Aims  To determine whether the choice of anesthetic drugs in the case of switching influences the effect on the Hamilton depression rating scale.

Methods  We collected data of patients who received ECT for therapy resistant depression over the past five years. Choice of anesthetics, eventually switch and the score on the HDRS before and after ECT were included. The data was statistical analyzed.

Results  50 patients received ECT during past 5 years. ECT gives an improvement on the HDRS in all cases, whether there was a switch or not. Switching from methohexital to ethomidate gives a significant improvement on HDRS compared with no switch.

Conclusions  There are no significant differences on HDRS effect between the different anesthetics. Switching from methohexital to ethomidate gives a significant improvement on HDRS compared with no switch.

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

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Intrinsic functional connectivity of cortico-basal ganglia-thalamo-cortical circuitry underlying psychomotor retardation in major depressive disorder
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Introduction  Psychomotor retardation (PMR) in depression is analogous to the hypokinesia in Parkinson’s disease, which is associated with the unbalanced direct and indirect pathways of cortico-basal ganglia-thalamo-cortical (CBTC) circuitry. This study hypothesized PMR in major depressive disorder (MDD) should be associated with the hyperactivity of CBTC indirect pathways.

Objectives  To substantiate the hypothesis that the PMR symptom of MDD might attribute to the hyperactivity of the cortico-basal ganglia-thalamo-cortical indirect pathway which could inhibit psychomotor performance.

Methods  We investigated the intrinsic striato-subthalamic nucleus (STN)-thalamic functional connectivity (FC), three pivotal hubs of the indirect pathway, in 30 MDD patients with PMR (PMR group) and well matched 30 patients without PMR (NPMR group) at baseline, and 11 patients of each group at follow-up who remitted after antidepressant treatment.

Results  The results showed increased STN-striatum FC of PMR group at baseline and no more discrepancy at follow-up, and significant correlation between PMR severity and thalamo-STN FC.

Conclusions  Our findings suggested the increased STN-striatum FC should be considered as a state biomarker to distinguish MDD patients with PMR from patients without PMR at acute period, and thalamo-STN FC could be identified as the predictor of the PMR severity for MDD patients.

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