

significant change in medication load. A more extended observation period might be necessary to observe changes in medication load. There was a reduction in the need of maintenance treatment sessions of ECT and esketamine. History of ECT response may be predictive for greater improvement of depression severity in VNS patients.

Disclosure of Interest: E. Kavakbasi Grant / Research support from: The Sponsor of the Restore-Life study is LivaNova. Our institution received fees from LivaNova for study visits of the Restore-Life study. LivaNova had no influence on the content of this work., H. Bauermeister: None Declared, L. Lemcke: None Declared, B. Baune: None Declared

EPV0848

Synchronization of accelerated intermittent Theta-Burst-Stimulation (aiTBS) with VNS in difficult-to-treat depression (DTD)

E. Kavakbasi^{1*}, S. B. Klass¹ and B. T. Baune^{1,2,3}

¹Department of Psychiatry, University Hospital Münster, University of Münster, Münster, Germany; ²Department of Psychiatry, Melbourne Medical School, The University of Melbourne, Melbourne and ³The Florey Institute of Neuroscience and Mental Health, The University of Melbourne, Parkville, Australia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1464

Introduction: Patients with difficult-to-treat depression (DTD) need multimodal treatment with combination of psychotherapy, pharmacotherapy and neuromodulation. In severe cases, combination of neuromodulatory techniques may be considered to achieve symptom relief.

Objectives: To describe a novel treatment approach, which combines VNS in synchronization with accelerated intermittent Theta-Burst-Stimulation (aiTBS) over three weeks in two cases with difficult-to-treat depression.

Methods: In this presentation we describe two cases of DTD, which have been implanted with VNS and did not respond to aiTBS previously. Patients then were offered a synchronized treatment regimen, where each stimulus train of aiTBS was synchronized with ON-time of VNS. To start each train simultaneously with VNS ON-time, we set treatment cycle of each aiTBS and VNS to 19 sec. Patients received 2400-3000 TBS pulses daily for 3 weeks over left dorsolateral prefrontal cortex (DLPFC) at 100% of resting motor threshold.

Results: In the first patient the MADRS score decreased from 37 to 26 (-30%) and in the other patient there was a decrease of MADRS score from 20 to 9 (-55%), which corresponded to remission after 3 weeks of treatment. The synchronized treatment procedure was well-tolerated in both cases. As both patients experienced significant improvement, we planned maintenance treatment in both cases.

Conclusions: Synchronization of aiTBS with VNS is a novel treatment approach in patients with DTD, which can lead to improvement even if patients previously did not respond to aiTBS without synchronization with VNS.

Disclosure of Interest: None Declared

EPV0851

The Effectiveness of High-frequency Repetitive Transcranial Magnetic Stimulation in Persistent Somatic symptoms Disorder: A Case report study

M. K. Albalushi

Psychiatry, Oman medical specialty board, Muscat, Oman

doi: 10.1192/j.eurpsy.2024.1342

Introduction: Background:

Somatic symptoms disorders are usually comorbid with depressive disorders despite that there is little evidence for effective treatment for it. Repetitive transcranial magnetic stimulation (rTMS) have been approved by FDA for mildly resistance depression. From this point we hypothesized that rTMS delivered over the prefrontal cortex (PFC) may be useful in somatic symptoms disorder. Therefore, in our case report we want to shed light on the potential effectiveness of rTMS in somatic symptoms disorder.

Objectives: case report

Methods: case report

Results: Case Report:

A 65-year-old Omani female with multiple medical comorbidities on multiple medications. She presented complaining of multiple somatic complains in the last 2 years after visiting multiple clinics and underwent several specialists' examinations, investigations and procedure for somatic treatments, all of them where normal. Then patient was seen by different psychiatric clinic multiple antidepressant and adjuvant anti-psychotic medication were try, patient still not improve.

Patient get admitted to hospital for observation and management. Initially she was preoccupying by her somatic complain kept on Fluoxetine and Olanzapine along with that topiramate was added, but still with minimal improvement. Then rTMS was added to her management plan following Intermittent theta burst (iTBS) rTMS protocol. After complete all sessions of rTMS patient was recovering from her all symptoms, no complain report from her.

Conclusions: Conclusion: our case highlights the important of investigated more thoroughly in rTMS as treatment option for Persistent Somatic symptoms Disorder.

Disclosure of Interest: None Declared

EPV0852

Transient Febrile reaction after Electroconvulsive Therapy : A case report in an adult man with Ultra-Resistant Schizophrenia

K. Abdessattar, A. Hkiri, H. khiari*, O. Youssef and R. Ghachem

psychiatry department Pinel, Razi Hospital, Manouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1466

Introduction: Electroconvulsive therapy (ECT) is a therapeutic method that induces artificial seizure by electrical stimulation to resolve various psychiatric symptoms. ECT is particularly effective in resistant schizophrenia and may improve response to medication despite the presence of potential adverse side effects. Post-ECT delirium and Headaches are some of the most frequent side effects presented in literature. Fever is yet another unexplained reaction,

however there are a few case reports and retrospective studies that report on it.

Objectives: We aim to illustrate through a clinical case and a review of literature the prevalence of post ECT fever as well as the possible explanatory mechanisms.

Methods: In this study we report the case of a man with ultra-resistant schizophrenia who was treated successfully with ECT despite the development of transient febrile reaction and we present a review of literature on pubmed using the following key words : ECT, fever, resistant psychosis, mechanisms.

Results: Our patient is a 48-year-old man with a psychiatric history of schizophrenia evolving since the age of 34. He has a history of matricide in 2021 resulting in his hospitalisation in a forensic psychiatric ward. He underwent trials of classic and atypical antipsychotics that weren't efficacious thus he was diagnosed with resistant schizophrenia in 2022. He was treated initially with clozapine 500 mg per day and then with the association (clozapine + amisulpride) yet it wasn't effective on his persecutory delirium and fratricide ideas. Plus, there was no reduction in his PANSS (Positive and Negative Syndrome Scale) scores. The diagnosis of ultra-resistant schizophrenia was established. The staff indicated the adjunction of ECT to Clozapine. In the inpatient unit, hours after his fourth ECT session he developed a fever (40°C), his blood pressure (120/80 mm Hg), pulse (85 beats per minute), and respiratory rate (20 breaths per minute) were normal. Blood samples, including cultures, were drawn, which showed normal blood cell count and CPK (140 U/L) but CRP was elevated (31 U/L), a chest x-ray showed no acute pulmonary disease, and his urinalysis result and Covid test were negative. His fever resolved then spontaneously after two hours. The same transient febrile reaction occurred again 3 times. It was postulated in literature that fever may be due to inadequate muscle reaction. Data also suggested the potential influence of ECT on the hypothalamus that is a key region in regulating body temperature.

Conclusions: Further studies are required in order to establish the real prevalence of this side effect and its possible causes.

Disclosure of Interest: None Declared

EPV0853

The current status of recommendations for non-invasive neuromodulation therapy in severe mental disorders

O. Vasiliu

Psychiatry, Dr. Carol Davila University Emergency Central Military Hospital, Bucharest, Romania
doi: 10.1192/j.eurpsy.2024.1467

Introduction: There is an increasing rate of treatment resistance in severe psychiatric disorders (SPDs), which indicates the necessity for finding new therapeutic interventions, because of the significant negative impact these disorders have on the patient's quality of life, functionality, and other important parameters. In clinical practice, SPDs are estimated to represent up to 30-60% of all diagnosed cases. Schizophrenia spectrum disorders (SSD), major depressive disorder (MDD), and bipolar disorders (BDs) are associated with lower response to a large variety of therapeutic approaches. In this context, new technologies should be considered for SPDs, and non-invasive

neuromodulation techniques can be explored as add-ons to ongoing therapeutic interventions.

Objectives: A literature review was conducted to detect the available evidence to support recommendations for neuromodulation techniques in SPDs.

Methods: Three electronic databases (PubMed, Cochrane, Google Scholar) were searched for papers corresponding to the keywords "treatment-resistant psychiatric disorders" and "neuromodulation" or "electroconvulsive therapy" (ECT) or "transcranial magnetic stimulation" (TMS) or "transcranial direct current stimulation" (tDCS), published from the beginning of the respective databases up to July 2023.

Results: After the initial search, 1258 papers surfaced, but only 72 remained to be included in the analysis, after filtering them according to the inclusion and exclusion criteria. TMS may improve both depressive and manic symptoms, but also reports of polarity changes were found, indicating the need for careful monitoring of treatment-emergent affective switches (TEAS). TMS may also improve cognitive functions, although not sufficient evidence was found to support this observation clearly. The efficacy of temporoparietal TMS in schizophrenia has not been proven with certainty, although this intervention may improve positive symptoms. ECT was an effective and well-tolerated intervention for severe mood episodes, SSD, and BDs. Depressive symptoms responded to tDCS in bipolar/monopolar patients, but reports of TEAS in the BDs population have been reported.

Conclusions: Non-invasive neuromodulation techniques may represent an efficient option in patients with SPD, but more good-quality trials are needed before this recommendation is formulated in clinical guidelines.

Disclosure of Interest: None Declared

EPV0854

Attitudes and Perceptions of Early-Career Psychiatrists Towards Electroconvulsive Therapy (ECT) in Poland: A Call for Enhanced Training and Guidelines

M. E. Gołębiewska^{1*}, A. Wilkowska², W. J. Cubała² and M. Pinto da Costa^{3,4}

¹Department of Developmental, Psychotic, and Geriatric Psychiatry; ²Department of Psychiatry, Medical University of Gdansk, Gdansk, Poland; ³Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom and ⁴Institute of Biomedical Sciences Abel Salazar, University of Porto, Porto, Portugal
*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1468

Introduction: In Poland, the therapeutic modality of Electroconvulsive Therapy (ECT) boasts a history spanning over seven decades. Despite its documented therapeutic efficacy and safety profile, its integration into clinical practice remains suboptimal. Recent data elucidates a marked paucity in the utilization rate of ECT in Poland. Therefore, it is imperative to discern the barriers impeding its broader adoption of this potentially life-saving treatment.

Objectives: The aim of this study is to investigate the attitude of early career psychiatrists towards ECT and its place in clinical practice in Poland.

Methods: A web-based, anonymous survey was conducted, targeting early career psychiatrists in Poland. The questionnaire, part of