 64 patients ($w=60.9$ %, $m=39.1$ %) got either thiopental ($n=35$) or propofol ($n=29$) for ECT narcosis.

Results: The mean age at the beginning of the ECT series was 56.0 years (20-82, SD 17.8, median 57.5). The groups did not differ