

Introduction: Elevated levels of lipopolysaccharide (LPS) in circulation support chronic inflammation, which is involved in the pathological process in the brain and may be a contributing factor to treatment resistance in schizophrenia.

Objectives: To compare inflammatory markers and indicators of systemic endotoxemia (SE) in patients with treatment-resistant schizophrenia and in those with a good response to treatment.

Methods: The study involved 34 patients with schizophrenia (27 ± 7.5 years) (F20) in an acute psychotic state: 15 patients with TRS (non-responders), 19 patients responded to treatment with reduced symptoms (responders). The markers of systemic inflammation (leukocyte elastase (LE) and $\alpha 1$ -proteinase inhibitor ($\alpha 1$ -PI) activity, CRP concentration, antibodies (Abs) to S100B and myelin basic protein) and the indicators of SE (LPS level and Abs to LPS) were determined in the blood of patients.

Results: The responders showed a significant increase in LE and $\alpha 1$ -PI activity ($p < 0.001$), CRP concentration ($p < 0.05$), and Abs to neuroantigens ($p < 0.05$) compared to controls. LPS levels did not differ from control values. In non-responders, a moderate increase in LE and $\alpha 1$ -PI activities ($p < 0.05$) and a significant increase in CRP concentration ($p = 0.01$) were accompanied by no significant differences in Abs to neuroantigens. These patients had elevated LPS level and Abs to LPS deficiency compared with both responders ($p < 0.01$) and controls ($p < 0.05$).

Conclusions: The identified spectra of systemic inflammation markers, elevated LPS level, and insufficient anti-endotoxin immunity in patients with treatment-resistant schizophrenia may be related to endotoxin tolerance. Further research in this field can help develop new approaches to overcoming resistance to therapy in patients with schizophrenia.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

EPP0244

Safety of repeated neuromodulation by transcranial direct current stimulation (tDCS) in dementia: a narrative review

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Introduction: Transcranial direct current stimulation (tDCS) is a form of neuromodulation most commonly used in depression. tDCS aims to modulate cortical activity by the application of a weak electrical current to the brain via electrodes placed on the scalp. Several studies have identified the potential of tDCS for managing behavioural and psychological symptoms in a range of dementias, including Alzheimer's disease, vascular dementia, dementia with Lewy bodies and frontotemporal dementia. Although the preliminary data on efficacy is promising, the safety of repeatedly neuromodulating the brain of a person with dementia, by tDCS, has not been extensively reported.

Objectives: Our aim was to review the current literature on how safe it is to repeatedly neuromodulate a brain with dementia.

Methods: Advanced literature searches of PubMed and the Web of Science Core Collection were conducted to identify relevant publications. The search terms deployed were: "tDCS" or "transcranial direct current stimulation" and "frontotemporal dementia" or "vascular dementia" or "Lewy body" or "Alzheimer's disease". The following inclusion criteria were applied to the search: (1) publications which focused on the use of tDCS in patients with either frontotemporal dementia, vascular dementia, dementia with Lewy bodies or Alzheimer's disease, (2) studies involving human participants and, (3) publications written in, or readily translated to English.

Results: 216 articles were returned in the initial search. Following the removal of 54 duplicate articles, the remaining 162 underwent eligibility screening using the titles and abstracts. 31 articles were then selected for a full text reading and following this, 12 studies were selected to be included in the review. Across all 12 studies, 3590 sessions of active tDCS were performed with no severe adverse effects being reported. The most commonly occurring adverse effect was a tingling/burning sensation underneath the electrodes, followed by headache and skin changes. These reported effects tended to be mild and short lived.

Conclusions: Overall, the results of the reviewed papers suggest that repeated neuromodulation by tDCS can be safely performed in dementia patients. More and larger studies should aim to perform a greater number of sessions of tDCS, across a longer time period. Few studies assessed for potential brain damage as a result of tDCS and future studies should consider using MRI or monitoring biomarkers to further investigate this.

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EPP0245

Non-Convulsive Status Epilepticus as A Complication of Electroconvulsive Therapy: A Case Report

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Introduction: Status Epilepticus is defined as a condition that can have long-term outcomes involving neuronal death and injury due to the failure of the mechanisms responsible for seizure termination or from the initiation of mechanisms that lead to abnormally prolonged seizures. Electroconvulsive therapy (ECT) is a highly effective treatment option for psychiatric disorders. Although it rarely occurs in the treatment, non-convulsive status epilepticus can be seen as a complication after ECT. Due to its rarity, this complication is not yet well understood, is challenging to diagnose, and information about treatment options is limited.

Objectives: By sharing this case report, we aim to emphasize the importance of being careful in terms of the risk of status epilepticus in patients receiving electroconvulsive therapy.

Methods: Here in we present a 29-year-old patient with no previous neurological disease and who had a history of schizophrenia. Electroconvulsive therapy was planned because the patient was resistant to antipsychotic treatment. EEG was planned for the patient who had urinary incontinence during the ninth session of ECT. Generalized slow wave activity and intermittent rhythmic