Methods: Case report and brief literature review of behavioral syptoms in Huntington´s Chorea
Results: A 40-years-old woman is hospitalized in the psychiatry unit transferred from the police station. With an amazing lack of emotion, she tells that her seven-year-old son was crying because he didn't like the food, and then she threatened him with a knife and stabbed it in his leg. Fortunately, no severe damages were done to the child. During her hospitalization, she always says "It wasn't bad that", and she doesn't ask for forgiveness.
Her familiy name is very strange and infrequent; and we remember that another woman with the same family name was diagnosed with Huntington's Disease three years ago. When we find out they are sisters, we make the genetic tests that confim the Huntington´s Chorea.
Conclusions: In this case, it was easy to think in Huntington's Chorea as the cause of agressiveness; but it is very important to make a complete clinical history, including the familiy members, in every patient, specially in those with no accurate diagnosis.
In adition, genetic counseling is highly recomended to prevent the disease in offspring.

Disclosure of Interest: None Declared

EPV925

Impact of Stimulation Order on Clinical Outcomes in Bilateral iTBS Treatment

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Introduction: Intermittent theta burst stimulation (iTBS) targeting the left dorsolateral prefrontal cortex (DLPFC) is a brief transcranial magnetic stimulation protocol widely used in treatment-resistant depression. Sequential bilateral stimulation—typically involving continuous TBS on the right DLPFC—has been proposed to improve efficacy, though findings remain inconsistent. A recent registry-based study suggested that initiating stimulation on the left side may yield better clinical outcomes, warranting further investigation.
Objectives: This exploratory analysis aims to evaluate the effect of stimulation order in a recent controlled clinical trial.
Methods: Patients were recruited from those referred to a university hospital neuromodulation unit for intermittent theta-burst stimulation (iTBS) treatment. We analyzed 78 patients with complete data: 39 randomized to standard left-sided iTBS and 39 to bilateral iTBS, where stimulation targets were individualized using fMRI connectivity of the dorsolateral prefrontal cortex (DLPFC) with the cingulo-opercular network and the subgenual cingulate cortex. Each patient received 20 to 25 treatment sessions. Treatment efficacy was measured by the percentage change in Montgomery–Åsberg Depression Rating Scale (MADRS) scores from baseline to post-treatment. Among the bilateral iTBS group, every other patient began each session with left-sided stimulation. The impact of stimulation order on clinical outcomes was evaluated using linear regression, adjusted for Maudsley treatment resistance. Baseline MADRS scores, sex, and number of sessions were included as covariates in a sensitivity analysis.
Results: Patients who received bilateral stimulation starting with the left side showed a greater reduction in depression severity (mean +/- SD 46% +/- 29%, $p = 0.23$) compared to those who received standard left-sided stimulation (29% +/- 27%) or bilateral stimulation starting on the right side (28% +/- 28 %). The effect remained statistically significant in the sensitivity analysis ($p < 0.009$).
Conclusions: These findings suggest that stimulation order may influence treatment outcomes in bilateral TMS. Larger, controlled studies are needed to confirm this effect and explore possible mechanisms related to hemispheric laterality, targeting, and priming. Such research could contribute to optimizing transcranial magnetic stimulation protocols.

Disclosure of Interest: None Declared

EPV927

The Passive Strategy During a Sustained Attention to Responses Task (SART): How Does the Mind Divide Its Mental Resources During a Simple, Repetitive Task?

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Introduction: Mind wandering (MW) is a mental state in which attention drifts away from the task at hand. While MW is known to increase errors in monotonous tasks, less is understood about the attentional strategies used during sustained, repetitive tasks.
Objectives: We investigated whether participants adopt a distinct "passive strategy" that combines both slower reaction times and increased error rates.
Methods: A total of 103 healthy participants were recruited online via Prolific. Participants completed a Sustained Attention to Response Task (SART) built on Gorilla.sc, in which digits (1–9) were presented sequentially with varying proportions of no-go trials (4%, 25%, 75%, 100%). Participants responded to digits other than "3" and withheld responses to "3." After each block, they completed thought probes and subjective ratings (difficulty, effort, caution, double-checking, passivity). Data was analysed using t-tests and linear mixed-effects models (LMEs).
Results: The 4% press percentage condition (PP04) produced the slowest mean reaction times, the highest omission error rates, and the lowest commission error rates. Subjective ratings indicated PP04 was also the most passive condition. This pattern differs from previously proposed attentional strategies, which predict either higher error rates with faster responding or slower reaction times with greater accuracy.
Conclusions: Persistent inhibition during sparse no-go conditions induced a "passive strategy," characterized by both increased omission errors and slower reaction times. This strategy may have clinical and occupational implications for error-prone repetitive tasks, such as patient monitoring, medication delivery, and documentation - key tasks for psychiatrists. Future experiments can be carried out with individuals with attention deficit hyperactivity disorder (ADHD) to see if there is any increased passivity or error-making under the same conditions.

Disclosure of Interest: None Declared

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