

psychiatrists have a positive attitude toward rTMS. Only 53% of psychiatrists agreed to receive (rTMS) in case they were in a psychotic depressive condition. Minority (7%) of psychiatrists would not refer their patients for rTMS.

**Conclusion** Most of psychiatrists have a good knowledge and a positive attitude toward rTMS. Those who have high level of training and experience show higher level of knowledge. Articles are found to be a better source for updating knowledge. Having an rTMS treated person in the family or relatives will positively affect the psychiatrist's attitude.

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#### EW457

### ECT-treatment in Western Norway; first data from the Regional register of neurostimulation treatment

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**Introduction** Electroconvulsive therapy (ECT) is one of the most polarizing treatments in medicine. Although the treatment effect is well documented in clinical studies, there is a lack of data regarding patients treated in an ordinary clinical setting. In 2013, we established a regional register of neurostimulation treatment in Western Norway.

**Objectives** To describe the use of ECT at the Haukeland university hospital in Bergen.

**Methods** Patients treated with ECT between June 2013 and June 2015 were included in the register.

**Results** One hundred and forty-seven patients received ECT during the 2 years period. The mean age was 58.4 years (22–91 years), 67% were female. Half of the patients (49.7%) had been treated with ECT previously. Indication for treatment was depression in 137 patients (93.2%), of which 29 (19.7%) were moderately, and 69 patients (46.9%) severely depressed, and additional 37 patients (25.2%) presented with severe depression with psychotic features. All but two patients were treated with right unilateral electrode placement, with a mean of 9.7 (3–22) treatments.

The mean MADRS before treatment was 34.2 (4–56) and after treatment 11.9 (0–39). One hundred and ten patients (74.8%) responded to treatment; of which 89 (60.5%) remitted (response defined as a 50% or greater decrease from MADRS baseline score, remission defined as MADRS ≤ 12). Twenty patients (13%) continued with continuation or maintenance ECT after the index series.

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#### EW458

### Repetitive transcranial magnetic stimulation (rTMS) for the management of treatment-resistant depression in schizophrenia

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**Introduction** Depression is the most common co-occurring syndrome in schizophrenia, which affects up to 60% of patients. Depression aggravates negative symptoms and cognitive deficit

and can deteriorate social functioning, quality of life and outcome of the disease. Insufficient clinical response to adequate pharmacotherapy determines rising interest to brain stimulation techniques such as rTMS.

**Objectives** The primary goal was to evaluate safety and efficacy of rTMS in treatment-resistant schizophrenia patients with dominant depressive and negative symptoms in open non-controlled trial.

**Aims and patients** Thirty-one schizophrenia (ICD-10) patients with evident depression (CDSS ≥ 6) and negative symptoms and with stable low rate positive symptoms on combined adequate pharmacotherapy (antipsychotic + antidepressant), which have not been changed for at least 6 weeks, were included to the study.

**Methods** All patients received 15-Hz rTMS on the left dorsolateral prefrontal cortex (100% intensity, 1800 pulses per session, 5 sessions per week, 15 sessions per course) with 8-shaped coil of Neuro-MS/D stimulator (Neurosoft). The primary efficacy measure was 50% CDSS score reduction after the 3rd week of treatment. The secondary measures were weekly reduction rates for CDSS and for PANSS negative syndrome scale.

**Results** Twenty (64,5%) patients respond to rTMS. Final mean CDSS score reduction was 55,2% ( $P=0,000004$ ), and mean PANSS negative scale score reduction was 21,3% ( $P=0,000012$ ). Two patients (6,5%) were excluded due to persistent headaches, no serious adverse events were observed.

**Conclusions** rTMS is safe and effective strategy for the management of treatment-resistant depression in schizophrenia and can alleviate negative symptoms. Further sham-controlled studies are needed.

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#### EW459

### Long-term electrical stimulation of bed nucleus of stria terminalis for obsessive-compulsive disorder

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**Introduction** We previously reported that deep brain stimulation (DBS) in the anterior limb of the internal capsule/bed nucleus of the stria terminalis (IC/BST) is effective in reducing symptoms in severe treatment-resistant obsessive-compulsive disorder patients.

**Objective** To examine the long-term evolution of obsessive compulsive disorder (OCD) symptoms in 24 patients treated with chronic electrical stimulation in IC/BST.

**Aims** We aimed to examine the evolution of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and to determine if a number of predictors assessed before surgery are significantly related to this evolution.

**Methods** We used a linear mixed model to investigate the evolution of the Y-BOCS in 24 patients. Data was collected in a naturalistic manner. Seven hundred measurements, taken during a total of 1836 follow-up months, are included in this analysis.

**Results** Our analysis showed a long-term, sustained effect of electrical stimulation in the IC/BST. After a fast initial decline of OCD symptoms, these symptoms stay relatively stable. In addition, results show a strong ON/OFF effect of stimulation (e.g., due to battery depletion). Beside the ON/OFF effect of stimulation, the surgery itself has no additional effect on OCD symptoms. The Beck Depres-