Disclosure: No significant relationships.
Keywords: oxygen; HDRS; CGI; Depression

EPV0245

Constructing a hospital post-stroke depression management protocol by studying the management of post-stroke depression in a hospital setting

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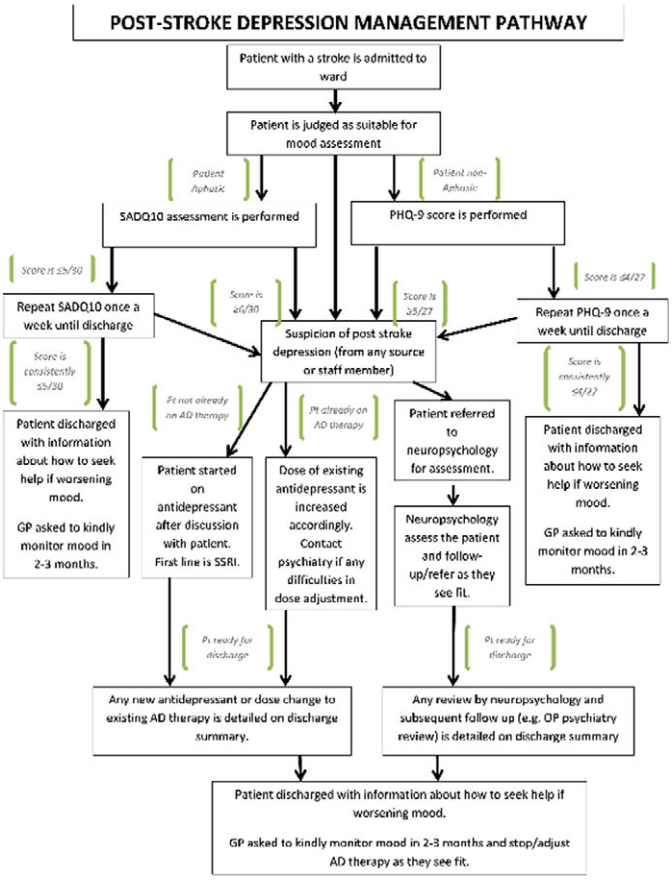
Introduction: A stroke is a potentially debilitating event which can render the victim unable to perform many tasks and functions, significantly decreasing their quality of life. This, in addition to emotional/mental changes post-stroke, can lead to a phenomenon known as "post stroke depression" (PSD), characterised by persistent low mood following a stroke.
Objectives: This study aims to amalgamate recommendations based on national guidelines and previous literature, in addition to an original inpatient study of stroke patients within a hospital, to construct a standardised protocol of the management of PSD in the hospital setting.
Methods: 248 patients who had been treated for stroke within a hospital were analysed using hospital notes to assess for incidence of PSD, in-hospital management, and outpatient follow-up. In addition a literature search was conducted and national guidelines were consulted to develop a PSD management protocol.
Figure 1: Post stroke depression management protocol.
Results: While 8% (20/248) of stroke patients experienced low mood immediately post stroke, 45% (9/20) of these patients did not receive any therapy or drug treatment, 80% (16/20) did not receive any outpatient monitoring of their mood and 100% of patients received no outpatient monitoring of newly commenced antidepressants.
Conclusions: Using the results and literature search, a PSD management protocol, encompassing both appropriate in-hospital therapy and robust outpatient monitoring, was developed (Figure 1). We hope that through this, hospital care of PSD can be improved and optimised, in order for victims of PSD to receive the best possible, evidence-based care available to treat this potentially devastating condition.



Disclosure: No significant relationships.
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EPV0246

Electroconvulsive therapy in the medical comorbidities context: A case report

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Introduction: Electroconvulsive therapy (ECT) is today one of the main treatments available and used in psychiatry for serious mental illnesses. Eighty years after its introduction, the ECT procedure has evolved to become a safe option based on scientific evidence. Nowadays there are no absolute contraindications for ECT, regardless of the type of population and clinical situation.
Objectives: To illustrate the electroconvulsive therapy in medical comorbidities context with a case report.
Methods: Descriptive case study.
Results: We present a 66 years old patient who suffers from a psychiatric decompensation with a diagnosis of major depressive disorder with psychotic symptoms. Due to her cardiological history (prolongation of the QT interval of possible psycopharmacological origin and a 2:1 AV block, that required the implantation of a definitive pacemaker) and partial response to psychotropic medication, the initiation of electroconvulsive therapy is proposed as the best alternative. The pacemaker was previously studied by cardiology for a very complete analysis before the procedure. It was recommended to convert it to fixed rate pacing by using a magnet. To do this, we placed it over the pacemaker during the technique. While waiting for a clinical improvement, no incidence has been produced during the sessions.
Conclusions: ECT should not be postponed as a last resort. Numerous studies conclude that ECT is globally the treatment of choice (70-85% response) in severe depressive conditions, over and above antidepressant drugs. The incidence of relevant cardiac complications on ECT is relatively rare (0.9%). Regarding the use of pacemakers, electroconvulsive therapy represents an effective and safe option for the patient.