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

in terms of age distribution. On average the depressive episode lastet for 9.0 months (SD 11.5, median 6.0) with no difference between the two groups. The mean EEG seizure time was significantly shorter in the propofol group (28.1 sec; 95%-CI: 23.8-32.4) than in the thiopental group (38.3 sec.; 95%-CI: 34.3-38.3). The mean EMG seizure activity was also shortler in the propofol group (12.0 sec.; 95%-CI: 8.0-15.0) compared with the thiopental group (21.5 sec.; 95%-CI: 18.3-24.8). The ECT series was interrupted due to cognitive side-effects in 20 cases. The majority of these cases (n=17) concerned the thiopental group, compared to 3 cases in the propofol group.
Conclusions: Propofol narcosis in ECT was assiosiated with worse seizure parameters, whereas thiopental narcosis was associated with increased risk of cognitive side-effects.

Disclosure: No significant relationships.
Keywords: ect narcosis; thiopental; Electroconvulsive therapy; propofol

EPV0550

Electroconvulsive therapy as life-saving in an acute catatonic syndrome associated with bipolar disorder: A case report

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Introduction: Catatonia is a neuropsychiatric syndrome characterized by an onset of a dysfunction in psychomotor activity and/or muscle tone, which may be associated with changes in consciousness, affect, and thinking. It is characterized by negativism, wax flexibility, catalepsy, mutism echolalia, ecopraxia, or stupor. It was first described in 1874 by Kahlbaum, who characterized it as specific motor disorder associated with different psychiatric disorders. Kraepelin and Bleuler restricted catatonia to a specific subtype of schizophrenia. However, the association between catatonia and other disorders, notably mood disorders, has been reinstated, including Bipolar Disorder. Its etiology is multiple and there are two severe forms: Neuroleptic Malignant Syndrome (NMS) and Malignant Catatonia (MC). These are syndromes that present high mortality, and the health professional should be aware of its etiology, signs, symptoms, evaluation and treatment.
Objectives: The aim of this work is to present a clinical case of MC, who was sustained by literature included on scientific platforms.
Methods: Case report
Results: It is essential to recognize the different clinical presentations of catatonia, taking into account that these are psychiatric alterations in which urgent intervention is justified. In the presented case, the use of antipsychotic medication has worsened the motor function and its suspension, associated with the introduction of lorazepam, resulted in a slight improvement. The electroconvulsive therapy was the last resort, fully succeeded.
Conclusions: The relationship between SMN and Catatonia/MC remains nuclear from a psychopathological and pathophysiological point of view. Nevertheless, there is general agreement that catatonia represents a very significant risk factor for NMS.

Disclosure: No significant relationships.
Keywords: Catatonia; Electroconvulsive therapy; bipolar disorder; neuroleptic malignant syndrome

Psychotherapy

EPV0552

Efficacy of dialectical behavioral therapy DBT for couples with emotional dysregulation

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Introduction: Couple therapy continues to gain in stature as a vital component of mental health services. The linkage of relationship distress to disruption of individual emotional and physical well-being emphasizes the importance of improving and extending empirically based strategies for treating couple distress
Objectives: To evaluate the efficacy of dialectical behavior therapy "DBT" in outpatients couples with emotional dysregulation
Methods: Twenty couples presented with marital distress and at least one of them suffers from emotional dysregulation assigned at their convenience or according to immediate availability of treatment slot to a couple DBT group. Arabic version of DERS was used for assessment of emotional dysregulation before and after intervention. Dyadic Adjustment Scale was used for assessment of marital adjustment
Results: Both male and female partners showed significant improvement in marital adjustment and emotional regulation. Female partner showed significant higher change amplitude in both scales. Female partners showed significant improvement in all DERS subscales except for (GOALS) subscale (significant decrease), while male partners showed significant improvement in (IMPULSE), (AWARNESS), (STRATEGIES) and (CLARITY) subscales
Conclusions: Dialectical behavioral therapy for couples is an effective approach to couples with emotional dysregulation in one or both partners

Disclosure: No significant relationships.
Keywords: DERS scale; Dialectical behavioral therapy DBT; couple therapy; emotional dysregulation

EPV0554

Approach to early grief: Report of two cases

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Introduction: Early grief is a concept about which there is little literature. This generates difficulties in order to perform a differential diagnosis, as it poses complications to determine if the