in the electronics itself there are 2 mA limiters in both directions. For stress-related and mental disorders treatment an application combines pleasant meditative classical music and a slow bi-polar wave (0.1-0.2 Hz, strength of current 0.25-1.5 mA, current frequency - 20-30 Hz, stimulation duration 5 min) of electrical stimulation, which produces a relaxing effect.
Conclusions: The collected data suggest that the novel noninvasive device could benefit patients of all ages with mental and stress-related disorders.

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EPV1380

Energy-Dependent Rash Triggered by Bilateral Electroconvulsive Therapy: A Rare Case Report

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Introduction: Electroconvulsive therapy (ECT) induces controlled seizures via electrical stimulation.It is used in severe or treatment-resistant depression, mania, schizophrenia, and schizoaffective disorder(American Psychiatric Association, 2025).Dermatological reactions to ECT are exceedingly rare.Kellner et al. (2015) reported ipsilateral hemifacial erythema during right unilateral ECT.To date, there have been no documented cases of erythematous rashes associated with bilateral ECT.
Objectives: We report a rare case of energy-dependent erythematous rash induced by bilateral temporal ECT.
Methods: A 29 year old woman with treatment-resistant paranoid schizophrenia was hospitalized for aggression, disorganized behavior, seeing images, and hearing voices.She had no history of ECT. On admission, she exhibited decreased self-care, disorganized thinking, irritability, auditory and visual hallucinations, persecutory and mystical delusions, impaired insight. Laboratory tests, urine toxicology, and cranial imaging were normal.
Results: Due to persistent psychotic symptoms despite adequate antipsychotic therapy, bilateral ECT was initiated.Over seven sessions, erythematous rashes appeared on the neck and chest within seconds of electrical stimulation. The rashes resolved within minutes following administration of corticosteroids and antihistamines. Allergy testing for anesthetic agents and latex (latex-specific IgE) yielded negative results. A notable pattern emerged; as the ECT stimulus energy increased, the rash became more pronounced, requiring higher doses or combined regimens of steroids and antihistamines (Table 1).No hemodynamic instability was observed, and ECT was otherwise well tolerated. Marked clinical improvement was noted, with PANSS scores improving from 116 to 75 and BPRS scores from 33 to 18.The patient regained partial insight and was discharged.

Image 1:



Image 2:

Table 1:

ECT Session	Energy Percentage(%)	Seizure Duration on EEG/EMG (seconds)	Additional Medications For Rashes
1.	15>20	14>20/11>8	Prednisolone 40 mg
2.	30	34/33	Prednisolone 40 mg
3.	35	33/39	Prednisolone 40 mg
4.	40	25/20	Pheniramine Maleate 45,5 mg,Dexamethasone 8 mg
5.	45	30/28	Prednisolone 80 mg
6.	50	25/25	Prednisolone 80 mg
7.	55	24/23	Prednisolone 80 mg,Pheniramine Maleate 45,5 mg, Dexamethasone 8 mg

Image 3:



Conclusions: This case illustrates a rare, energy-dependent dermatological reaction during bilateral ECT. Clinical features suggest a mast cell–mediated, IgE-independent process. ECT induces seizures via cortical and subcortical depolarization, which may activate autonomic pathways and trigger mast cell degranulation via neuropeptides (e.g.,substance P,calcitonin gene-related peptide) (Fetahovic et al.,2025). Mast cell mediators increase vascular permeability, causing erythema and edema (Voss et al.,2021). Rash severity correlated with ECT energy, not EEG/EMG seizure duration. The rash was transient, localized, and resolved rapidly with antihistamines and corticosteroids without anaphylaxis. ECT remained effective, improving psychotic symptoms.This case highlights a dose-dependent, manageable dermatological reaction and the neurostimulation–immune system interaction.
Consent: Written informed consent was obtained from the patient and her mother.

Disclosure of Interest: None Declared

EPV1381

Increased hippocampal activity in children with autism after transcranial electrical stimulation

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Introduction: Transcranial electrical stimulation (tDCS) is a no-invasive brain stimulation technique that had may usefully in mental health around the world, specially in Europe. Applied in autism and AHAD has improve in hyperactivity symptoms. Anodal stimulation on the left dorsolateral prefrontal cortex was the most chosen form of use in autism. Now we value the activation of areas with hypofunction and see the results.
Objectives: Cuantification of the improve with brain mapping images in autism, correlationship with phenomenology symptoms.
Methods: Brain mapping is performed using the KitWawe Amplifier 2000, and each patient undergoes two brain mappings: one at the beginning and one at the end of the 20 sessions.
Transcranial electrical stimulation was performed with Plato Work devices from Denmark, using the 2-mA front-occipital montage, anode-cathode.
Patients with Autism Spectrum Disorder type 1 ranged in age from 6 to 14 years, with a mean age of 9 years, and were predominantly male.
Results: The population sample included males and females between 7 and 17 years of age, forming a unitary sample of 10 males and 10 females, with the standard average age being 11 years and 6 months.To measure the variation in the connection between the frontal and occipital, 3D brain mapping images were used from the first stimulation session and in the twentieth session. The images show an increase in detailed connectivity between the left frontal and occipital regions in 71% of patients, and a decrease in left disjunction in 10%. Only 19% of patients showed no changes in brain mapping, which are inconsistent with clinical improvement.
Conclusions: We observed that 81 % of patients had increased frontal-occipital connectivity with increased signals from the midbrain, as well as decreased activity in the left amygdala. Furthermore, behavior improved in 93 % of patients, with decreased impulsivity, mannerisms, and stereotypies, and improved verbal response and calm.
The measurement of midbrain signals associated with autism spectrum disorder is quantifiable with 3D imaging as well as clinically. The results are maintained despite a six-month follow-up. Further studies are recommended, as well as the validation of transcranial electrical stimulation as an effective method for the treatment of autism.

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Psychotherapy

EPV1383

Multifamily Therapy in Adult Psychiatry: Forgotten Origins, Proven Evidence, and Institutional Barriers

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Introduction: Multifamily Therapy (MFT) was born in adult psychiatry more than 60 years ago, when Peter Laqueur first gathered families of patients with schizophrenia in public hospitals (Laqueur, *Multi-family group therapy*. Basic Books 1964). At the time, involving relatives was revolutionary, acknowledging that illness affects the entire family. Yet today, MFT is far more common in child psychiatry, where it is applied to eating disorders, anxiety,