

Aims To assess whether current evidence supports the use of TMS for NS.

Methods Narrative review of articles found through a PubMed database search using the keywords “transcranial magnetic stimulation”, “schizophrenia”, and “negative symptoms” between 1998 and 2015.

Results Up to date, reviews of randomized sham-controlled studies found positive effects of TMS in NS. However, they exposed several methodological difficulties. More recent studies, reviewed in this poster, tried to overcome these, using results from multiple centers, larger samples and blinding. Various TMS techniques were studied, differing in frequency, motor threshold (MT), stimulus location, and treatment duration. Overall, TMS continues to show promising results in reducing NS; particularly rTMS 10 Hz, for at least 15 sessions on the left dorsolateral prefrontal cortex (DLPFC) at a 110% MT.

Conclusions TMS may be a useful treatment for NS for patients not responding to pharmacological treatment alone. Studies remain difficult to compare due to different measures of outcome (PANSS and SANS being the most commonly used) and techniques. Furthermore, possible modulators of response include duration of illness, cognitive symptoms amelioration, medication and their dose, and different NS may respond differently to TMS. More studies are needed to better understand the utility of TMS in NS.

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EV1064

Posterior vitreous detachment and electroconvulsive therapy: Insights from a case

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A case of bilateral posterior vitreous detachment after electroconvulsive therapy (ECT) has been reported previously in the literature. There is not enough evidence about ocular side effects of this treatment. The literature supports a slight increase in intraocular pressure (IOP), although no ocular complications have been reported in normal, glaucomatous or postsurgical eyes. In this case report, we describe a 73-year-old female patient suffering a recurrent depressive disorder, who was admitted to acute psychiatric unit because a treatment-resistant major depressive episode (after an adequate trial of antidepressant drugs and transcranial magnetic stimulation) and clinical suspicion of visual delusions by her reference psychiatrist. The nonpsychiatric history consisted of hypertension, glaucoma and ulcerative colitis in treatment with azathioprine and mesalazine. After a careful examination in the emergency room, we consulted to ophthalmologist because miodesopsias and glaucoma history. The IOP was normal, but a bilateral posterior vitreous detachment (PVD) was identified. Because this entity is not an absolute contraindication for ECT, and there is scarce evidence, we informed the patient and her family. After that, and through informed consent, we decided to undergo ECT. After fourteen sessions, the patient could be discharged because significant clinical benefit and no ocular complications. Outpatient continuation ECT was indicated.

Conclusions ECT can be a safe treatment choice in cases of PVD.

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EV1066

Electroconvulsive therapy in depressed older adults with unrepaired abdominal aortic aneurysm: Safety first!

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Introduction It is not clear whether electroconvulsive therapy (ECT) is a safe procedure in depressed older adults with unrepaired abdominal aortic aneurysm (AAA). ECT is potentially incriminating to the cardiovascular system due to a transiently elevation of blood pressure and heart rate during the seizure.

Objectives To report a case of an older adult presenting a psychotic depression complicated by an unrepaired AAA.

Aims To report a case study, describing the safety of ECT in patients with unrepaired AAA.

Methods A case report and retrospective review was conducted.

Results A 75-year-old male was admitted to hospital for the treatment of a psychotic depression. Treatment was complicated since for one year he was diagnosed with an AAA (diameter 4.7 cm). In collaboration with vascular surgeons and anesthesiologists we decided to start ECT. After fourteen ECTs an improvement of mood was achieved. Post-ECT we noticed an AAA expansion of 0.1 cm.

Conclusions Our findings indicate that ECT may be a safe procedure for patients diagnosed with unrepaired AAA. Published data suggest that the risk for aortic aneurysm rupture during ECT is low. However, multidisciplinary collaboration among psychiatrists, anesthesiologists and vascular surgeons is essential for a positive outcome.

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EV1067

Adverse effects in repetitive transcranial magnetic stimulation – prevention and management

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Introduction Repetitive Transcranial Magnetic Stimulation (rTMS), through modulation of cortical activity, has become an invaluable tool in experimental and clinical neurosciences. Although this form of noninvasive treatment is considered safer than other means of brain stimulation it has been associated with adverse effects (AE).

Objective To make a brief review, concerning the AE of rTMS, their prevention and management.

Aims To understand and be able to deal with the most common AE associated with rTMS.

Methods A PubMed database search, using as keywords “Transcranial magnetic stimulation”, “Repetitive Transcranial magnetic stimulation”; “adverse effects”; “management” and “guidelines” between the year 1998 and 2015.

Results AE caused by rTMS are rare. They can be classified into severe (seizures) and mild (syncope, and transient hearing

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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EV1070

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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