

Results: Not applicable

Conclusions: Not applicable

Disclosure: No significant relationships.

EPV1227

Randomized comparative study of 1-Hz transcranial magnetic stimulation (TMS), continuous theta-burst stimulation (cTBS) and sham-TMS for treatment-refractory auditory hallucinations (AH) in schizophrenia

I. Potapov, N. Maslenikov*, E. Tsukarzi and S. Mosolov

Moscow Research Institute of Psychiatry, Department For Treatment Of Mental Disorders, Moscow, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1903

Introduction: Insufficient efficacy of conventional treatment of auditory hallucinations (AH) in schizophrenia supports rising interest to brain stimulation techniques including transcranial magnetic stimulation (TMS). Left temporo-parietal cortex (TP3) is involved in emergence of AH, thus neuromodulation of this area might be reasonable.

Objectives: Comparison of efficacy and tolerability of 2 protocols of TMS (1 Hz and cTBS) over TP3 and sham-TMS for treatment resistant AH in schizophrenia.

Methods: 76 schizophrenia (ICD-10 - F20) patients with prominent AH (PANSS P3 \geq 4, AHRS \geq 15), who had failed to respond to previous antipsychotic treatment, were randomized into 3 groups: 1) 1 Hz TMS (30 patients); 2) cTBS (25 patients); 3) Sham-TMS (21 patients). Sessions were performed 5 days a week for 3 weeks. Antipsychotic medication was continued throughout the study. Patients were assessed weekly with PANSS, AHRS, CDSS, CGI-S by blinded raters. The criterion of efficacy was 30% AHRS score reduction after 3 weeks of treatment.

Results: The number of responders were 13 (43,3%) in 1 Hz TMS group, 14 (56%) – in cTBS group, 4 (19,1%) in sham-TMS group. There was no statistically significant difference in efficacy between 1 Hz TMS and cTBS, but each of the active protocols was more effective than sham-TMS. Treatment was generally well tolerated in all groups, nobody was discontinued the study due to adverse events.

Conclusions: Both protocols of TMS (1 Hz and cTBS) over TP3 are safe and effective in the treatment of schizophrenic patients with pharmacotherapy resistant AH. Further studies are needed.

Disclosure: No significant relationships.

Keywords: schizophrenia; cTBS; auditory hallucinations; TMS

EPV1229

Trends in ECT (Electroconvulsive Therapy) Utilization During Pregnancy and Post-Partum Period: National Inpatient Sample 2002-2015

S. Jaiswal¹, C. Trivedi², K. Shah^{3*}, A. Bishay Elshokiry⁴, M. Adnan⁵, F. Tazin⁶ and Z. Mansuri⁷

¹University of Texas Southwestern Medical Center Dallas, Psychiatry, Dallas, United States of America; ²Texas Tech University Health

Science Center, Psychiatry, Midland, United States of America; ³Griffin Memorial Hospital, Psychiatry, Norman, United States of America; ⁴North Park University, Research, Chicago, United States of America; ⁵University of Toronto, Psychiatry, Toronto, Canada; ⁶East Liverpool Hospital, Psychiatry, East Liverpool, United States of America and ⁷Boston Childrens Hospital/Harvard Medical School, Child And Adolescent Psychiatry, Brighton, United States of America

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1904

Introduction: The use of Electroconvulsive therapy (ECT) during pregnancy and in the post-partum period is a critical decision for both providers and their patients. ECT utilization during this critical period needs to be better understood to assess the need and allocate resources for this valuable treatment option.

Objectives: 1) To evaluate baseline characteristics and analyze ECT utilization trends for pregnant and post-partum patients hospitalized in the US. 2) To provide insight into ECT use among inpatient pregnant women with different age groups with various comorbid psychiatric disorders.

Methods: The study used the 2002-2015 National (Nationwide) Inpatient Sample (NIS) data. Descriptive statistical and trend analyses were conducted to evaluate data.

Results: A study found that a total of 924 pregnancy-related hospitalizations required ECT treatment; 92.2% of these ECTs were conducted in urban hospitals. The mean age of women was 30.3 years, and the majority (71%) were of the White race. Mood disorders (major depressive disorder- 51.9% and bipolar disorder- 37.9%) accounted for the most common comorbid psychiatric illnesses. The payer source (Medicare/Medicaid vs. Private Insurance) was almost equal (47.9 vs. 46.8). Though not statistically significant, the trend analysis showed that the proportion of ECTs during pregnancy out of the total ECT performed for the year almost doubled (0.24% to 0.47%) from 2008 to 2015.

Conclusions: Though not statistically significant, the use of ECT in pregnant women has increased in 2015 compared to 2002. Results will help clinicians, policymakers, and various stakeholders to optimize ECT utilization, reimbursement and ultimately improve clinical outcomes.

Disclosure: No significant relationships.

Keywords: ECT; Psychiatric comorbidities; pregnant; Post-Partum Period

EPV1230

Changes in the practice of electroconvulsive therapy at Semmelweis University before and during the COVID-19 pandemic

L. Herman^{1*}, M. Fullajtar², R.I. Zsigmond³ and J. Réthelyi³

¹Semmelweis University, Dept. Of Psychiatry And Psychotherapy, Budapest, Hungary; ²Semmelweis University, Psychiatry And Psychotherapy, Budapest, Hungary and ³Semmelweis University, Department Of Psychiatry And Psychotherapy, Budapest, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1905

Introduction: The Department of Psychiatry at Semmelweis University is the largest electroconvulsive therapy (ECT) centre in Hungary, where a total number of around 300 treatments are