

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1443>

e-Poster Viewing: Psychosurgery and stimulation methods (ECT, TMS, VNS, DBS)

EV1114

The legacy of Walter Jackson Freeman II (1896–1972): The lobotomist

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Introduction Walter Jackson Freeman II was born the grandchild of William Williams Keen, one of world's most renowned surgeons from Philadelphia and the son of an otorhinolaryngist, which may have been contributed to his interest in medicine. Freeman started his medical career in a psychiatric hospital and over the years, he operated thousands of patients. He was a protagonist in American psychosurgery and therefore, he often has been referred as the "lobotomist".

Objectives To present the scientific papers of Walter Jackson Freeman on psychosurgery.

Aims To review available literature and to show evidence that Freeman made a significant though controversial contribution to the development of psychosurgery.

Methods A biography is presented and discussed followed by a literature review.

Results In this whole career, "the lobotomist" operated more than 3500 patients and performed mainly operations on the frontal areas. However, he operated human brains without due regard for his patient's mental abilities and emotional well-being after their lobotomy. Despite his work was praised, there was also a lot of criticism on his methods.

Conclusion Despite the dubious reputation, Freeman can be remembered as an ambitious doctor who made a significant contribution to the development of psychosurgery. However, unfortunately he crossed medical and legal boundaries.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1444>

EV1115

A systematic review of transcranial magnetic stimulation use for treating autistic spectrum disorders: Preliminary results

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Autistic spectrum disorders (ASD) are a group of neurodevelopmental disorders that manifest as deficits in social communication and interaction, and restricted, repetitive behaviors and interests. ASD affect at least 1% of the population and are associated with lifelong disability and early death. There are no effective biological treatments for ASD, although non-invasive neuromodulation has sparked great interest as a possibly useful therapeutic approach. Here, we present preliminary results of a systematic review on the effectiveness of transcranial magnetic stimulation (TMS) in ASD treatment. Using appropriate syntax we searched Pubmed, Web of Science, Science Direct, and Educational Resources Information Clearinghouse. Following standard PRISMA statement (Preferred Reporting Items for Systematic Reviews and Meta-analyses) procedures, we selected 12 eligible studies, comprising four controlled and four uncontrolled trials on the effects of TMS on ASD core symptoms, and 9 controlled and three uncontrolled trials on TMS effects on cognitive performance in ASD. The 12 studies totaled 233 subjects. Although combined effect sizes favor TMS in all four groups of studies, conclusions are limited by the high study heterogeneity. Furthermore, only three of the controlled studies used sham TMS as the control intervention, and only two studies followed up the therapeutic effects after the last TMS session. Side effects, none of them serious, occurred in 6.4% of treated subjects. Our main conclusion is that there is currently little evidence that sustains the commercial offer of TMS for treating ASD. Better-designed studies are badly needed to fully elucidate the role of TMS in the treatment of ASD.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1445>

EV1116

Place of electroconvulsive therapy in the treatment of depression in France: A comparative study between clinical practice and international recommendations

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Objectives To study the place of electroconvulsive therapy (ECT) in the treatment of major depressive disorder in France and compare it with international recommendations and algorithms.

Method Multicenter, retrospective study in 12 French university hospitals. Diagnosis, delay between the onset of the episode and the first day of ECT, previous treatments have been identified. Only patients treated for major depressive disorder between 1 January 2009 and 1 January 2014 were included.

Results A total of 754 patients were included (middle age 61.07 years, sex ratio 0.53). The diagnoses listed were: first major depressive episode (14.95%), bipolar depression (38.85%) and unipolar recurrent depression (46.19%). The delay before ECT, was 11.01 months (13,98), and was significantly longer for first episodes (16.45 months, $P < 0.001$) and shorter in case of psychotic symptoms (8.76 months, $P < 0.03$) and catatonic symptoms (6.70, $P < 0.01$).