adjustment to aging (AtA), and life satisfaction with life (SwL) of older adults in Portugal and Spain.
Methods: This cross-national study included 443 older adults, aged 65 and older, from Portugal and Spain. Five instruments were applied: (a) Adjustment to Aging Scale (ATAS); (b) Satisfaction with Life Scale (SwLS); (c) New Sexual Satisfaction Scale - Short (NSSS-S); (d) Mini-Mental State Exam; and (e) Sociodemographic, health and lifestyle questionnaire. K-means cluster analysis was employed to identify and characterize the clusters considering adjustment to aging, sexual satisfaction and life satisfaction. One-way ANOVAs were conducted to analyze differences for sexual-well-being among clusters.
Results: Findings indicated three clusters, which explained 79.3% (*R-sq* = 0.793) of the total variance: Cluster #1: "Well Adapted" (*n* = 37, 8.8%), Cluster #2: "Struggling to Adapt" (*n* = 141, 31.8%), and Cluster #3: "Active Agers" (*n* = 265, 59.8%). Participants in Cluster #1 were mostly Portuguese, with high levels of AtA, sexual satisfaction, and SWL. Conversely, Cluster #2 integrated mostly Portuguese participants with moderate sexual satisfaction, and lower levels of AtA and SwL. Participants from Cluster #3 were mostly Spanish with moderate levels of AtA and reduced sexual satisfaction and SwL.
Conclusions: This study innovates by exploring the elaborate interplay among sexual satisfaction, AtA, and SwL in a cross-cultural perspective, with implications for tailoring interventions, service planning, development and evaluation of culturally-diverse older populations.
Keywords: Adjustment to aging; cluster analysis; older adults; satisfaction with life; sexual satisfaction.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

EPP688

Noninvasive Neuromodulation Therapies: The Cure For Depression?

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Introduction: Depressive disorder is a common mental disorder, with an estimated 3.8% of the population experiencing it. Despite the advent of new antidepressant medication, many patients presenting with Major Depressive Disorder (MDD) do not recover after multiple trials. Although the prevalence of treatment-resistant depression (TRD) is not clear due to the lack of a standard definition, its prevalence ranges from approximately 30 to 70 percent.
Objectives: Considering the high prevalence of treatment-resistant depression, this work aims to evaluate the effectiveness of alternative treatments, namely Noninvasive Neuromodulation Therapies in the treatment of MDD.
Methods: Non-systematic literature review, using Pubmed as database, with the keywords "depression treatment", "neuromodulation" and "noninvasive neuromodulation".
Results: We can divide non-invasive neuromodulation into convulsive therapies (CV) and therapies that do not involve inducing a seizure. Additionally, we can also divide them into clinically available therapies and others only available in investigational settings. Regarding clinically available CV, we have Electroconvulsive Therapy (ECT), the oldest neurostimulation procedure. Being heavily studied, ECT is superior to pharmacotherapy for MDD based upon meta-analyses of randomized trials and is generally considered the most efficacious treatment for depression, albeit recurrence following remission is common.
Other CV, but still in investigational stages, are Magnetic seizure therapy (MST) and Focal electrically administered seizure therapy (FEAST) both showing positive results in prospective studies and MST in a small head-to-head randomized trials with ECT, that showed a similar efficacy between these two therapies.
Other clinically available, but not convulsive therapies, are Repetitive Transcranial Magnetic Stimulation (rTMS) and Cranial Electrical Stimulation (CES). Meta-analyses of randomized trials indicate that rTMS is beneficial for treating TRD, being also approved by the FDA. In its turn, multiple reviews indicate that no high-quality studies have demonstrated that CES is efficacious for MDD or TRD.
Additional non-convulsive therapies, available in investigational settings, include Transcranial Direct Current Stimulation, Transcranial Low Voltage Pulsed Electromagnetic Fields, Trigeminal Nerve Stimulation, Low Field Magnetic Stimulation and Transcutaneous Vagus Nerve Stimulation, with all of them showing positive effects in the treatment of MDD or TRD, except for Low field magnetic stimulation.
Conclusions: With this review, we were able to verify that clinically available non-invasive neurodomulation therapies, such as ECT and rTMS, present robust results in the treatment of MDD and TRD, however, resistance to these therapies also exists.
Considering the positive results of multiple novelty therapies, these could be the solution to this scourge.

Disclosure of Interest: None Declared

EPP689

Comparative Analysis of Postictal Delirium Following ECT and Post-Anesthesia Delirium

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Introduction: Postictal delirium (PD) following Electroconvulsive Therapy (ECT) and Post-Anesthesia Delirium (PAD) are significant postoperative cognitive disturbances often encountered in the post-anesthesia care unit (PACU). While both manifest with cognitive impairments, their etiologies, clinical features, and management strategies differ. Recognizing these distinctions is essential to enhance patient care and outcomes, particularly in critical recovery settings where prompt recognition and intervention are paramount.
Objectives: This study compares delirium's onset, duration, and course following ECT-induced seizures and general anesthesia. It aims to elucidate the clinical features of PD and PAD and offer evidence-based recommendations for distinguishing and managing these conditions in the perioperative setting.

Methods: A comprehensive literature review was conducted, focusing on studies from 2000 to 2023 sourced from PubMed, MEDLINE, and Cochrane Library. Search terms included "postictal delirium," "Electroconvulsive Therapy," "post-anesthesia delirium," and "perioperative cognitive disorders." Key variables analyzed included onset, duration, cognitive and behavioral symptoms, associated risk factors, and treatment protocols for both conditions.
Results: The analysis revealed key differences between PD and PAD. PD generally presents immediately after ECT and resolves within minutes to hours, whereas PAD has variable onset, occurring immediately after surgery or several days later, with symptoms lasting hours to days. Cognitive symptoms also differ. PD is characterized by brief confusion and both anterograde and retrograde amnesia, while PAD presents with prolonged confusion, disorientation, and short-term memory impairment. Behaviorally, PD often involves repetitive, patterned, involuntary movements (stereotypies), such as hand flapping and rocking, whereas PAD is characterized by non-patterned agitation, including both voluntary and involuntary movements. PD typically includes fatigue and altered consciousness, while PAD may present with hallucinations, delusions, and significant sleep disturbances. Risk factors for these syndromes also vary. PD is linked to the intensity of the ECT stimulus and pre-existing neurological conditions, while PAD is influenced by factors such as patient age, type of surgery, anesthesia duration, and baseline cognitive status.
Conclusions: PD and PAD share clinical overlap, particularly in cognitive symptoms, but they differ in onset, duration, behavioral patterns, and associated risk factors. PD following ECT is typically brief and marked by stereotyped movements, while PAD presents with prolonged confusion and non-patterned agitation. Accurate differentiation between these conditions is crucial for appropriate diagnosis and management in the PACU setting. Further research is needed to uncover the underlying mechanisms and enhance therapeutic strategies for these syndromes.

Disclosure of Interest: None Declared

EPP690

Effect of intermittent theta-burst stimulation on chronobiological hypothalamic-pituitary-thyroid axis activity in resistant depressed patients

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Introduction: So far, the effects of intermittent theta-burst stimulation (iTBS) treatment—a form of repetitive transcranial magnetic stimulation (rTMS) technique—on the hypothalamic-pituitary-thyroid (HPT) axis activity are poorly understood. In depression, and especially in treatment resistant depressed patients (TRDs), this axis is often dysregulated. We have previously demonstrated that the difference between the 23:00 h and 08:00 h thyrotropin (TSH) response to protirelin (TRH) tests on the same day (ΔΔTSH test) is a very sensitive chronobiological index since it is reduced in about three quarters of major depressed inpatients.
Objectives: The present study aimed at assessing the effects of iTBS treatment applied to the left dorsolateral prefrontal cortex (LDPFC) in hospitalized TRDs (defined as having at least 2 treatment failures) with abnormal chronobiological HPT functioning at baseline (BL).
Methods: The ΔΔTSH test was performed in 18 TRDs and 18 matched healthy hospitalized control subjects (HCs). To be enrolled in this study, patients had to show at BL reduced ΔΔTSH values (i.e., < 2.5 mU/L) and a score of 18 or greater on the 17-item Hamilton Rating Scale for Depression (HAMD-17). All included TRDs were treated with antidepressants at the time of hospital admission. Drug dosages remained unchanged over the past month and kept stable throughout the course of iTBS. The ΔΔTSH test was repeated in all inpatients after 20 iTBS sessions (single daily session for 5 days of the week). Clinical response was defined as a reduction in HAMD-17 total score > 50% from BL and a final HAMD-17 score ≤ 8.
Results: Compared to HCs, ΔΔTSH values were lower in TRDs at BL ($p < 0.00001$ by U test). After 20 iTBS sessions, HAM-D scores decreased ($p = 0.001$ by T-test) and ΔΔ TSH values increased ($p = 0.01$ by T-test) compared to BL, although endpoint ΔΔTSH values remained lower than those of HCs ($p = 0.02$ by T-test). However, there was a relationship between the reduction in HAM-D scores from BL to endpoint and the increase in ΔΔTSH values (rho = - 0.54; $n = 18$; $p = 0.02$). At endpoint, 10 patients (55%) showed ΔΔTSH normalization (among them 8 [80%] were responders), while 8 patients (45%) did not normalize their ΔΔTSH (all were non-remitters) ($p = 0.001$ by Fisher Exact test).
Conclusions: Although the underlying mechanisms remain to be elucidated, the results of our present pilot study in TRDs suggest that successful iTBS treatment can restore a normal chronobiological activity of the HPT axis and vice versa.

Disclosure of Interest: None Declared

EPP693

ECT in Huntington's Psychosis - an unexplored therapeutic option

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Introduction: Huntington's disease (HD) is a progressive neurodegenerative disorder characterized by motor dysfunction, cognitive decline, and psychiatric symptoms. Among these psychiatric manifestations, psychosis occurs in a subset of patients, presenting significant challenges for both diagnosis and treatment. While pharmacological interventions, such as antipsychotics, are commonly used to manage psychosis in HD, they often come with limited efficacy and a high risk of adverse effects. Electroconvulsive therapy (ECT), traditionally employed in the treatment of severe mood disorders and treatment-resistant psychosis, has garnered minimal attention as a therapeutic option for psychosis associated with HD. This is proven by the absence of literature focusing specifically on the use of ECT for treatment of Huntington's Psychosis. This underexplored avenue holds potential, given ECT's neuroplastic and neurochemical effects, which may counteract the neurodegenerative processes seen in HD. Exploring the efficacy of ECT in HD-associated psychosis could not only provide symptom relief but also offer insights into the broader neuropsychiatric management of the disease.
Objectives: This review aims to highlight the therapeutic potential of ECT as a novel intervention in Huntington's psychosis, addressing the current gap in clinical research and therapeutic strategies.