

impairment, acute psychiatric changes, headache, local pain, neck pain, toothache, paresthesia and cognitive/neuropsychological changes) and into early and late AE. In order to obviate and avoid them, guidelines have been created; some state that to apply rTMS the technician needs to obtain the patient's informed consent and assess the risks/benefit ratio. To meet these criteria, screening tools have been created, and since then the number of AE has reduced.

Conclusions Even though rTMS is considered safer than other forms of brain stimulation it is still associated with AE. In order to avoid them, screening tools have been created allowing the clinician to assess the risks and benefits of applying this technique.

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EV1068

Electroconvulsive therapy (ECT) treatments in late-onset schizophrenia: Report of a case

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Female patient, 66 years old, who goes to the doctor because of behavioral disorders and delusional injury 8 months of evolution. She showed no personal history of psychiatric disorders. In the psychopathological examination some relevant symptoms are seen delusions of prejudice with their immediate surroundings, self-referential regarding neighbors and walls. Delusional interpretations of sexual content. Punitive pseudo hallucinations hearing which are identifies with her daughters and sex with her son-in-law. Behavioral disorders consisting of going out naked into the street overnight and rebuking pedestrians; furthermore, she showed heteroaggressivity towards objects. Logical psychotropic treatment is initiated as indicated by the guidelines having no effect. Electroconvulsive therapy being tested an effective result. The late-onset schizophrenia symptoms should be taken into account in people with psychotic symptoms start at an advanced age, but is most prevalent at younger ages. Electroconvulsive therapy (ECT) may be used as an adjunct to drug therapy or as second-line treatment in patients with affective or psychotic disorders resistant to treatment with psychotropic drugs. It is essential a differential diagnosis with dementia symptoms previously established, given that part of the late-onset schizophrenia evolves to dementia.

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Psychotherapy

EV1069

Social media group parallel to dialectical behavior therapy skills training group, the pros and cons

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Introduction In the past few years, social media has gained a high popularity as a dynamic and interactive computer-mediated

communication tools. Although it has become a part of everyday life for most of our clients, yet we did not have the opportunity to study its impact on compliance to therapy.

Objective Assessment of impact of parallel social media group to dialectical behavior therapy (DBT) skills training group in a sample of Egyptian patients suffering from borderline personality disorder (BPD).

Aim The aim of the current study was to estimate impact of parallel social media group on compliance to DBT skills training group and its adverse events.

Methods Patients with BPD enrolled to an outpatient comprehensive DBT program in Alexandria were assigned either to group (A) skills training, where a parallel Facebook group was created aiming at increasing to compliance to the original group, or group (B) skills training alone and dropout rates were calculated based on completion of 6 months full skills training. We considered patients out of the group if they missed 4 sessions in a row.

Results Two patients of 15 patients who joined group (A) missed four consecutive sessions with a dropout rate of 13%, whereas group (B) showed 43% drop out rate as 10 out of 23 patients did not complete the group. The difference was statistically significant. We reported only one privacy issue dealt with it immediately.

Conclusion Utilization of social media group could lead to increase patient compliance to DBT skills training group.

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Cognitive-behavioral therapy for bipolar disorder

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Introduction Bipolar disorder is a chronic disease with a major impact on patient's functioning and quality of life, not only during episodes of mania/hypomania or depression, but also during euthymic periods. In recent years, it has been noticed that pharmacotherapy, albeit its great value, is not enough to prevent recurrences of the disease. Therefore, it has been a greater investment in psychosocial interventions as adjuvant treatment. The utmost studied of these interventions is Cognitive-Behavioral Therapy (CBT).

Objectives and aims Gather information about the efficacy of CBT in bipolar disorder.

Methods Literature review.

Results Several studies have compared groups of bipolar patients submitted to CBT to controls submitted to treatment as usual. The methods and size of samples differ, but the results are in general concordant. Individual or group CBT has had positive results in reducing symptoms, increasing the euthymic periods, decreasing duration of episodes and improving global functioning and quality of life.

Conclusions There are limitations on the application of CBT in bipolar patients, mainly the decrease of its effects over time; less efficiency in patients with more severe disease; major impact on depressive symptoms than manic; and lack of human resources trained to apply these techniques. Notwithstanding these limitations, the demonstrated gain in the use of CBT on bipolar disorder is evident; hence, investment in this area is undoubtedly important.

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