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Introduction: Studies of differences in the incidence and severity of physical and social anhedonia between women and men diagnosed with schizophrenia spectrum disorder (SSD) are often inconsistent, and gender differences in treatment response have not been well studied. Hormonal factors, such as those related to the menstrual cycle, pregnancy or menopause, as well as social and cultural patterns and roles, may influence treatment response. The incidence of affective or stress-related psychiatric comorbidities may be gender-specific, which could also complicate the treatment of anhedonia and other negative symptoms of SSD. Finally, there is no evidence of sufficient quality on gender differences in the effects of rTMS, but the results are intriguing and point to the need for further research.

Objectives: To investigate gender differences in the effect of rTMS with the H7-coil on physical and social anhedonia in patients diagnosed with SSD with dominant negative symptoms.

Methods: We conducted a randomized, sham-controlled trial during 2000-2023 in the population of patients diagnosed with SSD with primary negative symptoms defined as PANSS negative symptoms subscale score > 24, and PANSS positive symptoms subscale score < 20. The intervention was HF rTMS H7 coil (Brainsway Ltd. Jerusalem, Israel) once daily for 20 days applied to the prefrontal cortex (mPFC and ACC) at 100% motor threshold with a frequency of 18 Hz, and total of 39600 pulses. The outcomes were Physical and Social Anhedonia Scales (PAS, and SAS). We controlled for the large number of relevant covariates.

Results: We randomized 49 men and 29 women of similar age. The effect on physical anhedonia was statistically significant in women ($b = 9.04$; $p = 0.016$), but not in men ($b = 2.87$; $p = 0.272$). The effect on social anhedonia was similar, but the difference was smaller (for men $b = 3.71$; $p = 0.082$; for women $b = 5.42$; $p = 0.043$). However, the Wald test showed no statistically significant differences between the beta coefficients for women and men.

Conclusions: Based on this study, it is not possible to make valid and reliable conclusions about the existence of gender differences in the effects of rTMS treatment of anhedonia with the H7 coil. However, it is possible to claim that the treatment of anhedonia with this protocol is effective in women.

Disclosure of Interest: None Declared

EPP0337

Development of a Patient-Centred Care Plan for Patients Requiring Maintenance Electroconvulsive Therapy Long-Term

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Introduction: Maintenance electroconvulsive therapy (ECT) can be effective and necessary in the long-term for patients with severe

and recurrent mood or psychotic disorders that are not amenable to any other forms of treatment. Patients with such treatment resistance affecting their ability to maintain minimal daily activities may eventually fall within the palliative psychiatric care domain in which advanced medical directives become an important beacon to direct care. There are Psychiatric Advance Directives which allow people with severe mental health conditions to consent to or refuse to consent to hospital admission and psychiatric treatment in the event they lose decision-making capacity and this can be especially important for a potentially controversial treatment such as ECT. However, the focus tends to be on enforcing involuntary treatment and less about a comprehensive long-term care plan. To our knowledge, there is no available framework to structure maintenance ECT as a patient-centred care plan.

Objectives: Our aim is to share the process of development of a patient-centred care plan for patients requiring maintenance ECT. Our objectives are:

1. Constant engagement with patients and family or caregivers
2. Regular reviews of clinical and consent aspects of treatment
3. Advocating for the welfare of patients and respect of values
4. Focus on dignity especially for patients who require treatment well into old age
5. Being prepared for termination of treatment if necessary

Methods: We reviewed our management of previous and existing patients on maintenance ECT and incorporated diligent consent-taking practices. Adopting good practices from known palliative approaches and involving the patient voice helped to form a framework for a patient-centred care plan.

Results: Our patient-centred care plan features half-yearly discussions about the risks and benefits of treatment, as well as an assessment of the patient's cognition and ability to consent which may change over time. Opportunities for them to share their values and expectations of care and engagement with their caregivers about their quality of life guide the continued treatment. A framework for discussing the disruption or eventual termination of ECT prepares for scenarios where older-aged patients may develop frailty or present with acute, prolonged or devastating medical concerns. This end-of-life care approach manages anticipated psychiatric-specific behavioural concerns and prepares for the possibility of death following the planned termination of ECT for patients who required long-term treatment throughout their life. Lastly, issues of grief amongst caregivers and ethical concerns from medical staff are addressed.

Conclusions: We hope that our patient-centred care plan provides a well-considered conversation and structure for the initiation, continuation and termination of maintenance ECT in the long-term.

Disclosure of Interest: None Declared

EPP0338

Empowering Minds: A Comprehensive Study of ECT Treatment in a Reference Mental Health Center in Portugal

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Introduction: Electroconvulsive Therapy (ECT) is one of safest and most effective treatments for severe mental illnesses. The ECT Unit of Centro Hospitalar Universitário de Santo António – Magalhães Lemos Hospital (CHUSA-HML) is a reference center for this treatment modality, providing support to the northern region of Portugal.

Objectives: This study aims to characterize patients undergoing ECT treatment from April to June 2023, at the ECT Unit of CHUSA-HML.

Methods: Retrospective study from April to June/2023. Social, demographic, epidemiological and clinical data were evaluated.

Results: Among the 55 patients who were treated there was a predominance in male sex (56%), the average age was 53 years old and only 9 completed higher education. Half of them were in a long-term relationship. Around 67% of patients are retired, predominantly (62%) due to psychiatric disability.

Most patients (78%) were referred through psychiatric consultation and the remainder came from psychiatric hospitalization (only 3 were never hospitalized). 41 patients were under maintenance treatment and 14 under acute treatment. Concerning the type of treatment 30 were submitted to bilateral ECT. For 33% it wasn't the first ECT treatment. Almost all patients improved their symptoms, only one patient had complications related to the procedure (tooth loss).

According to the international classification of disease (ICD11) the most frequent primary diagnosis was Schizophrenia or Other Primary Psychotic Disorders (58%). Neurodevelopmental disorders and substance use disorders were the most frequently comorbid diagnoses.

The results presented are preliminary, and other data that may be relevant are being collected and processed.

Conclusions: Severe mental illnesses profoundly impact patients, often imposing substantial limitations and suffering. These findings support the safety and effectiveness of ECT as treatment for severe mental disorders. Founding more specialized centers represents an important step toward enhancing mental health treatments. Access to controlled studies is crucial, fostering a deeper understanding of the ECT technique and long-term benefits.

Disclosure of Interest: None Declared

EPP0339

Electroconvulsive therapy: the perspective of the informal caregiver in the decision-making process

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Introduction: Despite the importance of electroconvulsive therapy (ECT) as treatment, it remains one of the most controversial and misunderstood treatments. Negative media representations, primitive practice in the past and fear for electricity results in fear that extends beyond other therapies. Research on the perspective and role of informal caregivers (IC) in the process of ECT is limited. Most research focuses on relatives' attitude or knowledge of ECT measured with questionnaires. However, profound understanding of their perspective can facilitate the role of physicians (or psychiatrists) in

guiding patients and their IC through the decision-making process of ECT.

Objectives: The aim of this study was to describe the perspective of informal caregivers in the decision-making process in ECT treatment.

Methods: A qualitative phenomenological study was set up. Semi-structured interviews were held with IC of patients who are treated with ECT. **Purposive sampling was based on maximum variation. All interviews were fully transcribed and thematic analyses took place.** Trustworthiness was guaranteed by e.g. researcher triangulation

Results: In nine interviews were held with partners, children and parents of patients. The interviews had a mean duration of 102 minutes and interviewing proceeded until saturation of the most important themes was reached. During the interviews it became clear that the decision-making process of ECT is strongly influenced by the illness-trajectory and context of living with the mental health problems of the patient. IC describe their life and that of the patient as 'trying to survive'. The proposal of ECT is seen as a way out of this unendurable situation. The perceived responsibility of the IC in the informed consent process to ECT adds to this burden. The IC worry, feel uncertain and fear to do wrong. Nonetheless ECT seems to be a beacon of hope. Trust in the psychiatrist as a competent professional who wants the best for the patient seems more important than having an answer to all of their questions. After the ECT has been started, IC establish a framework to evaluate the side-effects and effectiveness of ECT. This framework is based on how they experience the patient in daily life and on what they define as 'the patient becoming a bit more himself again'. IC weigh the effects and side-effects to support the continuation of ECT. However, if patients clearly express that they experience side-effects that are too hindering, IC follow the patient if he or she wants to stop ECT.

Conclusions: Our study gives an insight in the perspective of the IC of patients undergoing ECT. It could be helpful for IC if the psychiatric team repeats information stepwise and takes the burden of responsibility perceived by the IC into account. The framework used by IC to evaluate the effects of ECT could be a valuable addition to the clinical evaluation of the ECT treatment.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

EPP0340

Association between metabolic syndrome, cognitive dysfunctions, and peripheral inflammation in schizophrenia

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