

significant change in medication load. A more extended observation period might be necessary to observe changes in medication load. There was a reduction in the need of maintenance treatment sessions of ECT and esketamine. History of ECT response may be predictive for greater improvement of depression severity in VNS patients.

Disclosure of Interest: E. Kavakbasi Grant / Research support from: The Sponsor of the Restore-Life study is LivaNova. Our institution received fees from LivaNova for study visits of the Restore-Life study. LivaNova had no influence on the content of this work., H. Bauermeister: None Declared, L. Lemcke: None Declared, B. Baune: None Declared

EPV0848

Synchronization of accelerated intermittent Theta-Burst-Stimulation (aiTBS) with VNS in difficult-to-treat depression (DTD)

E. Kavakbasi^{1*}, S. B. Klass¹ and B. T. Baune^{1,2,3}

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

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1464

Introduction: Patients with difficult-to-treat depression (DTD) need multimodal treatment with combination of psychotherapy, pharmacotherapy and neuromodulation. In severe cases, combination of neuromodulatory techniques may be considered to achieve symptom relief.

Objectives: To describe a novel treatment approach, which combines VNS in synchronization with accelerated intermittent Theta-Burst-Stimulation (aiTBS) over three weeks in two cases with difficult-to-treat depression.

Methods: In this presentation we describe two cases of DTD, which have been implanted with VNS and did not respond to aiTBS previously. Patients then were offered a synchronized treatment regimen, where each stimulus train of aiTBS was synchronized with ON-time of VNS. To start each train simultaneously with VNS ON-time, we set treatment cycle of each aiTBS and VNS to 19 sec. Patients received 2400-3000 TBS pulses daily for 3 weeks over left dorsolateral prefrontal cortex (DLPFC) at 100% of resting motor threshold.

Results: In the first patient the MADRS score decreased from 37 to 26 (-30%) and in the other patient there was a decrease of MADRS score from 20 to 9 (-55%), which corresponded to remission after 3 weeks of treatment. The synchronized treatment procedure was well-tolerated in both cases. As both patients experienced significant improvement, we planned maintenance treatment in both cases.

Conclusions: Synchronization of aiTBS with VNS is a novel treatment approach in patients with DTD, which can lead to improvement even if patients previously did not respond to aiTBS without synchronization with VNS.

Disclosure of Interest: None Declared

EPV0851

The Effectiveness of High-frequency Repetitive Transcranial Magnetic Stimulation in Persistent Somatic symptoms Disorder: A Case report study

M. K. Albalushi

Psychiatry, Oman medical specialty board, Muscat, Oman

doi: 10.1192/j.eurpsy.2024.1465

Introduction: Background:

Somatic symptoms disorders are usually comorbid with depressive disorders despite that there is little evidence for effective treatment for it. Repetitive transcranial magnetic stimulation (rTMS) have been approved by FDA for mildly resistance depression. From this point we hypothesized that rTMS delivered over the prefrontal cortex (PFC) may be useful in somatic symptoms disorder. Therefore, in our case report we want to shed light on the potential effectiveness of rTMS in somatic symptoms disorder.

Objectives: case report

Methods: case report

Results: Case Report:

A 65-year-old Omani female with multiple medical comorbidities on multiple medications. She presented complaining of multiple somatic complains in the last 2 years after visiting multiple clinics and underwent several specialists' examinations, investigations and procedure for somatic treatments, all of them where normal. Then patient was seen by different psychiatric clinic multiple antidepressant and adjuvant anti-psychotic medication were try, patient still not improve.

Patient get admitted to hospital for observation and management. Initially she was preoccupying by her somatic complain kept on Fluoxetine and Olanzapine along with that topiramate was added, but still with minimal improvement. Then rTMS was added to her management plan following Intermittent theta burst (iTBS) rTMS protocol. After complete all sessions of rTMS patient was recovering from her all symptoms, no complain report from her.

Conclusions: Conclusion: our case highlights the important of investigated more thoroughly in rTMS as treatment option for Persistent Somatic symptoms Disorder.

Disclosure of Interest: None Declared

EPV0852

Transient Febrile reaction after Electroconvulsive Therapy : A case report in an adult man with Ultra-Resistant Schizophrenia

K. Abdessattar, A. Hkiri, H. khiari*, O. Youssef and R. Ghachem

psychiatry department Pinel, Razi Hospital, Manouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1466

Introduction: Electroconvulsive therapy (ECT) is a therapeutic method that induces artificial seizure by electrical stimulation to resolve various psychiatric symptoms. ECT is particularly effective in resistant schizophrenia and may improve response to medication despite the presence of potential adverse side effects. Post-ECT delirium and Headaches are some of the most frequent side effects presented in literature. Fever is yet another unexplained reaction,