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Introduction: We present the case of a 34-year-old female patient with no prior psychiatric record who was treated in our outpatient department due to persecutory delusions of recent onset. The patient had a history of refractory temporal epilepsy since adolescence and underwent a temporal lobe resection 4 month prior to the appearance of her symptoms.
Objectives: Temporal lobe resection is a well-established technique to treat refractory temporal lobe epilepsy in which psychotic symptoms are an infrequent complication; the most frequent being cognitive sequelae, visual field defects and depression. According to several sources, this symptomatology may be underdiagnosed and undereportend and there have been a number of case reports and series of cases which describe the aforementioned entity.
Methods: A case report is presented alongside a review of the relevant literature regarding cases of secondary psychosis after brain surgery.
Results: During her treatment we administered olanzapine up to doses of 7.5mg per day because of the risk of reducing the convulsive threshold. We observed a marked improvement and the disappearance of the delusions. The dose of olanzapine has been maintained for a year with no important side-effects and without a relapse in symptoms.
Conclusions: Psychotic symptoms as a complication of temporal lobe resection may be more frequent than what was thought in the past. It is important to study this phenomenon more in-depth because the symptoms may remain undetected and present worse outcomes given that there are effective treatments which could ameliorate the condition.

Disclosure: No significant relationships.
Keywords: temporal lobe resection; secondary psychosis; temporal lobe epilepsy

EPV0545

Electroconvulsive therapy after conservative treatment of vertebral fractures

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Introduction: Electroconvulsive therapy (ECT) remains a valuable treatment for major depression with psychotic symptoms. However, it is necessary to pay special attention when there is a history of fractures.
Objectives: Through the description of the following clinical case, we will emphasize the importance of screening for vertebral fractures within ECT and the different procedures that must be taken if that occurs.
Methods: We undertook a narrative literature review by performing a search on PubMed for English-written articles. The query used was "Electroconvulsive Therapy" AND "Vertebral Fractures".
Results: A 71-year-old woman was admitted with an episode of psychotic depression. Basic tests were performed and were all normal. After not responding to pharmacologic treatment, she was referred for ECT. The patient had a full recovery after 4 weeks of biweekly sessions. She was discharged and proposed for maintenance ECT. However, she started complaining of back pain after falling and did an X-ray and CT scan which revealed fractured L1 and L2. It was suggested conservative treatment with a Jewett orthosis. Within this period, the ECT was suspended and after a 4-week treatment, the fracture was consolidated. As there was no risk of neurological compression, the treatment was restarted with the same dosage of succinylcholine, and it was achieved complete muscular relaxation. The patient fully recovered without any orthopedic sequel.
Conclusions: Electroconvulsive therapy can be safely performed after conservative treatment of vertebral fractures, if special attention is provided to complete muscular relaxation. For this effect, the dosage of succinylcholine can be adjusted.

Disclosure: No significant relationships.
Keywords: ECT; Eletroconvulsive Therapy; Fractures

EPV0546

Looking beyond electroconvulsive therapy: A case report

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Introduction: Electroconvulsive therapy (ECT) is considered a gold-standart treatment of severe and treatment-resistant depression. Lack of response to ECT often causes distress in psychiatrists regarding the next therapeutic decisions.
Objectives: To present a case report of a patient with psychotic depression with partial response to ECT.
Methods: Clinical interviews and review of literature using the Pubmed platform.
Results: The authors present a case of a 60 year-old woman admitted for severe depressive episode with psychotic symptoms. Due to lack of response to multiple antidepressive and antipsychotic treatments, 15 sessions of ECT were performed with improvement of behavioral and psychotic symptoms. However, endogenous depressive symptoms with functional impairment persisted. It was then initiated Bupropion 300mg/day resulting in vast improvements on drive, energy and activity levels with restored functionality. Previously to ECT, Bupropion was not considered a valid option due to the psychomotor restlessness that was present. This case exposes the limitations of ECT and the therapeutic conundrums that arise when there is partial response. The symptoms expressed in the patient after ECT course correlate with deficits in noradrenergic and dopaminergic pathways that are involved in endogenous depression. The use of Bupropion, with its effect on noradrenaline and dopamine receptors, may offer a therapeutic lifeline in these cases.
Conclusions: ECT still stands as a gold-standart for severe depressive disorder, especially when several psychopharmacological therapies have failed. In cases of partial response to ECT, the neurobiological correlates of clinical presentation can guide the therapeutic management towards improved outcomes.

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Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; Depression; treatment response

EPV0547

Non-stop management of an electroconvulsive therapy unit (ECT-U) during the first two months of COVID-19 lockdown in Spain

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Introduction: Since the declaration of the national lockdown in Spain on March 14th until the publication of the SEPB recommendations on May 11th, most of the ECT-U closed or drastically reduced their activity.
Objectives: To present our non-stop management of an ECT-U during the first two months of COVID-19 lockdown in Spain.
Methods: We retrospectively analysed the time between sessions, the clinical, pharmacological and electrical data records of maintenance patients (m-ECT) and compared them with their own records in the two-month period prior to COVID-19. We analysed the length of admission, clinical, pharmacological and electrical records in hospitalized patients (i-ETC) and compared them with patients from the entire year prior to COVID-19 paired by age, sex and diagnosis.
Results: The ECT-m programme included 17 patients: we postponed the ECT in 8 patients; 1 patient was hospitalized and 8 patients continued normally. The time between m-ECT increased by 8.37±4.89 days (p=0.018) without relapse. During the COVID-19 period, we performed ECT-i in 14 patients without new infections. In i-ECT the duration of admissions increased by 22.1 ±1.2 days (p=0.006), the load increased by 81.53 ±87.8 mC (p=0.027) and the time of the electrical seizure decreased by 7.9 ±9.2 seconds (p=0.037).
Conclusions: The modifications that reach a statistical significance are explained by the readjustment of the ECT-U, with no clinical significance. With the appropriate measures, neither m-ECT nor i-ECT were discontinued. Thus we maintained adequate patient management.

Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; COVID-19; lockdown

EPV0548

Postictal suppression in electroconvulsive therapy (ECT) according to sex, age, diagnosis and treatment phase

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Introduction: Postictal suppression (PSI) is considered a key feature for ECT's outcomes because higher values have been correlated with clinical efficacy. However, little is known about the demographic factors influencing this parameter.
Objectives: To analyze the influence of sex, age, diagnosis and treatment phase on ECT efficacy measured with PSI value.
Methods: 3251 ECT sessions were performed on 182 patients during two years at a university hospital. PSI was retrospectively analyzed comparing it according to sex (male, female), age, main diagnosis (major depressive disorder [MDD], bipolar disorder [BD], schizoaffective disorder [SZA], schizophrenia [SCZ]) and treatment phase (acute [a-ECT], continuation [c-ECT], maintenance [m-ECT]).
Results: PSI values were 69.76 % (SD 17.05) in women and 70.72 % (SD 16.81) in men without differences between sexes (F=0.979; p=0.607). PSI was correlated with age (r=-0.058; p=0.031). MDD PSI was 70.01 % (SD 16.88), for BD it was 69.48 % (SD 17.00), for SZA it was 68.62 % (SD 17.39), and for SCZ it was 70.73 % (SD 17.18), without differences between diagnosis (F=1.085; p=0.141). According to treatment phase, PSI in the a-ECT was 72.26 % (SD 16.43), in the c-ECT it was 67.83 % (SD 17.53), and in the m-ECT it was 68.47 % (SD 17.02), without differences between phases (F=0.901; p=0.915).
Conclusions: Although there exist statistically significant association between age and PSI it is a negligible correlation with no clinical relevance. Thus, we conclude that neither sex nor age, nor diagnosis, nor treatment phase seem to influence PSI to a relevant degree.

Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; postictal suppression

EPV0549

Differences in cognitive side-effects and seizure parameters between thiopental and propofol narcosis in ECT

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Introduction: The standard anaesthetic for electroconvulsive therapy (ECT) in our hospital methohexital was no longer available from the beginning of 2019. A change to alternatives became necessary. We initially decided on thiopental and than switched to propofol after the suspicion of increased occurrence of cognitive deficits due to thiopental narcosis was expressed by clinicians.
Objectives: This retrospective study provides a comparison of the two narcotics in terms of side-effects and seizure parameters.
Methods: We performed a retrospective data collection from our clinical database and identified a total of 64 patients (w=60.9 %, m=39.1 %) got either thiopental (n=35) or propofol (n=29) for ECT narcosis.
Results: The mean age at the beginning of the ECT series was 56.0 years (20-82, SD 17.8, median 57.5). The groups did not differ