

Fig. 2: Mean YBOCS compulsions score in active and sham group over time (N=14)

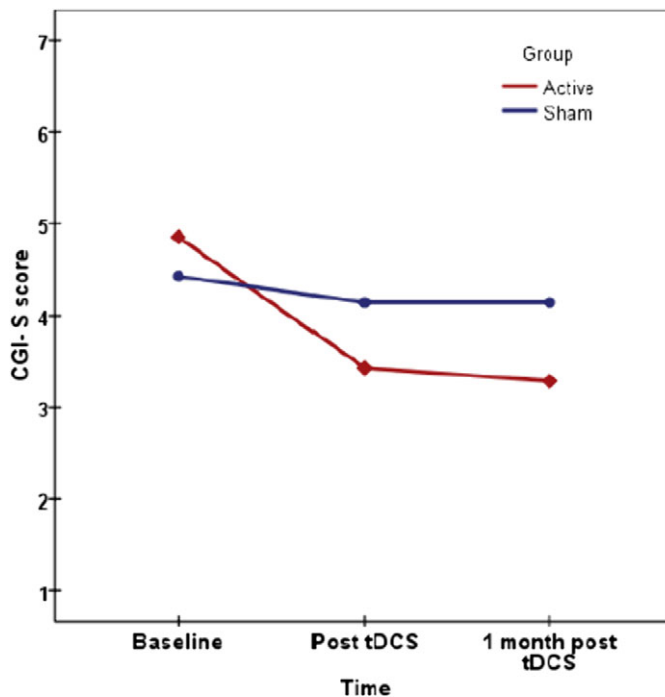


Fig. 3: Mean CGI-S score in active and sham group over time (N=14)

Conclusions: Cathodal tDCS over pre-SMA may be effective in reduction of obsessions, compulsions, illness severity, and enhancing cognitive flexibility in patients with OCD, with no major adverse effects. Larger studies are required to confirm these findings.

Disclosure: No significant relationships.

Keywords: ocd; tDCS; brain stimulation; Neuromodulation

O235

Changes in sleep with transcranial magnetic stimulation in adults with treatment resistant depression: Preliminary results from a naturalistic study

A.I. Sonmez*, R. Kay, S. Schmidts, C. Peterson, A. Herman, A. Widge, Z. Nahas and C.S. Albott

Psychiatry And Behavioral Sciences, University of Minnesota, Minneapolis, United States of America

*Corresponding author.

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Introduction: Sleep disturbance specifically insomnia, non-restorative sleep, and hypersomnia are common symptoms of major depressive disorder (MDD). As it alleviates major depressive disorder, transcranial magnetic stimulation (TMS) may improve associated sleep disturbances, and may also have inherent sedating or activating properties.

Objectives: To examine the impact of TMS on sleep disturbances in adults with treatment resistant depression in a clinical setting, we retrospectively reviewed de-identified data from naturalistically-treated MDD patients undergoing an initial acute course of TMS therapy at St.Louis Park MinCEP Clinic.

Methods: Adults with treatment-resistant depression received daily TMS treatments. 9-item Patient Health Questionnaire (PHQ-9) total scores were used to calculate % change at endpoint (relative to pretreatment baseline); response on both measures was defined as 50% reduction in scores, with remission defined as a final total score 4 on the PHQ-9. Insomnia was measured with a 3-item subscale of the Inventory of Depressive Symptomatology Self Report (IDS-SR). Hypersomnia was measured with a single IDS-SR item. Pairwise comparisons were performed using Student's T-test. Categorical variables were compared using Fisher's Exact test. Continuous outcome measures were tested with an analysis of covariance, using baseline PHQ-9 score as a fixed effect covariate.

Results: TMS appears to have differential modulatory effects on insomnia and hypersomnia in adults with treatment resistant depression.

Conclusions: These results may provide the basis for further investigation into therapeutic applications of TMS in addressing sleep disturbances in treatment-resistant depression. Measures that separate hypersomnia and insomnia should be implemented in future work addressing effects of TMS in treatment-resistant depression.

Disclosure: No significant relationships.

Keywords: repetitive transcranial magnetic stimulation; treatment-resistant depression; hypersomnia; Insomnia

O238

Critical analysis of the electroconvulsive therapy unit of centro hospitalar lisboa norte

C. Perestrelo Da Silva*, A.C. Cordeiro and I. Chendo

Psiquiatria, Centro Hospitalar Universitário Lisboa Norte, Lisboa, Portugal

*Corresponding author.

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Introduction: Electroconvulsivotherapy (ECT) one of the oldest treatments in biological psychiatry, is used nowadays mainly due to safety, efficacy and tolerability. Can be first-line treatment for mood disorders with catatonic or psychotic symptoms, and a second-line treatment to pharmacotherapy resistance or intolerable side effects.

Objectives: To analyze the number of ECTs done, the number of patients submitted to this procedure in the ECT Unit in Centro Hospitalar Lisboa Norte (CHULN) comparing their diagnosis. To evaluate the number of patients that underwent maintenance and/or continuation treatment.

Methods: Retrospective study involving patients submitted to ECT from 1 of January to 31 of December of 2019. A literature review exploring the use of ECT in psychiatry was conducted.

Results: During the 12-month period were performed 179 sessions, corresponding to 18 patients. The diagnosis were schizophrenia, 55%, bipolar disorder, 39% and 6% with major depression. Only 28% underwent continuation and/or maintenance treatment.

Conclusions: In this sample, of those diagnosed with schizophrenia, 90% were submitted to ECT due to oral therapy failure and 10% due to catatonia. Of those diagnosed with bipolar disorder 42.9% had a depressive episode and of these 14.2% had psychotic symptoms. This Unit is integrated in the biggest hospital of Portugal, it is important to understand the small number of patients submitted to this treatment and identify factors that may be preventing the referral of patients to this treatment. Clinicians may have the impression that ECT should be left as a last resort treatment which may explain the low percentage of major depression among our patients.

Disclosure: No significant relationships.

Keywords: Electroconvulsive therapy; schizophrenia; ECT; Major Depression

O243

Psychiatric rehabilitation: An innovative program of integrative neurocognitive remediation therapy for patients with cognitive dysfunction

A. Rogiers*, Z. Van Lieshout, S. Van Eycken, D. Kyndt, J.-C. Le Febvre, A. Lapyte, C. De Gols and C. Kornreich
Psychiatry, CHU Brugmann, Brussels, Belgium

*Corresponding author.

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Introduction: Neurocognitive dysfunction is associated with important socio-professional consequences and diminished quality of life. In the Neurocognitive Remediation Clinic of the Centre Hospitalier Universitaire Brugmann (Brussels, Belgium), patients suffering from neurocognitive dysfunctions related to common mental disorders (e.g. psychotic, mood, adjustment disorders) are considered for Neurocognitive Remediation Therapy (NCRT), combining personalized computerized cognitive training and strategy training, with group sessions of physical rehabilitation and cognitive behavior therapy.

Objectives: This cross-sectional study aims to assess the efficacy of a 12 week (1day/week) NCRT program organized within the day clinic.

Methods: Patients who completed the NCRT between March 2018 and June 2019 were eligible to participate. Efficacy was assessed using the cognitive failure questionnaire (CFQ) and a 17-item

questionnaire assessing daily functioning. Current scores on the CFQ were compared to the scores before and after NCRT. Additionally NCF was retrospectively assessed through the neuropsychological test results before and after NCRT.

Results: Of the eligible 38 patients, 27 consented to participate (18 women/9 men); median age was 52 years, range (29-61); median time since stop NCRT was 7 months, range (4-17). Twenty patients (80%) reported improvement in daily function. Subjective neurocognitive function improved significantly immediately after NCRT ($t=2.681$, $df=23$, $p=0.013$) and remained stable at time of assessment ($t=2.775$, $df=24$, $p=0.011$). After NCRT at least 1 neuropsychological subtest normalized in 25 patients (96.15%). Divided attention, long-term visual memory and planning improved in respectively 80%, 75% and 75% of the patients.

Conclusions: Our innovative integrative program improves neuropsychological performances and sustainably ameliorate subjective neurocognitive and daily function.

Disclosure: No significant relationships.

Keywords: Rehabilitation; Neurocognitive function; daily function; remediation therapy

O244

Involving families in psychiatric treatment and rehabilitation

C. Fernandes Santos*, A.B. Medeiros and R. Gomes

Psychiatry And Mental Health Department, Hospital Garcia de Orta, E.P.E., Almada, Portugal, Portugal

*Corresponding author.

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Introduction: Psychiatric rehabilitation promotes recovery in individuals with mental disabilities. Its mission is to engage patients and families or caregivers in a collaborative treatment process. The vision of recovery is more likely to become a reality when patients and families are actively involved in treatment. Numerous factors have converged during the past decades to facilitate development and refinement of evidence-based approaches for strengthening families coping with mental disorders.

Objectives: To review current knowledge on the importance of involving families in psychiatric treatment and rehabilitation, addressing effectiveness of family interventions, role of family coping skills in neutralizing stress and vulnerability, and family burden of mental illness.

Methods: Non-systematic review of literature through search on PubMed/MEDLINE database for publications up to 2020. Textbooks were consulted.

Results: Given the unpredictability of major mental disorders, families assume responsibility for extensive monitoring and supervision of a severely and chronically mentally ill relative. Clinical, social, family and economic benefits are achieved by adding psychosocial family interventions to a comprehensive array of services required by patients. Family interventions are not stand-alone modalities: they are coordinated with pharmacotherapy, illness management, crisis intervention, clinical case management, skills training and supportive services. Family interventions show benefits, such as fewer psychotic/affective episodes of exacerbation or relapse by the patient, reduced hospitalizations and improved family morale and less emotional burden.