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Objective To investigate the effect of Qing Huan Ling and (or) risperidone on activity and preferences behavior of the hypoglutamatergic schizophrenia model in mice.
Methods Seventy kunming mice were randomly divided into 5 groups, one group as placebo group. The rest groups intraperitoneal injection MK-801 continuously 14 day, then randomly numbered: model group, Qing Huan Ling group, risperidone groupand Qing Huan Ling combined risperidone group. Intragastric administration give corresponding drugs for each group one month, at the same time observe high activities and changes in the preferences of five groups.
Results Compared with the blank group, activity of the rest model groups induced by MK-801 was increased ($P < 0.05$). After intragastric administration one month, model groups of high activity was decreased, especially risperidone combined Qing Huan Ling group. There was no statistical meaning in inquiry activity of five groups ($P > 0.05$). Compared with model group, latent period of step-through test was prolonged 35.5 s ($P < 0.05$), of step-down test was prolonged 11.4 s in risperidone combined Qing Huan Ling group.
Conclusion The combination of Qing Huan Ling and risperidone can suppress the high activity; also can protect harmed memory of the preference behavior in the hypoglutamatergic schizophrenia model in mice.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.387

e-Poster Walk: Psychosurgery & stimulation methods (ECT, TMS, VNS, DBS) and psychophysiology

EW0774

Description of anesthetic drugs used in hospital del Mar and their impacts on convulsion duration and blood pressure in electroconvulsive therapy

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Introduction The electroconvulsive therapy (ECT) is an effective treatment used for several psychiatric disorders. However, there are multiple enigmas about the mechanisms of action and factors that improve its results. Some frequent questions are if the anesthetic drug makes a difference in the time of convulsion and blood pressure.
Aims Our principal aim is to describe the utilization of anesthetic drugs among the patients that are being treated with ECT in hospital del Mar. We also want to know the differences in the time of convulsion and systolic arterial pressure for every anesthetic drug (propofol, thiopental and etomidate).
Material and methods We have used the database of ECT in hospital del Mar. It contains information like age, principal diagnosis, medical background and pharmacological treatment at the moment of starting ECTs; it also contains information of each individual ECT session as basal, 2 and 5 minutes arterial pressure; the anesthetic drug used, and convulsion duration.
We made an analysis of general conditions of the population, the differences of convulsion time and arterial pressure between the three anesthetic drugs.
Results Propofol was used in 1140 sessions, thiopental in 61 sessions and etomidate in 54 sessions. The differences in the means of convulsion times between propofol and etomidate are statistically significant ("*P*" value < 0.05). Etomidate or thiopental increases the difference of arterial pressure more than propofol.
Conclusions Further research about the factors that improve convulsion duration and minimize adverse effects on blood pressure is needed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.388

EW0775

An evaluation of the use of electroconvulsive therapy in a United Kingdom high secure psychiatric hospital

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Introduction Electroconvulsive therapy (ECT) is an effective NICE-approved treatment for severe depression, treatment-resistant mania and catatonia; the Royal College of Psychiatrists' (RCPsych) guidelines also support its use fourth line for treatment-resistant schizophrenia.
Objectives Evaluate the use of ECT at Broadmoor High Secure psychiatric hospital, focusing on the indications for its prescription and patients' capacity to consent.
Method Analyse case records of all patients who received ECT, and of all patients referred for Second Opinion Appointed Doctor (SOAD) certified ECT treatment under Section 58 of the Mental Health Act 1983 (MHA) due to incapacity, between 01.09.11 and 30.07.15.
Results All patients lacked capacity to consent to treatment during this time. Thirty-three referrals were made to the SOAD service for 15 patients, and of these 30 resulted in certification (T6) of which 10 were not subsequently used. Improvements in mental state and agreement to take clozapine were common reasons for T6s either not being certified or used. Urgent treatment under Section 62 of the MHA was employed 7 times for 4 patients during this period. Of the referrals to the SOAD service, 25 were for treatment-resistant schizophrenia, 5 for mania, 3 for catatonia and none for depression.
Conclusions Those patients requiring ECT within this population tended to be the most unwell and all lacked the capacity to consent to it. The majority (76%) of patients receiving ECT at Broadmoor do so outside of NICE (but within RCPsych) guidelines. ECT may be an effective strategy for promoting compliance with clozapine.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.389

EW0776

Predictive response factors of repetitive transcranial magnetic stimulation in treatment-resistant depression

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