

Results: Not applicable

Conclusions: Not applicable

Disclosure: No significant relationships.

EPV1227

Randomized comparative study of 1-Hz transcranial magnetic stimulation (TMS), continuous theta-burst stimulation (cTBS) and sham-TMS for treatment-refractory auditory hallucinations (AH) in schizophrenia

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Introduction: Insufficient efficacy of conventional treatment of auditory hallucinations (AH) in schizophrenia supports rising interest to brain stimulation techniques including transcranial magnetic stimulation (TMS). Left temporo-parietal cortex (TP3) is involved in emergence of AH, thus neuromodulation of this area might be reasonable.

Objectives: Comparison of efficacy and tolerability of 2 protocols of TMS (1 Hz and cTBS) over TP3 and sham-TMS for treatment resistant AH in schizophrenia.

Methods: 76 schizophrenia (ICD-10 - F20) patients with prominent AH (PANSS P3 \geq 4, AHRS \geq 15), who had failed to respond to previous antipsychotic treatment, were randomized into 3 groups: 1) 1 Hz TMS (30 patients); 2) cTBS (25 patients); 3) Sham-TMS (21 patients). Sessions were performed 5 days a week for 3 weeks. Antipsychotic medication was continued throughout the study. Patients were assessed weekly with PANSS, AHRS, CDSS, CGI-S by blinded raters. The criterion of efficacy was 30% AHRS score reduction after 3 weeks of treatment.

Results: The number of responders were 13 (43,3%) in 1 Hz TMS group, 14 (56%) – in cTBS group, 4 (19,1%) in sham-TMS group. There was no statistically significant difference in efficacy between 1 Hz TMS and cTBS, but each of the active protocols was more effective than sham-TMS. Treatment was generally well tolerated in all groups, nobody was discontinued the study due to adverse events.

Conclusions: Both protocols of TMS (1 Hz and cTBS) over TP3 are safe and effective in the treatment of schizophrenic patients with pharmacotherapy resistant AH. Further studies are needed.

Disclosure: No significant relationships.

Keywords: schizophrenia; cTBS; auditory hallucinations; TMS

EPV1229

Trends in ECT (Electroconvulsive Therapy) Utilization During Pregnancy and Post-Partum Period: National Inpatient Sample 2002-2015

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Introduction: The use of Electroconvulsive therapy (ECT) during pregnancy and in the post-partum period is a critical decision for both providers and their patients. ECT utilization during this critical period needs to be better understood to assess the need and allocate resources for this valuable treatment option.

Objectives: 1) To evaluate baseline characteristics and analyze ECT utilization trends for pregnant and post-partum patients hospitalized in the US. 2) To provide insight into ECT use among inpatient pregnant women with different age groups with various comorbid psychiatric disorders.

Methods: The study used the 2002-2015 National (Nationwide) Inpatient Sample (NIS) data. Descriptive statistical and trend analyses were conducted to evaluate data.

Results: A study found that a total of 924 pregnancy-related hospitalizations required ECT treatment; 92.2% of these ECTs were conducted in urban hospitals. The mean age of women was 30.3 years, and the majority (71%) were of the White race. Mood disorders (major depressive disorder- 51.9% and bipolar disorder- 37.9%) accounted for the most common comorbid psychiatric illnesses. The payer source (Medicare/Medicaid vs. Private Insurance) was almost equal (47.9 vs. 46.8). Though not statistically significant, the trend analysis showed that the proportion of ECTs during pregnancy out of the total ECT performed for the year almost doubled (0.24% to 0.47%) from 2008 to 2015.

Conclusions: Though not statistically significant, the use of ECT in pregnant women has increased in 2015 compared to 2002. Results will help clinicians, policymakers, and various stakeholders to optimize ECT utilization, reimbursement and ultimately improve clinical outcomes.

Disclosure: No significant relationships.

Keywords: ECT; Psychiatric comorbidities; pregnant; Post-Partum Period

EPV1230

Changes in the practice of electroconvulsive therapy at Semmelweis University before and during the COVID-19 pandemic

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Introduction: The Department of Psychiatry at Semmelweis University is the largest electroconvulsive therapy (ECT) centre in Hungary, where a total number of around 300 treatments are

conducted every year. Certain changes were administered in 2018 and 2019 in our logistics and internal protocols that helped to increase the number of treated patients and improve quality of care. The COVID-19 pandemic caused serious disruptions in the Hungarian mental health care system, therefore there was a realistic fear that many patients who required ECT would not receive this form of treatment.

Objectives: Our goal was to assess the effects of the pandemic on our ECT service, and to analyse whether patients were able to receive treatment, despite the logistical difficulties.

Methods: We retrospectively gathered data from our internal documentation to compare the number of ECT treatments with the previous years. We also had to take into account the fluctuation in our general caseload of psychiatric patients, since our Department acted as a COVID-19 treatment centre for several months.

Results: Total number of ECT treatments decreased in 2020 after a peak in 2019, however the numbers were not much lower compared to the years before changes in 2018. Unfortunately, we see a more direct effect of the 3rd wave of the pandemic.

Conclusions: We can conclude that there is a decrease in the number of ECT treatments due to the pandemic, however, the fact that we still provided service in most parts of 2020 and 2021 for patients with the most severe conditions is a serious achievement.

Disclosure: No significant relationships.

Keywords: Electroconvulsive therapy; ECT; Covid-19

EPV1231

Electroconvulsive therapy for Depression in Anorexia Nervosa. A review

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Introduction: Anorexia nervosa has an important burden on both patients and families, with important comorbidities such as depression and obsessive symptoms. These are more resistant to pharmacological treatment than in non-anorexia patients, due to both biological and psychological mechanisms. Electroconvulsive therapy is the best available therapy for treatment resistant depression making it a treatment to consider in treatment resistant depression in anorexia though only case reports exist.

Objectives: To review the current evidence for electroconvulsive therapy of depression in patients with anorexia nervosa as well as it's ethical challenges

Methods: Non-systematic review of the literature with selection of scientific articles published in the past 10 years; by searching Pubmed and Medscape databases using the combination of MeSH descriptors. The following MeSH terms were used: "electroconvulsive therapy", "anorexia nervosa".

Results: Electroconvulsive therapy in anorexia has no controlled trials with mostly case reports available on scientific databases. It presents important challenges due to patient age, medical status and ethical challenges. Even less evidence exist for

electroconvulsive therapy in children and adolescents than for adults, anorexia can complicate medical status presenting an anesthetic and life-support challenge and it's egosynchronicity can place a legal and ethical challenge when patient refuses treatment.

Conclusions: Anorexia has a dramatic burden on patients and families affected, with integrated evidence-based treatment being necessary both for treating the current episode and for remission prevention. Case-reports show that electroconvulsive therapy can play a role on treatment resistant depression in anorexia.

Disclosure: No significant relationships.

Keywords: ECT; Anorexia; Electroconvulsive therapy; Anorexia nervosa

EPV1232

Local field potentials in the BNST in patients with OCD: acute effects of DBS after symptom provocation

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Introduction: Obsessive-compulsive disorder (OCD) is a disabling psychiatric disorder that affects 2-3% of the population. Pharmacological or cognitive behavioral therapy can reduce symptoms. Deep brain stimulation is emerging for treatment-resistant patients.

Objectives: We measured neuronal activity in two patients with treatment-resistant OCD, who had DBS electrodes implanted bilaterally in the BNST. Local field potentials were recorded directly from the BNST during and without symptom provocation and without electrical stimulation.

Methods: In two patients with a diagnosis of treatment resistant OCD (TR-OCD) local field potentials (LFP) were recorded as part of their clinical follow up post-implantation. In both patients, the diagnosis of TR-OCD was confirmed by a neuropsychiatric examination and a multidisciplinary committee comprising both experienced psychiatrists and neurosurgeons from different medical centers in Belgium. We used BrainSense recording technology in the Percept PC to record the LFPs. The LFP recordings in the first patient were acquired on the 15th day after DBS surgery. In the second patient, the interval between implantation and recording was 18 days. Symptom provocation was performed using the MOCCS image set, developed by Mataix-Cols.

Results: At rest, relative power peaks in the BNST were highest in the theta (4-8 Hz) frequency band for both patients. In both patients switching DBS ON during provocation images appears to cause the LFP signal to closely resemble that recorded during neutral images.

Conclusions: The main finding of this pilot study is that switching stimulation ON in the BNST during provocation images causes the LFP signal to more closely resemble the LFP recorded during neutral images.

Disclosure: No significant relationships.

Keywords: Deep brain stimulation; obsessive-compulsive disorder; local field potential; symptom provocation task