normal debit. Delusional thought or hallucinations were not evident. Severe hypoglycemia was first detected by capillary glucose measurement and confirmed by a blood test. After the blood glucose was corrected she became gradually more restless, talkative, disinhibited, with clear humor elation, compatible with a manic state.

Conclusion We discuss if this case might be explained by the severe hypoglycemia and its correction, linking it to insulin shock therapy, reviewing this procedure's history, controversies and current developments.

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EV1120

ECT in major recurrent depressive syndrome with Parkinsonism syndrome

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A 71-year-old woman with history of major recurrent depressive syndrome responsive to clomipramine (last episode at 50-year-old) with the following medical records: ischaemic stroke with progressive cognitive impairment to the extent of requiring wheelchair.

Current episode Depressive symptoms, with suicidal thoughts, anxiety, tremor and low food intake in the last month (due to choke phobia) with up to 10 kg of weight loss.

Diagnosis Major recurrent depressive syndrome resistant to treatment with Parkinson syndrome.

Treatment Lorazepam 10 mg/day levodopa 150/carbidopa 37.5 mg/day, LART Electroconvulsive therapy (Thymatron SYSTEM IV) was also carried out 3 times a week until 15 sessions were reached.

Discussion This case illustrates the successful response with LART ECT towards major recurrent depression syndrome associated with a pharmacological parkinsonism maintained over the long-term (one year with ECT). There are sufficient evidences showing that the ECT has an effect in the dopaminergic system at different levels: dopamine release, dopamine neurotransmission and linkage with its receptor, and these effects differ between an acute stimulation and when repeated stimulation is carried out. It must be taken into consideration the fact that concomitant existence of depression and parkinsonism could represent another indication for ECT, since the pharmacological management of these patients is highly complex and could even more if we bear in mind that one of the therapeutical options towards the antidepressant potentiation (atypical anti-psychotics) can worsen the symptomatology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1121

Bilateral continuous theta burst stimulation (cTBS) for treatment resistant auditory hallucinations and synesthesia in schizophrenia – A case report

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Introduction While 1–Hz repetitive transcranial magnetic stimulation (rTMS) has been found to be effective in reducing auditory hallucinations (AH), its effects are transient. cTBS, a patterned-rTMS technique induces sustained long-term-depression-like effects. Here, we demonstrate efficacy of twice daily, bilateral-cTBS in a patient with treatment-resistant AH, reflex hallucinations and vision-touch synesthesia.

Method A 25-year-old male with 5 years history of treatment-resistant AH (2nd/3rd person), vision-touch synesthesia and reflex hallucinations. He was on a combination of 200 mg clozapine and 300 mg amisulpride for the last 6 months with no improvement. He received two-weeks of twice daily, bilateral-cTBS [40,1 s-trains (bursts of 3-pulses at 50 Hz every 200 ms) given continuously at 90% motor threshold] over the temporoparietal junctions located using the International 10/20 system. Amisulpride was stopped and clozapine was increased to 300 mg/day. Change in AH and synesthesiae were assessed using auditory hallucination rating scale (AHRS) and clinical interview.

Result AHRS scores reduced from 35/41 to 0/41 at the end of 2 weeks, with substantial improvement being noticed at the end of the fifth day. Synesthesiae and reflex hallucinations also showed similar trends in improvement. No serious adverse events.

Discussion Integration of auditory, visual and tactile perceptions is an important function of the temporoparietal junction. administering cTBS to this region bilaterally reduced our patient's perceptual abnormalities. Increasing dose of clozapine could be a confounding factor, however, the rapidity of treatment response enables us to attribute part of the improvement to cTBS.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1122

Electroconvulsive therapy management in benzodiazepine-resistant catatonic syndrome: A Case report

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Catatonia is a rare but potentially lethal neuropsychiatric syndrome. Despite its historical association with schizophrenic disorders, it is more frequent in affective ones, and is currently considered an independent pathological entity. The basis of the treatment, regardless of the cause, is the use of benzodiazepines and electroconvulsive therapy (ECT), without a clear consensus on the combined treatment. Regarding ECT, the frequency and number of effective sessions has not been clearly established. Therefore, clinical evolution is the main factor to be considered in order to determinate the appropriate treatment regimen, although the daily application of ECT is preferred, at least for the first week. We report the case of a 41-year-old patient with paranoid schizophrenia, who presented with a benzodiazepine resistant catatonic syndrome. The clinical picture included stupor, mutism, negativism, severe stiffness, catalepsy, waxy flexibility and diaphoresis, with slight CPK increase but with no other extrapyramidal symptoms, fever more than 39 and hemodynamic instability, which allowed to exclude a neuroleptic malignant syndrome. A blood analysis, lumbar puncture, CT, EEG and viral serologies were performed with inconclusive results. The patient required ICU admission and ECT treatment and we used the Bush-Francis Catatonia Rating Scale to evaluate the evolution of symptoms. Six daily treatments with ECT led to an almost full recovery of the patient. Further case series regarding the clinical management of this syndrome are needed, in order to reach consensus on an effective ECT regimen.