and [3]Facutly of Dental Medicine, Josip Juraj Strossmayer University of Osijek, Osijek, Croatia
*Corresponding author.
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**Introduction:** Studies of differences in the incidence and severity of physical and social anhedonia between women and men diagnosed with schizophrenia spectrum disorder (SSD) are often inconsistent, and gender differences in treatment response have not been well studied. Hormonal factors, such as those related to the menstrual cycle, pregnancy or menopause, as well as social and cultural patterns and roles, may influence treatment response. The incidence of affective or stress-related psychiatric comorbidities may be gender-specific, which could also complicate the treatment of anhedonia and other negative symptoms of SSD. Finally, there is no evidence of sufficient quality on gender differences in the effects of rTMS, but the results are intriguing and point to the need for further research.
**Objectives:** To investigate gender differences in the effect of rTMS with the H7-coil on physical and social anhedonia in patients diagnosed with SSD with dominant negative symptoms.
**Methods:** We conducted a randomized, sham-controlled trial during 2000-2023 in the population of patients diagnosed with SSD with primary negative symptoms defined as PANSS negative symptoms subscale score > 24, and PANSS positive symptoms subscale score < 20. The intervention was HF rTMS H7 coil (Brainsway Ltd. Jerusalem, Israel) once daily for 20 days applied to the prefrontal cortex (mPFC and ACC) at 100% motor threshold with a frequency of 18 Hz, and total of 39600 pulses. The outcomes were Physical and Social Anhedonia Scales (PAS, and SAS). We controlled for the large number of relevant covariates.
**Results:** We randomized 49 men and 29 women of similar age. The effect on physical anhedonia was statistically significant in women ($b = 9.04$; $p = 0.016$), but not in men ($b = 2.87$; $p = 0.272$). The effect on social anhedonia was similar, but the difference was smaller (for men $b = 3.71$; $p = 0.082$; for women $b = 5.42$; $p = 0.043$). However, the Wald test showed no statistically significant differences between the beta coefficients for women and men.
**Conclusions:** Based on this study, it is not possible to make valid and reliable conclusions about the existence of gender differences in the effects of rTMS treatment of anhedonia with the H7 coil. However, it is possible to claim that the treatment of anhedonia with this protocol is effective in women.

**Disclosure of Interest:** None Declared

## EPP0337

## Development of a Patient-Centred Care Plan for Patients Requiring Maintenance Electroconvulsive Therapy Long-Term

X. Y. Seet[1]*, X. E. Lee[2] and H. Rahman[2]

[1]Department of Psychiatry and [2]Tan Tock Seng Hospital, Singapore, Singapore
*Corresponding author.
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**Introduction:** Maintenance electroconvulsive therapy (ECT) can be effective and necessary in the long-term for patients with severe and recurrent mood or psychotic disorders that are not amenable to any other forms of treatment. Patients with such treatment resistance affecting their ability to maintain minimal daily activities may eventually fall within the palliative psychiatric care domain in which advanced medical directives become an important beacon to direct care. There are Psychiatric Advance Directives which allow people with severe mental health conditions to consent to or refuse to consent to hospital admission and psychiatric treatment in the event they lose decision-making capacity and this can be especially important for a potentially controversial treatment such as ECT. However, the focus tends to be on enforcing involuntary treatment and less about a comprehensive long-term care plan. To our knowledge, there is no available framework to structure maintenance ECT as a patient-centred care plan.
**Objectives:** Our aim is to share the process of development of a patient-centred care plan for patients requiring maintenance ECT. Our objectives are:

1. Constant engagement with patients and family or caregivers
2. Regular reviews of clinical and consent aspects of treatment
3. Advocating for the welfare of patients and respect of values
4. Focus on dignity especially for patients who require treatment well into old age
5. Being prepared for termination of treatment if necessary

**Methods:** We reviewed our management of previous and existing patients on maintenance ECT and incorporated diligent consent-taking practices. Adopting good practices from known palliative approaches and involving the patient voice helped to form a framework for a patient-centred care plan.
**Results:** Our patient-centred care plan features half-yearly discussions about the risks and benefits of treatment, as well as an assessment of the patient's cognition and ability to consent which may change over time. Opportunities for them to share their values and expectations of care and engagement with their caregivers about their quality of life guide the continued treatment. A framework for discussing the disruption or eventual termination of ECT prepares for scenarios where older-aged patients may develop frailty or present with acute, prolonged or devastating medical concerns. This end-of-life care approach manages anticipated psychiatric-specific behavioural concerns and prepares for the possibility of death following the planned termination of ECT for patients who required long-term treatment throughout their life. Lastly, issues of grief amongst caregivers and ethical concerns from medical staff are addressed.
**Conclusions:** We hope that our patient-centred care plan provides a well-considered conversation and structure for the initiation, continuation and termination of maintenance ECT in the long-term.

**Disclosure of Interest:** None Declared

## EPP0338

## Empowering Minds: A Comprehensive Study of ECT Treatment in a Reference Mental Health Center in Portugal

M. Barbosa Pinto[1]*, M. T.D. Viseu[1], P. Frias Gonçalves[2] and E. Gomes Pereira[2]

[1]CHUA, Faro and [2]HML-CHUSA, Porto, Portugal
*Corresponding author.
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