

**Methods:** A brief non-systematized literature review was performed based on works most pertinent to the topic discussed.

**Results:** Muted fear responses have been mentioned in the literature, principally associated with medical conditions affecting the physiological fear pathways, including Urbach-Wiethe disease. Amygdala damage provokes abnormal fear reactions and reduced fear experience. This appears to be similar to what is seen in psychopathy, where abnormalities in the limbic system produce abnormal fear responses.

**Conclusions:** Any extreme can cause havoc on a well-balanced machine. Just as the excess of fear results in mental issues such as anxiety, a lack of fear can also be debilitating. Those demonstrating less fear could help investigators better understand mental health disorders that have been demonstrated to be mediated by similar processes.

**Disclosure:** No significant relationships.

**Keywords:** Physiology; Psychopathology; fear; evolution

## Psychosurgery & Stimulation Methods (ECT, TMS, VNS, DBS)

### EPV1225

#### Outstanding Seizure Characteristics With Etomidate and Ketofol

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**Introduction:** Electroconvulsive therapy (ECT) is administered following general anaesthetic induction with methohexital, thiopental, etomidate, alfentanil, remifentanyl, propofol or ketamine. One approach for idealizing the induction anaesthesia for ECT is combining two agents (e.g. ketamine-propofol) with synergistic anaesthetic properties and non-additive anticonvulsive and hyperdynamic effects.

**Objectives:** To establish any superiority between ketamine-propofol (ketofol) combination and etomidate in terms of seizure characteristics and hemodynamic measures.

**Methods:** We have combined our previous case series (etomidate vs thiopental) with new data regarding propofol and ketofol. ECT stimulus duration, stimulus frequency, the stimulus charge applied, duration of central seizure time, number of stimulation trials, plus anaesthetic used in the individual sessions were retrieved. A total number of 1092 sessions (239 sessions with etomidate, 233 with thiopental, 275 with propofol, and 345 with ketofol induction) were included in the linear mixed-effects model analysis.

**Results:** Etomidate was superior in terms of seizure duration compared with thiopental. There was no significant difference in seizure durations between ketofol, propofol and thiopental, however, number of failed stimulation trials within a session increased significantly with propofol use compared with etomidate and ketofol. The required amount of charge (stimulation dosage) was significantly lower when ketofol was used, compared with thiopental. Additionally, within the ketofol sessions only the propofol dose significantly increased the amount of required dose.

**Conclusions:** Etomidate and ketofol displayed certain superiorities in terms of seizure characteristics when used as induction anaesthetics for ECT. Therefore, both etomidate and ketamine used in combination with propofol may be considered to be the gold standards of ECT anaesthesia.

**Disclosure:** No significant relationships.

**Keywords:** anaesthesia; etomidate; Electroconvulsive therapy; ketofol

### EPV1226

#### Suicidality during neuromodulation in the elderly depressed: study design

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**Introduction:** Late life depression is a major global health issue, with an estimated 7% of older adults suffering from this mental disorder. Depression is one of the most important predictors for suicide in the elderly. However, it is often difficult to recognize and manage, making treatment-resistance a common occurrence. Treatment-resistant depression itself is also a known risk factor for suicide. Recently, non-invasive neuromodulation techniques have been used as a new treatment for depression and suicidality with promising results.

**Objectives:** This study aims to investigate the effect of adTMS (accelerated deep Transcranial Magnetic Stimulation) and tDCS (transcranial Direct Current Stimulation) on the suicidality of elderly, therapy-resistant depressed patients. The hypothesis is that suicidal ideation and risk of suicide will decrease after a treatment with adTMS and tDCS.

**Methods:** In this randomized double-blinded sham-controlled clinical trial, geriatric therapy-resistant depressive patients will receive adTMS treatment (See: Figure 1). Suicidality will be assessed before and after the active or sham treatment, through the Columbia Suicide Severity Rating Scale (C-SSRS) and Beck Scale for Suicide Ideation (BSI). After one week of rest, all patients will receive an at-home tDCS treatment for 3 weeks. Likewise, the suicide risk will be estimated before and after the tDCS. During the screening period, the severity of the patients' depressive symptoms will be determined by using the 17-item Hamilton Depression Rating Scale (HDRS-17). In total, the trial will last for 5 weeks, and suicidality will be examined at five different time points (during screening, at T0, T1, T2 and T3).



**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

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**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

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**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

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**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