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. Petrykiv[2], J. Fennema[3], P. Michielsen[4], M. Arts[5]
[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 Rodriguez 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 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. Delmonte[1], S. Brioschi[1,*], B. Barbini[1], R. Zanardi[1], C. Colombo[2]
[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 hypoglicemia: 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