

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

C. Tapoi^{1*}, C. Noél^{2,3}, R. de Filippis⁴, D. Gurrea Salas⁵, K. Mize⁶, D. Almeida⁷, A. Pushko⁸, A. Wilkowska⁹, M. E. Gołębiewska¹⁰, L. Alexander¹¹ and M. Pinto da Costa^{11,12}

¹Department of Psychiatry, Prof. Dr. Dimitrie Gerota Emergency Hospital, Bucharest, Romania; ²Department of Psychiatry, Centre Hospitalier Universitaire Saint-Pierre, Université Libre de Bruxelles, Bruxelles; ³Child and Adolescent Psychiatry Hospital La Petite Maison, Chastre, Belgium; ⁴Department of Health Sciences, University Magna Graecia of Catanzaro, Catanzaro, Italy; ⁵Department of Addictive Disorders, Psychiatric Services Aargau, Brugg, Switzerland; ⁶Department of Doctoral Studies, Riga Stradins University, Riga, Latvia; ⁷Department of Psychiatry and Mental Health, Hospital de Loures, Loures, Portugal; ⁸National Medical University, Communal Non-Commercial Enterprise Precarpathian Regional Clinical Center for Mental Health of the Ivano-Frankivsk Regional Council, Ivano-Frankivsk, Ukraine; ⁹Department of Psychiatry; ¹⁰Department of Developmental, Psychotic, and Geriatric Psychiatry, Medical University of Gdańsk, Gdańsk, Poland; ¹¹Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom and ¹²Institute of Biomedical Sciences Abel Salazar, University of Porto, Porto, Portugal

*Corresponding author.

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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.

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

E. Kavakbasi^{1*}, H. Bauermeister¹, L. Lemcke² and B. T. Baune^{1,3,4}

¹Department of Psychiatry; ²Department of Neurosurgery, University Hospital Münster, University of Münster, Münster, Germany; ³Department of Psychiatry, Melbourne Medical School, The University of Melbourne, Melbourne and ⁴The Florey Institute of Neuroscience and Mental Health, The University of Melbourne, Parkville, Australia

*Corresponding author.

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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