

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
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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.

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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

an international study, consisted of 36 multiple-choice and Likert scale questions.

Results: The majority of respondents emphasised the importance of further educational opportunities related to ECT, seeing it as a safe, effective, and possibly lifesaving procedure. Most of them benefited from ECT training during their residency, however less than a half had the opportunity to administer ECT themselves. They exhibited an interest to introduce ECT into their therapeutic repertoire, depending on the provision of requisite financial and infrastructural support.

Conclusions: There is a palpable eagerness among early career psychiatrists in Poland to enhance their proficiency in ECT. A robust curriculum, encompassing both theoretical discourse and hands-on ECT training, is paramount for all psychiatry trainees. Concurrently, there is a pressing need to formulate national ECT guidelines within Poland, which could potentially ameliorate apprehensions surrounding this procedure.

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EPV0855

Exploring the Landscape of Psychosurgery in Low and Middle-Income Countries: A Scoping Review Protocol

S. Murthy^{1*}, J. Wellington² and R. Suvarna³

¹University of Bari Aldo Moro, Bari, Italy; ²Bradford Teaching Hospitals NHS Foundation Trust, Bradford and ³University of Leeds, Leeds, United Kingdom

*Corresponding author.

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Introduction: Psychosurgical procedures gained an infamous reputation during the 20th century with the implementation of the lobotomy as treatment for several psychiatric illnesses. However, modern-day psychosurgery is a flourishing field that provides valid treatment alternatives to neuropsychiatric patients thanks to increasingly accurate and safe stereotactic procedures. As more than 80% of people with mental disorders reside in Low and Middle Income Countries (LMICs), investigating the impact of psychosurgical procedures has a global relevance. People living in LMICs are exposed to a variety of stressors which could facilitate the development of psychiatric and neurological diseases. The immense gap that still exists between the population of LMICs and adequate medical and surgical care is an important obstacle to the reduction of global mental health burden. A scoping review will be conducted to investigate the extent of the existing literature and identify key themes, challenges and research gaps on the implementation and outcomes of psychosurgery in LMIC settings.

Objectives:

- **To comprehensively map the existing literature:** Provide an extensive overview of the literature on the use of psychosurgery in low and middle-income countries.
- **To identify key themes:** Recognize recurring themes and topics within the literature related to psychosurgery in these settings.
- **To assess challenges:** Analyze the challenges and barriers associated with the implementation of psychosurgery in resource-constrained contexts.
- **To identify research gaps:** Highlight areas within the existing literature where further research is needed to enhance our understanding of psychosurgery in low and middle-income countries.

Methods: The methodology consists of five stages, consistent with Arksey and O'Malley's framework. Using the PICO model, the Research Question, Inclusion/Exclusion Criteria and search methods were developed. Electronic Medical Databases (Medline OVID, Cochrane Library, Embase, PubMed, Scopus) will be searched for relevant studies. The PRISMA-ScR framework is used to guide the reporting process. Quantitative and Qualitative data will be extracted, including key information such as study type, demographics and methods used to assess the outcomes of psychosurgical interventions. Data will be presented discursively, supported with statistics and graphs where appropriate. No ethical approval is required.

Results: /

Conclusions: The results will be useful to healthcare professionals in LMICs involved in neuropsychiatric care, evaluating the current uses of psychosurgery and their potential benefit for the affected population whilst highlighting gaps in knowledge with the aim of propelling further research.

Disclosure of Interest: None Declared

EPP0057

Transcranial Magnetic Stimulation-induced Mania: A Risk Worth Taking?

M. Pereira*, P. Abreu, M. P. Cameira and M. R. Soares

Lisbon Psychiatric Hospital Center, Lisbon, Portugal

*Corresponding author.

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Introduction: In the context of treatment-resistant bipolar depression, the use of neuromodulation techniques, notably transcranial magnetic stimulation (TMS), has been on the rise, particularly in the treatment of mood disorders. TMS involves the generation of a strong pulsed magnetic field through an electromagnet placed near the skull, thereby inducing an electrical field capable of depolarizing nerve cell membranes (Dolberg et al., 2001). The magnetic nature of TMS carries advantages compared to direct electric stimulation, such as fewer side effects, reduced invasiveness, and precise targeting. Nevertheless, it is not without its risks. Reported concerns include the induction of manic or hypomanic states, particularly in individuals with bipolar disorder, as well as unipolar depression (Sakkas et al., 2003; Ozten et al., 2013; Knox et al 2021).

Objectives: This review aims to assess the safety and viability of TMS as a therapeutic option and how to best optimize its clinical use.

Methods: A comprehensive literature review was conducted utilizing resources from Pubmed, Researchgate, and Google Scholar.

Results: Despite some inconsistencies and potential confounding factors, our findings suggest that TMS may not significantly elevate the risk of manic switching, especially when compared to conventional treatments like antidepressants. However, it may potentially induce manic episodes, particularly when used as monotherapy or in combination with other treatments. Variables such as treatment protocol and prior response to medication may contribute to mood switching risk. Proposed safety measures include personalized protocol design, close patient monitoring and the combination with mood-stabilizing medication.

Conclusions: Transcranial magnetic stimulation has been associated with manic and hypomanic episodes in mood disorder patients. While the evidence remains limited, it appears that certain