

patients reported clinical improvement (40% much improvement, 33% some improvement). None of them got worse. We did not find association between clinical response and age, sex, type of depression nor duration of illness.

**Conclusion** Despite the limitations of this study, our work support previous positive results on the use of omega-3 fatty acids (EPA and DHA) as adjunctive treatment of depression. Giving the safety of its use, clinicians might recommend omega-3 as adjunctive treatment of depression in cases with a partial response to antidepressants.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV1325

### Antipsychotic injectable extended release: A case report

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**Objective** To demonstrate the therapeutic efficacy of aripiprazole LP by a case of difficult clinical management and that we often find in our daily practice.

**Methods** Description of a clinical case of a 21-year-old man, recently diagnosed with paranoid schizophrenia with no awareness of disease neither treatment adherence and harmful use of THC and cocaine that are identified as precipitating factors for multiple hospital admissions.

**Results** Injectable medication with objective clinical improvement is significant, cessation of readmissions, achieving improvement in all parameters measured functionality and proper adherence to treatment as well as outpatient mental health of both devices as of drug dependence.

**Conclusion** Psychiatry is facing the great challenge of modifying the natural history to the deterioration of schizophrenia, a disease considered one of the leading causes of years lived with disability. The objectives medium and long-term treatment of this disease are centered on the delay-avoidance disability and improving the functioning and quality of life of people with this disease.

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#### EV1326

### Adherence to treatment and number of relapses in patients treated with atypical antipsychotic prolonged release

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**Introduction** The extended release injectable offers a good alternative for those patients with no or poor adherence to treatment. Numerous studies indicate that decrease the number of relapses in such individuals. Our aim is to check whether a group of our patients diagnosed with dual pathology coincide with these data.

**Methods** We followed a group of 5 patients diagnosed with paranoid schizophrenia or delusional disorder with drug consumption in the last year. We measured the number of relapses, understood as the number of visits to emergency and outpatient devices Mental Health Hospitals and hospitalizations six months before the start of treatment with aripiprazole injectable extended release and six months after.

**Results** The preliminary results point to a significant reduction in the number of emergency room visits and hospitalizations after starting sustained release injectable treatment.

**Conclusions** Our preliminary results are consistent with the literature, we found also reduced consumption of toxic and better adherence to drug addiction devices. The new antipsychotics extended release is a good alternative for patients with dual diagnosis.

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#### EV1327

### Electroconvulsive therapy: Brief versus ultrabrief pulse right unilateral electroconvulsive therapy

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**Introduction** Electroconvulsive therapy (ECT) is an effective depression treatment, but it has potential cognitive side effects. Bitemporal ECT has been traditionally used, but in recent decades, right unilateral (RUL) electrode placement has been proposed to decrease the cognitive side effects of ECT. Ultrabrief pulse (UBP) right unilateral (RUL) ECT is an increasingly used treatment option that can potentially combine efficacy with lesser cognitive side effects.

**Objectives** To evaluate whether ultrabrief pulse (UBP) right unilateral (RUL) electroconvulsive therapy (ECT) is as effective as brief pulse (BP) RUL ECT in addition to cause lesser cognitive side effects.

**Material and methods** A search is performed in the available scientific literature on systematic review and meta-analysis of the subject under study, through the database PubMed.

**Results** – Current evidence supports the efficacy of right unilateral (RUL) electroconvulsive therapy (ECT) given with an ultrabrief pulse width in the treatment of depression;

– ultrabrief pulse RUL ECT leads to lesser cognitive side effects than traditional forms of ECT;

– ultrabrief pulse RUL ECT may be slightly less effective than traditional forms of ECT.

**Conclusions** BP compared with UBP RUL ECT was slightly more efficacious in treating depression and required fewer treatment sessions, but led to greater cognitive side effects. The decision of whether to use BP or UBP RUL ECT should be made on an individual patient basis and should be based on a careful weighing of the relative priorities of efficacy versus minimization of cognitive impairment.

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