

## EPV1233

## TMS use in Depressive disorder in Youth

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**Introduction:** Trans-cranial magnetic stimulation (TMS) as a non-invasive method of altering brain activity (1) has widened the array of therapeutic options available for various psychiatric disorders.

**Objectives:** Trans-cranial Magnetic stimulation (TMS) as a non-invasive method of altering brain activity has widened the array of therapeutic options available for various psychiatric disorders. •A large number of studies have shown therapeutic benefits in a wide range of patient population with majority of studies in adults. •TMS is used increasingly for the treatment of child and adolescent depression. •Yet, the scarcity of studies and lack of published guidelines for this population is notable. •As TMS use is expanding in this population, an overview of the use of TMS in children and adolescents with depression may provide much needed and timely perspective on this neuropsychiatric intervention.

**Methods:** We searched all published studies using PubMed database, on TMS use in depressive disorders in children and adolescents. A total of 13 studies were found to have reported use of TMS in depression in children and adolescents.

**Results:** We found various case series, open label studies as well as sham controlled blind studies indicating that TMS has been effective in treating depression in children and adolescents. No significant side effects were found in our review.

**Conclusions:** Studies have shown that TMS is an effective treatment option for depressive disorders in children and adolescents. Initial studies look promising but implications in large pediatric population may be different and there is a need for more double blind, controlled trials with larger sample size.

**Disclosure:** No significant relationships.

**Keywords:** TMS; Depression; Child and adolescent psychiatry; neuromodulation

## EPV1235

## Paradoxical Neuroethical Crisis of Agency and Identity in an Obsessive-Compulsive Disorder Deep Brain Stimulation Patient

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**Introduction:** Deep Brain Stimulation is an increasingly viable, well-established treatment for medication refractory obsessive-compulsive disorder. Yet, its neuromodulatory effects on the brain have led to varying and opposing neuroethical debates about its potential influence on a range of phenomena such as human agency, sense of nonauthenticity and identity.

**Objectives:** Establish the importance of maintaining the psychotherapeutic alliance in a long-term DBS patient who reported minimal device side effect and no brain-technology interface interpersonal issues; yet struggled with a paradoxical phenomenon of psychic distress surrounding issues of agency and identity, not through device implantation, but through morphology of cognitions from negativistic interpersonal dynamics and spousal victim-blaming due to the necessity for such a device.

**Methods:** Case-report of a 60+-year-old gentleman with a history of childhood-onset, treatment refractory OCD with a 15-year history of bilateral DBS lead placed via a ventral caudate/ ventral striatum trajectory through the anterior limb of the internal capsule to the nucleus accumbens.

**Results:** Years later he was only minimally improved above baseline; yet now with a few-years increasing degree of distress over a perceived atrophy of his capabilities that he felt was validated through what he described as his failure of artificial bionics. Extensive device setting re-optimization did not improve efficacy and with supportive therapy, the DBS device was weaned, and turned off.

**Conclusions:** The following year the therapeutic foci were on interpersonal identity, existential acceptance of breakthrough symptoms, and engagement of spouse into marital counseling leading to subsequent resolution of distress with improved quality of life.

**Disclosure:** No significant relationships.

## EPV1236

## Knowledge and attitudes toward repetitive transcranial magnetic stimulation (rTMS) as a treatment for postpartum and peripartum depression.

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**Introduction:** Postpartum and peripartum depression are debilitating disorders that impact the mother and their ability to care for their children's emotional, social, and physical needs. Current treatments include psychotherapy, pharmacotherapy, and electroconvulsive therapy. These treatments are moderately effective or come with side effects that can negatively impact mother and child. As a result, many mothers view some treatments as unacceptable while pregnant or breastfeeding. Over the last decade, repetitive transcranial magnetic stimulation (rTMS) has shown promise as an effective and safe treatment option for postpartum and peripartum depression. However, little is known regarding people's knowledge and attitudes towards this emerging technology, with no research assessing this in Canada.

**Objectives:** We aim to identify gaps in knowledge and to assess attitudes toward rTMS as a treatment for postpartum and peripartum depression in mental health professionals, patients, and the general public living in Canada.

**Methods:** A mixed methods study design will be employed. The qualitative portion will consist of individual semi-structured interviews. An inductive thematic analysis will be completed. The