

Methods: A brief non-systematized literature review was performed based on works most pertinent to the topic discussed.

Results: Muted fear responses have been mentioned in the literature, principally associated with medical conditions affecting the physiological fear pathways, including Urbach-Wiethe disease. Amygdala damage provokes abnormal fear reactions and reduced fear experience. This appears to be similar to what is seen in psychopathy, where abnormalities in the limbic system produce abnormal fear responses.

Conclusions: Any extreme can cause havoc on a well-balanced machine. Just as the excess of fear results in mental issues such as anxiety, a lack of fear can also be debilitating. Those demonstrating less fear could help investigators better understand mental health disorders that have been demonstrated to be mediated by similar processes.

Disclosure: No significant relationships.

Keywords: Physiology; Psychopathology; fear; evolution

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

EPV1225

Outstanding Seizure Characteristics With Etomidate and Ketofol

H.C. Özden* and S.C. Gurel

Hacettepe University Faculty Of Medicine, Department Of Psychiatry, Ankara, Turkey

*Corresponding author.

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Introduction: Electroconvulsive therapy (ECT) is administered following general anaesthetic induction with methohexital, thiopental, etomidate, alfentanil, remifentanyl, propofol or ketamine. One approach for idealizing the induction anaesthesia for ECT is combining two agents (e.g. ketamine-propofol) with synergistic anaesthetic properties and non-additive anticonvulsive and hyperdynamic effects.

Objectives: To establish any superiority between ketamine-propofol (ketofol) combination and etomidate in terms of seizure characteristics and hemodynamic measures.

Methods: We have combined our previous case series (etomidate vs thiopental) with new data regarding propofol and ketofol. ECT stimulus duration, stimulus frequency, the stimulus charge applied, duration of central seizure time, number of stimulation trials, plus anaesthetic used in the individual sessions were retrieved. A total number of 1092 sessions (239 sessions with etomidate, 233 with thiopental, 275 with propofol, and 345 with ketofol induction) were included in the linear mixed-effects model analysis.

Results: Etomidate was superior in terms of seizure duration compared with thiopental. There was no significant difference in seizure durations between ketofol, propofol and thiopental, however, number of failed stimulation trials within a session increased significantly with propofol use compared with etomidate and ketofol. The required amount of charge (stimulation dosage) was significantly lower when ketofol was used, compared with thiopental. Additionally, within the ketofol sessions only the propofol dose significantly increased the amount of required dose.

Conclusions: Etomidate and ketofol displayed certain superiorities in terms of seizure characteristics when used as induction anaesthetics for ECT. Therefore, both etomidate and ketamine used in combination with propofol may be considered to be the gold standards of ECT anaesthesia.

Disclosure: No significant relationships.

Keywords: anaesthesia; etomidate; Electroconvulsive therapy; ketofol

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Suicidality during neuromodulation in the elderly depressed: study design

A. Van Daele¹, D. Zeeuws^{1,2,3*} and C. Baeken^{1,2,3,4,5}

¹Vrije Universiteit Brussel, Faculty Of Medicine And Pharmacy, Jette, Belgium; ²University Hospital Brussels, Department Of Psychiatry, Jette, Belgium; ³Vrije Universiteit Brussel, Center For Neurosciences (c4n), Jette, Belgium; ⁴Ghent University, Psychiatry, Gent, Belgium and ⁵Eindhoven University of Technology, Department Of Electrical Engineering, Eindhoven, Netherlands

*Corresponding author.

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Introduction: Late life depression is a major global health issue, with an estimated 7% of older adults suffering from this mental disorder. Depression is one of the most important predictors for suicide in the elderly. However, it is often difficult to recognize and manage, making treatment-resistance a common occurrence. Treatment-resistant depression itself is also a known risk factor for suicide. Recently, non-invasive neuromodulation techniques have been used as a new treatment for depression and suicidality with promising results.

Objectives: This study aims to investigate the effect of adTMS (accelerated deep Transcranial Magnetic Stimulation) and tDCS (transcranial Direct Current Stimulation) on the suicidality of elderly, therapy-resistant depressed patients. The hypothesis is that suicidal ideation and risk of suicide will decrease after a treatment with adTMS and tDCS.

Methods: In this randomized double-blinded sham-controlled clinical trial, geriatric therapy-resistant depressive patients will receive adTMS treatment (See: Figure 1). Suicidality will be assessed before and after the active or sham treatment, through the Columbia Suicide Severity Rating Scale (C-SSRS) and Beck Scale for Suicide Ideation (BSI). After one week of rest, all patients will receive an at-home tDCS treatment for 3 weeks. Likewise, the suicide risk will be estimated before and after the tDCS. During the screening period, the severity of the patients' depressive symptoms will be determined by using the 17-item Hamilton Depression Rating Scale (HDRS-17). In total, the trial will last for 5 weeks, and suicidality will be examined at five different time points (during screening, at T0, T1, T2 and T3).

