EPV1237
Repetitive transcranial magnetic stimulation (rTMS) for catatonia– a case report

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Introduction: Catatonia is one of the most common severe motor syndromes, with an estimated prevalence among psychiatric inpatients of about 15 %. Benzodiazepines and electroconvulsive therapy (ECT) are the most widely studied treatment methods recommended as first-line therapy. We present the case of a 55-year-old female patient with paranoid schizophrenia and severe life-threatening catatonia who remitted under a short series of rTMS.

Objectives: s Introduction
Methods: The point of resting motor threshold (RMT) for the musculus rectus femoris was determined for the left hemisphere. A straight line 3 cm anterior and parasagittal from that point defined the SMA. A total of three sessions, each with 1000 pulses at intensity 66 % of the RMT, were performed within 24 and 120 hours apart. Stimulation protocol was set to 1Hz in the area of catatonia. A total of three sessions, each with 1000 pulses at intensity 66 % of the RMT, were performed within 24 and 120 hours apart. Stimulation protocol was set to 1Hz in the area of the left SMA with 25 series of 40 pulses, pulse width 25 ms, angle 120°. Hardware: MagVenture, 8-coil shaped coil from Medtronic.

Results: Within 24 hours after the first session, a marked improvement of catatonic symptoms like independent locomotion and verbal communication was recognized. One week after the whole rTMS treatment, a food intake without a gastric tube was possible.

Conclusions: The present case demonstrates that pronounced treatment of catatonic symptoms like independent locomotion and verbal communication is recognized. One week after the whole rTMS treatment, a food intake without a gastric tube was possible.

Disclosure: No significant relationships.

Keywords: Catatonia; repetitive transcranial magnetic stimulation; knowledge; postpartum depression

EPV1239
Something inside my head

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Introduction: Electroconvulsive therapy (ECT) is a medical treatment for those patients with high suicide risk or refractory psychiatric disorders. It is currently a safe technique, and its effectiveness has been widely demonstrated.

Objectives: Presentation of a clinical case about a patient with drug-resistant delusional disorder and high suicide risk, who eventually received ECT treatment.

Methods: Bibliographic review including the latest articles in Pubmed about ECT procedure, effects and use.

Results: We present a 45-year-old man, who visited different doctors several times by reporting he had the feeling of “having a brain tumor or a vascular disorder”, so he requested imaging tests (computed tomography and magnetic resonance). These tests were absolutely normal, but he kept thinking something was wrong, and eventually attempted suicide by hanging (his family founded him before it was too late). The patient was admitted to hospital, and started psychopharmacological treatment, with minimal response. He desperately insisted that he had “something inside his head”. At this point, it was proposed to start ECT, and the patient accepted. After 6 bilateral ECT sessions, he was visibly more relaxed and less worried, and he no longer presented autolytic ideation. He was still a little bit suspicious about the feeling of having a neurological disease. Currently, the patient runs a follow-up consultation.

Conclusions: Electroconvulsive therapy is a safe and effective technique for those patients with high suicide risk. It may be useful to perform imaging tests in certain cases, for detecting intracranial pressure, acute hemorrhage, tumors… A follow-up of these patients must be performed

Disclosure: No significant relationships.

Keywords: Delusional disorder; ECT; Electroconvulsive therapy

EPV1240
Electroconvulsive therapy for Patients with Intellectual Disability. When and how?

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