

Aims To assess whether current evidence supports the use of TMS for NS.

Methods Narrative review of articles found through a PubMed database search using the keywords “transcranial magnetic stimulation”, “schizophrenia”, and “negative symptoms” between 1998 and 2015.

Results Up to date, reviews of randomized sham-controlled studies found positive effects of TMS in NS. However, they exposed several methodological difficulties. More recent studies, reviewed in this poster, tried to overcome these, using results from multiple centers, larger samples and blinding. Various TMS techniques were studied, differing in frequency, motor threshold (MT), stimulus location, and treatment duration. Overall, TMS continues to show promising results in reducing NS; particularly rTMS 10 Hz, for at least 15 sessions on the left dorsolateral prefrontal cortex (DLPFC) at a 110% MT.

Conclusions TMS may be a useful treatment for NS for patients not responding to pharmacological treatment alone. Studies remain difficult to compare due to different measures of outcome (PANSS and SANS being the most commonly used) and techniques. Furthermore, possible modulators of response include duration of illness, cognitive symptoms amelioration, medication and their dose, and different NS may respond differently to TMS. More studies are needed to better understand the utility of TMS in NS.

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

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EV1064

Posterior vitreous detachment and electroconvulsive therapy: Insights from a case

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A case of bilateral posterior vitreous detachment after electroconvulsive therapy (ECT) has been reported previously in the literature. There is not enough evidence about ocular side effects of this treatment. The literature supports a slight increase in intraocular pressure (IOP), although no ocular complications have been reported in normal, glaucomatous or postsurgical eyes. In this case report, we describe a 73-year-old female patient suffering a recurrent depressive disorder, who was admitted to acute psychiatric unit because a treatment-resistant major depressive episode (after an adequate trial of antidepressant drugs and transcranial magnetic stimulation) and clinical suspicion of visual delusions by her reference psychiatrist. The nonpsychiatric history consisted of hypertension, glaucoma and ulcerative colitis in treatment with azathioprine and mesalazine. After a careful examination in the emergency room, we consulted to ophthalmologist because miodesopsias and glaucoma history. The IOP was normal, but a bilateral posterior vitreous detachment (PVD) was identified. Because this entity is not an absolute contraindication for ECT, and there is scarce evidence, we informed the patient and her family. After that, and through informed consent, we decided to undergo ECT. After fourteen sessions, the patient could be discharged because significant clinical benefit and no ocular complications. Outpatient continuation ECT was indicated.

Conclusions ECT can be a safe treatment choice in cases of PVD.

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

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EV1066

Electroconvulsive therapy in depressed older adults with unrepaired abdominal aortic aneurysm: Safety first!

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Introduction It is not clear whether electroconvulsive therapy (ECT) is a safe procedure in depressed older adults with unrepaired abdominal aortic aneurysm (AAA). ECT is potentially incriminating to the cardiovascular system due to a transiently elevation of blood pressure and heart rate during the seizure.

Objectives To report a case of an older adult presenting a psychotic depression complicated by an unrepaired AAA.

Aims To report a case study, describing the safety of ECT in patients with unrepaired AAA.

Methods A case report and retrospective review was conducted.

Results A 75-year-old male was admitted to hospital for the treatment of a psychotic depression. Treatment was complicated since for one year he was diagnosed with an AAA (diameter 4.7 cm). In collaboration with vascular surgeons and anesthesiologists we decided to start ECT. After fourteen ECTs an improvement of mood was achieved. Post-ECT we noticed an AAA expansion of 0.1 cm.

Conclusions Our findings indicate that ECT may be a safe procedure for patients diagnosed with unrepaired AAA. Published data suggest that the risk for aortic aneurysm rupture during ECT is low. However, multidisciplinary collaboration among psychiatrists, anesthesiologists and vascular surgeons is essential for a positive outcome.

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EV1067

Adverse effects in repetitive transcranial magnetic stimulation – prevention and management

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Introduction Repetitive Transcranial Magnetic Stimulation (rTMS), through modulation of cortical activity, has become an invaluable tool in experimental and clinical neurosciences. Although this form of noninvasive treatment is considered safer than other means of brain stimulation it has been associated with adverse effects (AE).

Objective To make a brief review, concerning the AE of rTMS, their prevention and management.

Aims To understand and be able to deal with the most common AE associated with rTMS.

Methods A PubMed database search, using as keywords “Transcranial magnetic stimulation”, “Repetitive Transcranial magnetic stimulation”; “adverse effects”; “management” and “guidelines” between the year 1998 and 2015.

Results AE caused by rTMS are rare. They can be classified into severe (seizures) and mild (syncope, and transient hearing