

quantitative portion will consist of an anonymous, self-administered survey shared through REDCap. Focus groups with rTMS experts will be conducted to inform survey creation.

**Results:** No result at this time.

**Conclusions:** Understanding gaps in knowledge and attitudes toward rTMS is the first step toward ensuring that everyone is well informed and able to access safe and effective treatments. With limited treatment options available to a postpartum and/or peripartum depression patients being well informed on all treatments is crucial towards accessing treatments that best suit their needs.

**Disclosure:** No significant relationships.

**Keywords:** peripartum depression; repetitive transcranial magnetic stimulation; knowledge; postpartum depression

## EPV1237

### Repetitive transcranial magnetic stimulation (rTMS) for catatonia– a case report

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**Introduction:** Catatonia is one of the most common severe motor syndromes, with an estimated prevalence among psychiatric inpatients of about 15 %. Benzodiazepines and electroconvulsive therapy (ECT) are the most widely studied treatment methods recommended as first-line therapy. We present the case of a 55-year-old female patient with paranoid schizophrenia and severe life-threatening catatonia who remitted under a short series of rTMS.

**Objectives:** s. Introduction

**Methods:** The point of resting motor threshold (RMT) for the musculus rectus femoris was determined for the left hemisphere. A straight line 3 cm anterior and parasagittal from that point defined the SMA. A total of three sessions, each with 1000 pulses at intensity 66 % of the RMT, were performed within 24 and 120 hours apart. Stimulation protocol was set to 1Hz in the area of the left SMA with 25 series of 40 pulses, pulse width 25 ms, angle of attack 45°. Hardware: MagVenture, 8-coil “cool-B65 butterfly-shaped coil from Medtronic.

**Results:** Within 24 hours after the first session, a marked improvement of catatonic symptoms like independent locomotion and verbal communication was recognized. One week after the whole rTMS treatment, a food intake without a gastric tube was possible.

**Conclusions:** The present case demonstrates that pronounced catatonia may be successfully treated with inhibitory rTMS. Our results underline the importance of non-invasive brain stimulation as a valuable addition to the existing treatment spectrum for catatonia. Future research is empowered to path the way for a significant expansion of treatment.

**Disclosure:** No significant relationships.

**Keywords:** Catatonia; repetitive transcranial magnetic stimulation; Supplementary Motor Area; schizophrénia

## EPV1239

### Something inside my head

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**Introduction:** Electroconvulsive therapy (ECT) is a medical treatment for those patients with high suicide risk or refractory psychiatric disorders. It is currently a safe technique, and its effectiveness has been widely demonstrated.

**Objectives:** Presentation of a clinical case about a patient with drug-resistant delusional disorder and high suicide risk, who eventually received ECT treatment.

**Methods:** Bibliographic review including the latest articles in Pubmed about ECT procedure, effects and use.

**Results:** We present a 45-year-old man, who visited different doctors several times by reporting he had the feeling of “having a brain tumor or a vascular disorder”, so he requested imaging tests (computed tomography and magnetic resonance). These tests were absolutely normal, but he kept thinking something was wrong, and eventually attempted suicide by hanging (his family found him before it was too late). The patient was admitted to hospital, and started psychopharmacological treatment, with minimal response. He desperately insisted that he had “something inside his head”. At this point, it was proposed to start ECT, and the patient accepted. After 6 bilateral ECT sessions, he was visibly more relaxed and less worried, and he no longer presented autolytic ideation. He was still a little bit suspicious about the feeling of having a neurological disease. Currently, the patient runs a follow-up consultation.

**Conclusions:** Electroconvulsive therapy is a safe and effective technique for those patients with high suicide risk. It may be useful to perform imaging tests in certain cases, for detecting intracranial pressure, acute hemorrhage, tumors... A follow-up of these patients must be performed

**Disclosure:** No significant relationships.

**Keywords:** Delusional disorder; ECT; Electroconvulsive therapy

## EPV1240

### Electroconvulsive therapy for Patients with Intellectual Disability. When and how?

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