

Conclusions The delay before ECT appears on average, four times longer than recommended by treatment algorithms for the management of major depressive disorder. This long delay could be explained by a very heterogeneous access to this treatment in French territory.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1446>

EV1117

A tribute to Jose M.R. Delgado (1915–2011): The pioneer of electric brain-stimulation

L. De Jonge^{1,*}, S. Petrykiv², J. Fennema³, P. Michielsen⁴, M. Arts⁵

¹ Leonardo Scientific Research Institute, Geriatric Psychiatry, Bergen op Zoom, The Netherlands

² University of Groningen, University Medical Center Groningen, Department of Clinical Pharmacy and Pharmacology, Groningen, The Netherlands

³ GGZ Friesland, Geriatric Psychiatry, Leeuwarden, The Netherlands

⁴ GGZWNB, Clinical Psychiatry, Bergen op Zoom, The Netherlands

⁵ University of Groningen, University Medical Center Groningen, Department of Old Age Psychiatry, Groningen, The Netherlands

* Corresponding author.

Introduction José Manuel Rodríguez Delgado (1915–2011), a Spanish physiologist, was among the first scientist to perform electric brain stimulation in both animals and humans. His work on brain-stimulation research during the 1960s and 1970s was innovative but also controversial.

Objectives To present the scientific papers of Jose Delgado on psychosurgery.

Aims To review available literature and to show evidence that Jose Delgado made a significant contribution to the development of psychosurgery.

Methods A biography and private papers are presented and discussed followed by a literature review.

Results Delgado showed that with electrical brain stimulation one could evoke well-organized complex behavior in primates. A rhesus monkey was stimulated with an electrode implanted inside the red nucleus, followed by a complex sequence of events. After stimulation of an area three millimeters from the red nucleus, the rhesus monkey just yawned. Delgado also investigated the mechanisms of aggressive behavior in other animals. Stimulation of the caudate nucleus by remote control in a fighting bully resulted in sudden paralysis. In some human patients suffering from depression, euphoria was induced after stimulation of the septum.

Conclusion Delgado pioneered the brain electrode implantation in order to electrically stimulate specific brain areas for treatment of epilepsy and of different types of mental illness. He was severely criticized. His studies, however, paved the way for new modulation techniques such as the development of deep brain stimulation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1447>

EV1118

Manic switch in bipolar patients treated with electroconvulsive therapy for treatment-resistant depression: The experience at the mood disorder unit of Milan (Italy)

D. Delmonte¹, S. Brioschi^{1,*}, B. Barbini¹, R. Zanardi¹, C. Colombo²

¹ IRCCS San Raffaele-Turro, Division of Neuroscience, Milano, Italy

² Università Vita-Salute San Raffaele, Division of Neuroscience, Milano, Italy

* Corresponding author.

Introduction Despite appropriate treatment, 30–40% of depressed patients, both unipolar and bipolar, do not achieve improvement, with high morbidity and mortality. For bipolar patients another risk is the switch into mania due to antidepressant treatment. The concern about the switch, suggests to administer antidepressants at lower doses, in combination with mood stabilizers and second generation anti-psychotics.

Objectives We performed an observational study on a sample of 23 bipolar patients treated with ECT for severe TRD in last 3 years, in order to evaluate the risk of switch.

Methods Twenty-three bipolar inpatients, undergoing bitemporal ECT twice/week, with MECTA spectrum device. Main demographic and clinical data collected. Hamilton rating scale for depression (HAM-D). Clinical response defined as 50% reduction of HAM-D score at the endpoint from baseline; remission as HAM-D score at the endpoint < 8. Young Mania rating scale (YMRS) weekly in order to assess switch into mania.

Results Thirteen (56.5%) females, 10 (43.5%) males, mean age 60.1 ± 10.3 years. Mean age at onset 35.5 ± 13.6 years. Mean number of episodes: 7.1 ± 3.6. Mean duration of current episode: 33.4 ± 24.9 weeks. Mean HAM-D basal score: 30.0 ± 5. Each patient underwent a cycle of ECT (mean No. 6.7 ± 3.3). Pharmacological treatment was administered upon clinical need. Response rate 87%, remission rate 43.5%. Three out of 23 (13.04%) patients had transient hypomanic switch, spontaneous recovery within 7 days after the last ECT.

Conclusions Our experience confirms that ECT is a powerful antidepressant, especially in patients with severe long-lasting depression, refractory to treatment. ECT is also a safe procedure: no adverse effects were reported. The manic switch rate is comparable with antidepressant drugs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1448>

EV1119

From hypomania to mania after correcting severe hypoglycemia: A case report to recall insulin shock therapy

J. Felgueiras*, C. Freitas, A.T. Carvalho

Centro Hospitalar do Tamega e Sousa, Departamento de Psiquiatria e Saúde Mental, Penafiel, Portugal

* Corresponding author.

Introduction In the early 20th century, shock therapies developed worldwide as the most effective means to treat severe mental illness. In 1927, Manfred Sakel introduced the newly discovered insulin as a means to treat opioid-addicted patients, by relieving withdrawal symptoms. After noticing that some psychotic patients notably recovered from their psychotic symptoms after accidental insulin comas, he extended this technique to schizophrenic patients, arguing that up to 70% of his patients improved with this therapy. Insulin shock therapy soon spread all-over the world and became one of the most important treatments for severe mental illness. Regardless of the high-rate complications, insulin shock therapy only declined after the introduction of anti-psychotic drugs.

Objective Description of a clinical case.

Methods Non-systematic review of literature and case report.

Results A 70-year-old female with type-1 bipolar disorder and type-2 diabetes was referred to a psychiatry emergency department (ED) for 2-week behavioral disorder, featuring restlessness, agitation, insomnia, verbiage and persecutory delusions. In the ED, she presented calm, cooperating, with a subtle humor elation and slight disinhibition. The speech was somewhat confusing, but with

normal debit. Delusional thought or hallucinations were not evident. Severe hypoglycemia was first detected by capillary glucose measurement and confirmed by a blood test. After the blood glucose was corrected she became gradually more restless, talkative, disinhibited, with clear humor elation, compatible with a manic state.

Conclusion We discuss if this case might be explained by the severe hypoglycemia and its correction, linking it to insulin shock therapy, reviewing this procedure's history, controversies and current developments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1449>

EV1120

ECT in major recurrent depressive syndrome with Parkinsonism syndrome

T. Gómez Alemany*, J. Soler Vidal, I. Targa, B. Garcia Alarcon, A. Santoro, O. Alcoverro, J. Sendra Lopez

Complex Asistencial Salut Mental Germanes Hospitalaries Benito Menni, Acute Adult Psychiatry Ward, Barcelona, Spain

* Corresponding author.

A 71-year-old woman with history of major recurrent depressive syndrome responsive to clomipramine (last episode at 50-year-old) with the following medical records: ischaemic stroke with progressive cognitive impairment to the extent of requiring wheelchair.

Current episode Depressive symptoms, with suicidal thoughts, anxiety, tremor and low food intake in the last month (due to choke phobia) with up to 10 kg of weight loss.

Diagnosis Major recurrent depressive syndrome resistant to treatment with Parkinson syndrome.

Treatment Lorazepam 10 mg/day levodopa 150/carbidopa 37.5 mg/day, LART Electroconvulsive therapy (Thymatron SYSTEM IV) was also carried out 3 times a week until 15 sessions were reached.

Discussion This case illustrates the successful response with LART ECT towards major recurrent depression syndrome associated with a pharmacological parkinsonism maintained over the long-term (one year with ECT). There are sufficient evidences showing that the ECT has an effect in the dopaminergic system at different levels: dopamine release, dopamine neurotransmission and linkage with its receptor, and these effects differ between an acute stimulation and when repeated stimulation is carried out. It must be taken into consideration the fact that concomitant existence of depression and parkinsonism could represent another indication for ECT, since the pharmacological management of these patients is highly complex and could even more if we bear in mind that one of the therapeutic options towards the antidepressant potentiation (atypical anti-psychotics) can worsen the symptomatology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1450>

EV1121

Bilateral continuous theta burst stimulation (cTBS) for treatment resistant auditory hallucinations and synesthesia in schizophrenia – A case report

J. Jakhar*, D.U. Mehta

NIMHANS, Department of Psychiatry, Bengaluru, India

* Corresponding author.

Introduction While 1-Hz repetitive transcranial magnetic stimulation (rTMS) has been found to be effective in reducing auditory

hallucinations (AH), its effects are transient. cTBS, a patterned-rTMS technique induces sustained long-term-depression-like effects. Here, we demonstrate efficacy of twice daily, bilateral-cTBS in a patient with treatment-resistant AH, reflex hallucinations and vision-touch synesthesia.

Method A 25-year-old male with 5 years history of treatment-resistant AH (2nd/3rd person), vision-touch synesthesia and reflex hallucinations. He was on a combination of 200 mg clozapine and 300 mg amisulpride for the last 6 months with no improvement. He received two-weeks of twice daily, bilateral-cTBS [40,1 s-trains (bursts of 3-pulses at 50 Hz every 200 ms) given continuously at 90% motor threshold] over the temporoparietal junctions located using the International 10/20 system. Amisulpride was stopped and clozapine was increased to 300 mg/day. Change in AH and synesthesiae were assessed using auditory hallucination rating scale (AHRS) and clinical interview.

Result AHRS scores reduced from 35/41 to 0/41 at the end of 2 weeks, with substantial improvement being noticed at the end of the fifth day. Synesthesiae and reflex hallucinations also showed similar trends in improvement. No serious adverse events.

Discussion Integration of auditory, visual and tactile perceptions is an important function of the temporoparietal junction. administering cTBS to this region bilaterally reduced our patient's perceptual abnormalities. Increasing dose of clozapine could be a confounding factor, however, the rapidity of treatment response enables us to attribute part of the improvement to cTBS.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1451>

EV1122

Electroconvulsive therapy management in benzodiazepine-resistant catatonic syndrome: A Case report

I.I. Louzao Rojas*, Á. Orosa Duarte, G. Martínez-Alés García,

I. Rubio Zavala, A. Fraga Domingo, P. Sánchez Castro,

M.V. Bonán, E. Román Mazuecos, A. Flores Martínez,

B. Rodríguez Vega, M.F. Bravo Ortiz, E. Jiménez Sola

Hospital Universitario La Paz, Psychiatry and Mental Health, Madrid, Spain

* Corresponding author.

Catatonia is a rare but potentially lethal neuropsychiatric syndrome. Despite its historical association with schizophrenic disorders, it is more frequent in affective ones, and is currently considered an independent pathological entity. The basis of the treatment, regardless of the cause, is the use of benzodiazepines and electroconvulsive therapy (ECT), without a clear consensus on the combined treatment. Regarding ECT, the frequency and number of effective sessions has not been clearly established. Therefore, clinical evolution is the main factor to be considered in order to determinate the appropriate treatment regimen, although the daily application of ECT is preferred, at least for the first week. We report the case of a 41-year-old patient with paranoid schizophrenia, who presented with a benzodiazepine resistant catatonic syndrome. The clinical picture included stupor, mutism, negativism, severe stiffness, catalepsy, waxy flexibility and diaphoresis, with slight CPK increase but with no other extrapyramidal symptoms, fever more than 39 and hemodynamic instability, which allowed to exclude a neuroleptic malignant syndrome. A blood analysis, lumbar puncture, CT, EEG and viral serologies were performed with inconclusive results. The patient required ICU admission and ECT treatment and we used the Bush-Francis Catatonia Rating Scale to evaluate the evolution of symptoms. Six daily treatments with ECT led to an almost full recovery of the patient. Further case series regarding the clinical management of this syndrome are needed, in order to reach consensus on an effective ECT regimen.