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**Introduction:** Intellectual disability is an illness with an important burden on patients and caregivers, especially when severe and when comorbidities such as other psychiatric disorders are present. There are case reports of treatment resistant self-aggression, agitation, epilepsy, catatonia and psychosis successfully treated with electroconvulsive therapy although controlled studies were not found.

**Objectives:** This work reviewed the current evidence for the use of electroconvulsive therapy in the management of patients with intellectual disability as well as its ethical and methodological implications.

**Methods:** Non-systematic review of the literature with selection of scientific articles published in the past 20 years; by searching Pubmed and Medscape databases using the combination of MeSH descriptors. The following MeSH terms were used: “electroconvulsive therapy”, “intellectual disability”.

**Results:** Patients with intellectual disability can have incapacitating comorbidities that greatly impair quality of life, and may require withdrawal from the community. Treatment often differs from the general population as psychotropic medication can worsen other comorbidities. Electroconvulsive therapy can be a relevant treatment option for comorbidities in this population due to its safety profile. Ethical considerations should be taken into account, especially with non-verbal patients or when adequate representatives have not been chosen or cannot be reached. Different legal challenges may be present on different countries.

**Conclusions:** Electroconvulsive therapy and intellectual disability share the burdens of heavy stigma and low investment. Intellectual disability and its comorbidities present both a diagnostic and treatment challenge. Electroconvulsive therapy is an important weapon capable of restoring patients to their families and diminishing the burdens of caregivers and healthcare systems

**Disclosure:** No significant relationships.

**Keywords:** Electroconvulsive therapy; Intellectual Disability; Neurodevelopment; ECT

## EPV1242

### Tinnitus as a comorbidity to depression and transcranial magnetic stimulation as a treatment for both - case report

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**Introduction:** Depressive symptoms are common in individuals with tinnitus, however, the mechanisms of their interaction are not fully understood. There is neurobiological evidence that might help understanding the interplay between tinnitus and depression which, in turn, helps in making the right choice for treating both conditions.

**Objectives:** This case report describes a 70-year old female patient that presented with tinnitus and depressive symptoms lasting for the past 5 years.

**Methods:** The patient showed limited treatment results with different antidepressants. The otorhinolaryngologist ruled out any possible somatic causes of her tinnitus. Tinnitus was causing her sleep disturbances, which worsened her everyday functioning that was already quite poor even further.

**Results:** After being administered with 30 rounds of TMS, her symptoms either completely resolved or at least reached a level that was adequate for her to start functioning normally on a day-to-day basis.

**Conclusions:** TMS is a technique that provides non-invasive cortical stimulation, more specifically, when used for depression treatment it stimulates the left dorsolateral prefrontal cortex, a brain region synaptically connected to the limbic system involved in mood regulation that is proven to be hypoactive in depression. The limbic system is where tinnitus-related brain networks and regions involved in the pathophysiology of depression overlap. Further research is needed to deepen the understanding of this topic.

**Disclosure:** No significant relationships.

**Keywords:** Antidepressants; Depression; tinnitus; TMS

## Psychotherapy

### EPV1245

#### Cardiac surgery patient: differentiating targets for psychotherapy

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**Introduction:** Differentiation of targets for psychotherapy allows determining certain ways and priorities in psychological treatment of a patient.

**Objectives:** To work out a multi-level system of psychotherapeutic targets for clinical groups of cardiac surgery patients (CSPs).

**Methods:** Clinical and psychological analysis of 152 CSPs who were to undergo different types of cardiac surgery treatment.

**Results:** We have established four levels of psychotherapeutic targets: a patient's response to surgery, psychopathologic manifestations,