

**Conclusions** In our sample the average of the results obtained by applying the SAS is considered within normal limits. In our case as to extrapyramidal effects ALAI treatment has been well tolerated. A larger sample would be needed to obtain more reliable results.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2038>

#### EV1055

### Indication of depot antipsychotic treatment in the view of slovak psychiatrists

M. Zelman

*Psychiatricka Nemocnica, Hronovce, Slovakia*

With the increasing number of atypical antipsychotics in depot form, there emerges question about plus and cons of their use in schizophrenia patients. We focused on the opinion of Slovak psychiatrists about use of this treatment in some specific situations of schizophrenia treatment. Research was realized via questionnaire on psychiatrists ( $n=47$ ) from ambulant and hospital care, during one conference in June 2015. First part of the questionnaire was focused on the preference of oral or depot form of antipsychotic treatment. Depot form would be indicated by psychiatrists (in more than 89%) when low compliance, anosognosia or frequent episodes. On the contrary, oral antipsychotic treatment is preferred in young patients or employed patients. The type of symptoms (e.g. positive, negative) has relatively small impact on the preference of treatment, where the preferences of each type were the lowest (fewer than 36%). According to the opinion of psychiatrists, depot antipsychotic treatment is not suitable in first episode of disorder (according to 81% of respondents), otherwise in second or third episode it would not be chosen by 6% of asked psychiatrists.

From the aspects of the choice between atypical or typical depot, atypical antipsychotics in depot form were favored when presence of adverse reactions (80%), occurrence of negative symptoms (65%) and short duration of disorder (58%). Typical depot was preferred by psychiatrists in patients with chronic states.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2040>

#### EV1056

### Asenapine modulates nitric oxide release and calcium movements in cardiomyoblasts

P. Zeppegno\*, C. Gramaglia, E. Gattoni, S. Gili, E. Gambaro, E. Di Tullio, M.C. Rizza, S. Farruggio, L. Camillo, D. Mary, G. Vacca, E. Grossini

*University of Eastern Piedmont, Traslational Medicine, Novara, Italy*

\* Corresponding author.

**Objective** To examine the effects of asenapine on NO release and  $Ca^{2+}$  transients in  $H_9C_2$ , which were either subjected to peroxidation or not.

**Materials and methods**  $H_9C_2$  were treated with asenapine alone or in presence of intracellular kinases blockers, serotonergic and dopaminergic antagonists, and voltage  $Ca^{2+}$  channels inhibitors. Experiments were also performed in  $H_9C_2$  treated with hydrogen peroxide. NO release and intracellular  $Ca^{2+}$  were measured through specific probes.

**Results** In  $H_9C_2$ , asenapine differently modulated NO release and  $Ca^{2+}$  movements depending on the peroxidative condition. The  $Ca^{2+}$  pool mobilized by asenapine mainly originated from the extracellular space and was slightly affected by thapsigargin. Moreover, the effects of asenapine were reduced or prevented by kinases blockers,

dopaminergic and serotonergic receptors inhibitors and voltage  $Ca^{2+}$  channels blockers.

**Conclusions** On the basis of our findings we can conclude that asenapine by interacting with its specific receptors, exerts dual effects on NO release and  $Ca^{2+}$  homeostasis in  $H_9C_2$ ; this would be of particular clinical relevance, when considering their role in cardiac function modulation.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2041>

### Psychosurgery and stimulation methods (ECT, TMS, VNS, DBS)

#### EV1057

### A tribute to Johann Gottlieb Burckhardt-Heussler (1836–1907), the pioneer of psychosurgery

M. Arts<sup>1,\*</sup>, P. Michielsen<sup>2</sup>, S. Petrykiv<sup>3</sup>, L. de Jonge<sup>1</sup>

<sup>1</sup> UMCG, Old Age Psychiatry, Groningen, Netherlands

<sup>2</sup> GGZWNB, Psychiatry, Bergen op Zoom, Netherlands

<sup>3</sup> GGZ Friesland, Emergency Psychiatry, Leeuwarden, Netherlands

\* Corresponding author.

**Introduction** Johann Gottlieb Burckhardt-Heussler was a Swiss psychiatrist, who pioneered controversial psychosurgical procedures. Burckhardt-Heussler extirpated various brain regions from six chronic psychiatric patients under his care. By removing cortical tissue he aimed to relieve the patients of symptoms, including agitation, rather than effect a cure.

**Objectives** To present the scientific papers of Johann Gottlieb Burckhardt-Heussler on psychosurgery.

**Aims** To review available literature and to show evidence that Burckhardt-Heussler made a significant contribution to the development of psychosurgery.

**Methods** A biography and private papers are presented and discussed, followed by a literature review.

**Results** The theoretical basis of Burckhardt-Heussler's psychosurgical procedure was influenced by the zeitgeist and based on his belief that psychiatric illnesses were the result of specific brain lesions. His findings were ignored by scientists to make them disappear into the mists of time, while the details of his experiments became murky. Decades later, it was the American neurologist Walter Freeman II, performing prefrontal lobotomies since 1936, who found it inconceivable that the medical community had forgotten Burckhardt-Heussler and who conceded that he was familiar with, and probably even influenced by, Burckhardt's work.

**Conclusion** It is partly thanks to Burckhardt-Heussler's pioneering work that modern psychosurgery has gradually evolved from irreversible ablation to reversible stimulation techniques, including deep brain stimulation.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2042>

#### EV1059

### Electroconvulsive therapy outpatient program recently established in a psychiatric day hospital

A. Duque Domínguez<sup>1,\*</sup>, R. Duque Domínguez<sup>2</sup>,

C. García Montero<sup>1</sup>, L. Martín Díaz<sup>1</sup>, M. Palomo Monge<sup>3</sup>,

E. Pérez Arévalo<sup>1</sup>, M.D.L.N. Vaquero López<sup>1</sup>, A. Barreiro de Lucas<sup>1</sup>