

quantitative portion will consist of an anonymous, self-administered survey shared through REDCap. Focus groups with rTMS experts will be conducted to inform survey creation.

Results: No result at this time.

Conclusions: Understanding gaps in knowledge and attitudes toward rTMS is the first step toward ensuring that everyone is well informed and able to access safe and effective treatments. With limited treatment options available to a postpartum and/or peripartum depression patients being well informed on all treatments is crucial towards accessing treatments that best suit their needs.

Disclosure: No significant relationships.

Keywords: peripartum depression; repetitive transcranial magnetic stimulation; knowledge; postpartum depression

EPV1237

Repetitive transcranial magnetic stimulation (rTMS) for catatonia– a case report

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doi: 10.1192/j.eurpsy.2022.1911

Introduction: Catatonia is one of the most common severe motor syndromes, with an estimated prevalence among psychiatric inpatients of about 15 %. Benzodiazepines and electroconvulsive therapy (ECT) are the most widely studied treatment methods recommended as first-line therapy. We present the case of a 55-year-old female patient with paranoid schizophrenia and severe life-threatening catatonia who remitted under a short series of rTMS.

Objectives: s. Introduction

Methods: The point of resting motor threshold (RMT) for the musculus rectus femoris was determined for the left hemisphere. A straight line 3 cm anterior and parasagittal from that point defined the SMA. A total of three sessions, each with 1000 pulses at intensity 66 % of the RMT, were performed within 24 and 120 hours apart. Stimulation protocol was set to 1Hz in the area of the left SMA with 25 series of 40 pulses, pulse width 25 ms, angle of attack 45°. Hardware: MagVenture, 8-coil “cool-B65 butterfly-shaped coil from Medtronic.

Results: Within 24 hours after the first session, a marked improvement of catatonic symptoms like independent locomotion and verbal communication was recognized. One week after the whole rTMS treatment, a food intake without a gastric tube was possible.

Conclusions: The present case demonstrates that pronounced catatonia may be successfully treated with inhibitory rTMS. Our results underline the importance of non-invasive brain stimulation as a valuable addition to the existing treatment spectrum for catatonia. Future research is empowered to path the way for a significant expansion of treatment.

Disclosure: No significant relationships.

Keywords: Catatonia; repetitive transcranial magnetic stimulation; Supplementary Motor Area; schizophrénia

EPV1239

Something inside my head

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doi: 10.1192/j.eurpsy.2022.1912

Introduction: Electroconvulsive therapy (ECT) is a medical treatment for those patients with high suicide risk or refractory psychiatric disorders. It is currently a safe technique, and its effectiveness has been widely demonstrated.

Objectives: Presentation of a clinical case about a patient with drug-resistant delusional disorder and high suicide risk, who eventually received ECT treatment.

Methods: Bibliographic review including the latest articles in Pubmed about ECT procedure, effects and use.

Results: We present a 45-year-old man, who visited different doctors several times by reporting he had the feeling of “having a brain tumor or a vascular disorder”, so he requested imaging tests (computed tomography and magnetic resonance). These tests were absolutely normal, but he kept thinking something was wrong, and eventually attempted suicide by hanging (his family founded him before it was too late). The patient was admitted to hospital, and started psychopharmacological treatment, with minimal response. He desperately insisted that he had “something inside his head”. At this point, it was proposed to start ECT, and the patient accepted. After 6 bilateral ECT sessions, he was visibly more relaxed and less worried, and he no longer presented autolytic ideation. He was still a little bit suspicious about the feeling of having a neurological disease. Currently, the patient runs a follow-up consultation.

Conclusions: Electroconvulsive therapy is a safe and effective technique for those patients with high suicide risk. It may be useful to perform imaging tests in certain cases, for detecting intracranial pressure, acute hemorrhage, tumors... A follow-up of these patients must be performed

Disclosure: No significant relationships.

Keywords: Delusional disorder; ECT; Electroconvulsive therapy

EPV1240

Electroconvulsive therapy for Patients with Intellectual Disability. When and how?

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doi: 10.1192/j.eurpsy.2022.1913

Introduction: Intellectual disability is an illness with an important burden on patients and caregivers, especially when severe and when comorbidities such as other psychiatric disorders are present. There are case reports of treatment resistant self-aggression, agitation, epilepsy, catatonia and psychosis successfully treated with electroconvulsive therapy although controlled studies were not found.

Objectives: This work reviewed the current evidence for the use of electroconvulsive therapy in the management of patients with intellectual disability as well as its ethical and methodological implications.

Methods: Non-systematic review of the literature with selection of scientific articles published in the past 20 years; by searching Pubmed and Medscape databases using the combination of MeSH descriptors. The following MeSH terms were used: “electroconvulsive therapy”, “intellectual disability”.

Results: Patients with intellectual disability can have incapacitating comorbidities that greatly impair quality of life, and may require withdrawal from the community. Treatment often differs from the general population as psychotropic medication can worsen other comorbidities. Electroconvulsive therapy can be a relevant treatment option for comorbidities in this population due to its safety profile. Ethical considerations should be taken into account, especially with non-verbal patients or when adequate representatives have not been chosen or cannot be reached. Different legal challenges may be present on different countries.

Conclusions: Electroconvulsive therapy and intellectual disability share the burdens of heavy stigma and low investment. Intellectual disability and its comorbidities present both a diagnostic and treatment challenge. Electroconvulsive therapy is an important weapon capable of restoring patients to their families and diminishing the burdens of caregivers and healthcare systems

Disclosure: No significant relationships.

Keywords: Electroconvulsive therapy; Intellectual Disability; Neurodevelopment; ECT

EPV1242

Tinnitus as a comorbidity to depression and transcranial magnetic stimulation as a treatment for both - case report

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doi: 10.1192/j.eurpsy.2022.1914

Introduction: Depressive symptoms are common in individuals with tinnitus, however, the mechanisms of their interaction are not fully understood. There is neurobiological evidence that might help understanding the interplay between tinnitus and depression which, in turn, helps in making the right choice for treating both conditions.

Objectives: This case report describes a 70-year old female patient that presented with tinnitus and depressive symptoms lasting for the past 5 years.

Methods: The patient showed limited treatment results with different antidepressants. The otorhinolaryngologist ruled out any possible somatic causes of her tinnitus. Tinnitus was causing her sleep disturbances, which worsened her everyday functioning that was already quite poor even further.

Results: After being administered with 30 rounds of TMS, her symptoms either completely resolved or at least reached a level that was adequate for her to start functioning normally on a day-to-day basis.

Conclusions: TMS is a technique that provides non-invasive cortical stimulation, more specifically, when used for depression treatment it stimulates the left dorsolateral prefrontal cortex, a brain region synaptically connected to the limbic system involved in mood regulation that is proven to be hypoactive in depression. The limbic system is where tinnitus-related brain networks and regions involved in the pathophysiology of depression overlap. Further research is needed to deepen the understanding of this topic.

Disclosure: No significant relationships.

Keywords: Antidepressants; Depression; tinnitus; TMS

Psychotherapy

EPV1245

Cardiac surgery patient: differentiating targets for psychotherapy

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doi: 10.1192/j.eurpsy.2022.1915

Introduction: Differentiation of targets for psychotherapy allows determining certain ways and priorities in psychological treatment of a patient.

Objectives: To work out a multi-level system of psychotherapeutic targets for clinical groups of cardiac surgery patients (CSPs).

Methods: Clinical and psychological analysis of 152 CSPs who were to undergo different types of cardiac surgery treatment.

Results: We have established four levels of psychotherapeutic targets: a patient's response to surgery, psychopathologic manifestations,