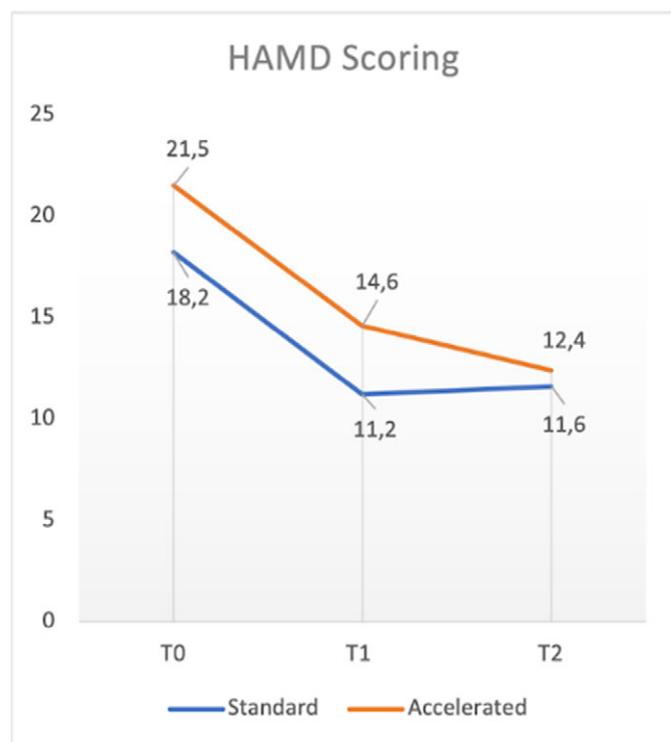


four weeks; $n=7$) or accelerated (two sessions per day, five days a week, for two weeks; $n=6$) rTMS treatment protocols. In both cases, rTMS was performed on the left dorsolateral prefrontal cortex, high frequency (10 Hz) at 120% of the motor threshold, 3000 pulses per sessions. Primary outcome measures included HAM-D, MADRS, and CGI-S scores at baseline (T0), at the end of rTMS treatment (T1), and after 1 month (T2), as well as tolerability based on adverse effects. Paired Samples t -Test for continuous variables was used to compare psychometric scales at each timepoint, while t -Test was used to compare differences between the two groups.

Results: With respect to total sample, in terms of primary outcome measures a significant reduction of HAM-D, MADRS and CGI-S total scores between T0 and T1 ($t: 3.01, p<0.05$; $t: 1.692, p<0.05$; $t: 3.207, p<0.05$ respectively), T1 and T2 ($t: 3.264, p<0.05$; $t: 2.669, p<0.05$; $t: 0.85, p=0.437$ respectively) and T0 and T2 ($t: 5.669, p<0.05$; $t: 4.711, p<0.05$; $t: 2.551, p<0.05$ respectively) was found. No significant differences in terms of efficacy were found between the two groups. One patient dropped-out for reasons not related to rTMS treatment. Mild and transient headache during the stimulation was the only side effect reported (4 patients).

Image:



Conclusions: Consistently with previous literature studies, our preliminary results supported the evidence of comparable efficacy and tolerability between accelerated and standard rTMS protocols. In the future, larger, blinded, and controlled trials might support these conclusions and further address treatment parameters of novel accelerated rTMS protocols.

Disclosure of Interest: None Declared

O0109

EMDR as a treatment option for conditions other than PTSD

H. Abrebak*, F. Z. Chamsi, A. Essafi, A. Taqui, S. Radi and A. El ammouri

Psychiatric department, faculty of medicine of tangier, Tangier, Morocco

*Corresponding author.

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Introduction: Eye movement desensitization and reprocessing (EMDR) is a psychotherapeutic approach that has been shown to be effective in the treatment of post-traumatic stress disorder (PTSD). The technique is known to facilitate the reprocessing of maladaptive memories thought to be at the heart of this pathology. Strong evidence shows that traumatic events can contribute to the onset of serious mental disorders and can worsen their prognosis. Therefore, research on EMDR therapy has increased beyond PTSD and several studies have analyzed the effect of this therapy in other mental health conditions such as psychosis, bipolar disorder, depression, anxiety disorders, substance use disorders and chronic pain.

Objectives: The objective of this systematic review is to summarize the most important results of available studies conducted in this area.

Methods: We performed a systematic literature search among PubMed, ScienceDirect and Scopus. Studies included work published up to 2021

The search was performed automatically by title in each database and included the keywords “EMDR”, “Eye Movement Desensitization and Reprocessing” excluding those focusing on trauma and PTSD

Results: Studies are still sparse in these comorbid conditions, but available evidence suggests that EMDR therapy improves trauma-associated symptoms and has a minor effect on primary disorders by achieving partial symptomatic improvement. A positive effect has been reported in many pathological situations, including addictions, somatoform disorders, sexual dysfunctions, eating disorders, adult personality disorders, mood disorders, severe stress reaction, anxiety disorders, pain, neurodegenerative disorders, mental disorders of childhood and adolescence and sleep.

Conclusions: Despite a generally positive view of EMDR as an alternative treatment option, more methodologically rigorous studies are needed.

Disclosure of Interest: None Declared

O0110

Methylation changes in association with early life stress and trauma-focused psychotherapy in treatment-resistant depression

R. Carvalho Silva¹, C. Hohoff², P. Martini¹, M. Bortolomasi³, R. Bazzanella³, V. Menesello⁴, M. Gennarelli^{1,4}, B. T. Baune^{2,5,6} and A. Minelli^{1,4*}

¹Department of Molecular and Translational Medicine, University of Brescia, Brescia, Italy; ²Department of Psychiatry, University of Münster, Münster, Germany; ³Psychiatric Hospital “Villa Santa Chiara”, Verona; ⁴Genetics Unit, IRCCS Istituto Centro San