

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

EPV0843

Non MRI Guided Accelerated Intermittent Theta Burst Stimulation is Effective in Patients with Treatment Resistant Depression and Suicidality

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Introduction: The U.S. Food & Drug Administration (FDA) has cleared SNT (Stanford Neuromodulation Therapy) for treatment of major depressive disorder (MDD) in adults who have failed to achieve improvement from at least two prior trials of antidepressants. SNT protocol requires both structural and functional connectivity MRIs which is limited by high cost and lack of availability, its use without neuronavigation is still considered an off label use and need more investigation.

Objectives: 1-To investigate efficacy of SNT like accelerated off-label protocol without Neuronavigation in treating patients with TRD and suicidality.

2-To investigate durability (up to one month) of SNT like accelerated off-label protocol without Neuronavigation in treating patients with TRD and suicidality

Methods: Two cases diagnosed as treatment resistant unipolar depression with suicidal ideations received accelerated intermittent theta burst stimulation (a iTBS); with figure of eight coil administered to the left dorsolateral prefrontal cortex (DL-PFC) determined using Beam method. Stimulation was at 90% MT for 1800 pulses with an intersession interval of fifty minutes. Patients received ten sessions every day for five consecutive days for a total of fifty sessions (90,000 pulses). The following scales were applied at the baseline and at the end of each day of five treatment days: The Montgomery and Asberg Depression Rating Scale (MADRS) The Beck Depression Inventory, Columbia Suicide Severity Rating Scale (C-SSRS) and Young Mania Rating Scale (YMRS).

Results: The two cases at the end of the fifth day were completely improved regarding both suicidal ideations and depression without emerging of hypomania. Follow up was done weekly for one month with durable results.

Conclusions: SNT protocol without neuronavigation needs to be well investigated in suppressing both suicidality and depression in patients with TRD.

Disclosure of Interest: None Declared

EPV0844

Non-Invasive Brain Stimulation for Perinatal Depressive Disorder: A Literature Review

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Introduction: Peripartum Depressive Disorder (PPD) is a Peripartum Mental Disorder (PMD) characterized as a Major Depressive Disorder (MDD), wherein the manifestation of depressive symptoms initiates either during pregnancy or within the first 12 months following childbirth.

PPD impacts both maternal well-being and infant health, resulting in unfavorable outcomes during pregnancy and the postpartum period.

Non-Invasive Brain Stimulation (NIBS) is one of the rapidly expanding fields in medicine, using a range of techniques to modulate the brain.

Objectives: This study aimed to summarize the latest evidence about the impact of NIBS (efficacy, tolerance, and safety) in PPD.

Methods: A review was conducted, drawing on reputable (PubMed and Web of Science databases).

Key brain stimulation modalities, such as Transcranial Magnetic Stimulation (TMS), Transcranial Electrical Stimulation (TES), and Electroconvulsive therapy (ECT) were analyzed in the context of PPD.

Results: Preliminary findings indicate promising positive effect of NIBS in reducing symptoms associated with PPD.

In the postpartum, the favorable outlook on the effectiveness of NIBS implies that, when feasible, women diagnosed with mild to moderate PPD, especially those reluctant to initiate pharmacological interventions, should be presented with TMS or TES as an alternative therapeutic approach.

However, some doubts persist about the safety of NIBS regarding fetus and preterm birth.

Conclusions: NIBS constitutes a viable option for pharmacological and psychotherapeutic interventions, and it can also be integrated into comprehensive treatment regimens.

Future research include large-scale clinical trials and longitudinal studies is needed to address the efficacy, security, and long-term effects of NIBS.

Disclosure of Interest: None Declared

EPV0845

The perception of Romanian mental health professionals on electroconvulsive therapy

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Introduction: The journey for the electroconvulsive therapy began in 1938, when convulsive seizures induced by electrical stimulus were used, for the first time, in the therapy of patients diagnosed with Schizophrenia. Over the time, this therapy remains an important one, due to its applicability and necessity in the therapeutic management of patients with psychiatric pathology.

Objectives: Electroconvulsive therapy has evolved as a technique, nowadays being applied under induced intravenous anesthesia with the administration of oxygen on the mask, and from 2001, the sinus electrical stimulus has been replaced by the one in the form of a short pulse, upon the recommendation of professional organizations, in order to increase its therapeutic effectiveness. However, this form of therapy continues to be stigmatized, largely due to the