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Efficacy and safety of long-term cabergoline treatment of antipsychotic-induced hyperprolactinemia (naturalistic study)

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Introduction Antipsychotic-induced hyperprolactinemia (AIH) is associated with disturbing clinical symptoms, such as sexual dysfunctions, menstrual disorders and galactorrhea. Long-term studies of dopamine agonists in AIH are scarce.

Objectives To assess efficacy and safety of cabergoline use in psychiatric patients with AIH, including impact on sexual function and quality of life (QoL).

Methods It was an open-labeled non-randomized naturalistic prospective comparison of cabergoline vs no treatment in 84 chronic psychiatric patients (F/M = 77/7) with AIH. Cabergoline treatment was started in 44 patients, the control group included 40 patients who rejected the treatment with cabergoline. For assessment of QoL, sexual dysfunction and other hyperprolactinemia symptoms, UKU side effects rating scale (UKU) and SF-36 were used.

Results The main and control groups were comparable on all main clinical and psychiatric characteristics. The effective cabergoline dose was 0,25–3 (median-0,5) mg weekly; total cabergoline exposure–534 patient-weeks. Normal prolactin levels were achieved after 4–44 (median-14) weeks in 95% of patients. At 3 months after cabergoline discontinuation, prolactin remained normal in 71%, and AIH recurred in 29% of patients. Prolactin normalization was associated with significant reduction of menstrual disorders, galactorrhea, improvement of UKU scores on sexual desire, orgasmic dysfunction, total UKU score and SF-36 scores on subscales of social functioning ($P=0,006$), role-emotional ($P=0,042$), and mental health ($P=0,049$). The rate of psychosis exacerbation in control group was higher than in the treatment group (37,5% vs 0%; $P<0,001$).

Conclusions Cabergoline is effective and safe in majority of AIH patients. Long-term cabergoline treatment is not associated with psychosis exacerbation. Beyond reversal of typical AIH symptoms, treatment with cabergolin improves sexual function and QoL.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Psychosurgery and stimulation methods (ECT, TMS, VNS, DBS)

EW454

Electroconvulsive therapy in elderly - a preliminary study

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Introduction Studies with electroconvulsive therapy (ECT) in elderly focus mainly on the assessment of possible side effects on the cognitive functioning; there are few studies that evaluate the effectiveness.

Objective Evaluate the effectiveness of this treatment in the population over 65 years.

Aims Perform a preliminary study to evaluate the response to ECT of ≥ 65 years patients with depression.

Methods We carry out a descriptive study based on patients treated in the last 10 years in the ECT Unit of Centro Hospitalar Psiquiátrico de Lisboa.

Results Our initial sample consisted of 457 patients. We select patients aged ≥ 65 years with depression, and with complete data, including electroconvulsive parameters, and initial and final Hamilton Rating Scale for Depression (HRSD) scores ($n=59$). Of this, 81.36% ($n=48$) had unipolar depression, and 18.64% ($n=11$) had bipolar depression. In the first group, the mean variation between the initial and final scores in HRSD was 13.88 points, and 27.10% ($n=13$) of the patients ended the treatment in the normal range of HRSD score. In the second group, the mean variation was 12.82, and 63.60% ($n=7$) ended the treatment in the normal range of HRSD. Considering the initial and final HRSD scores, it appears that unipolar depression group presents higher values (severe depression) ($P<0.05$). When we compare the mean variation between the initial and final HRSD scores, we didn't observe a statistically significant difference between the two groups. There was a clinical improvement in both.

Conclusions The acute treatment with ECT appears to improve depressive symptoms in bipolar and unipolar depression, when considering an elderly population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Knowledge and attitude toward repetitive transcranial magnetic stimulation (rTMS) among psychiatrists in Saudi Arabia

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Introduction Repetitive transcranial magnetic stimulation (rTMS) is a new treatment, used for different psychotic disorders mainly depression.

Objectives Assessing knowledge and attitude toward rTMS among psychiatrists in Saudi Arabia, and determining factors affecting that.

Aims To ensure that psychiatrists have sufficient knowledge regarding rTMS. A good knowledge will most likely have a positive impact on their attitude.

Methods Cross-sectional study was conducted through an online survey. The study population is all psychiatrists in Saudi Arabia. A new valid and reliable questionnaire was developed.

Results Sample of 96 psychiatrists enrolled in the study, 81% were males. Participant's mean age was 37 years. Half of participants were consultants. The sample mainly consists of general psychiatrists (65%). The study showed that 80% of psychiatrists have an efficient knowledge about rTMS. Consultants have higher knowledge than residents do. Abroad training has no association with the level of knowledge or attitude. Seventy-nine percent of

psychiatrists have a positive attitude toward rTMS. Only 53% of psychiatrists agreed to receive (rTMS) in case they were in a psychotic depressive condition. Minority (7%) of psychiatrists would not refer their patients for rTMS.

Conclusion Most of psychiatrists have a good knowledge and a positive attitude toward rTMS. Those who have high level of training and experience show higher level of knowledge. Articles are found to be a better source for updating knowledge. Having an rTMS treated person in the family or relatives will positively affect the psychiatrist's attitude.

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EW457

ECT-treatment in Western Norway; first data from the Regional register of neurostimulation treatment

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Introduction Electroconvulsive therapy (ECT) is one of the most polarizing treatments in medicine. Although the treatment effect is well documented in clinical studies, there is a lack of data regarding patients treated in an ordinary clinical setting. In 2013, we established a regional register of neurostimulation treatment in Western Norway.

Objectives To describe the use of ECT at the Haukeland university hospital in Bergen.

Methods Patients treated with ECT between June 2013 and June 2015 were included in the register.

Results One hundred and forty-seven patients received ECT during the 2 years period. The mean age was 58.4 years (22–91 years), 67% were female. Half of the patients (49.7%) had been treated with ECT previously. Indication for treatment was depression in 137 patients (93.2%), of which 29 (19.7%) were moderately, and 69 patients (46.9%) severely depressed, and additional 37 patients (25.2%) presented with severe depression with psychotic features. All but two patients were treated with right unilateral electrode placement, with a mean of 9.7 (3–22) treatments.

The mean MADRS before treatment was 34.2 (4–56) and after treatment 11.9 (0–39). One hundred and ten patients (74.8%) responded to treatment; of which 89 (60.5%) remitted (response defined as a 50% or greater decrease from MADRS baseline score, remission defined as MADRS ≤ 12). Twenty patients (13%) continued with continuation or maintenance ECT after the index series.

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EW458

Repetitive transcranial magnetic stimulation (rTMS) for the management of treatment-resistant depression in schizophrenia

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Introduction Depression is the most common co-occurring syndrome in schizophrenia, which affects up to 60% of patients. Depression aggravates negative symptoms and cognitive deficit

and can deteriorate social functioning, quality of life and outcome of the disease. Insufficient clinical response to adequate pharmacotherapy determines rising interest to brain stimulation techniques such as rTMS.

Objectives The primary goal was to evaluate safety and efficacy of rTMS in treatment-resistant schizophrenia patients with dominant depressive and negative symptoms in open non-controlled trial.

Aims and patients Thirty-one schizophrenia (ICD-10) patients with evident depression (CDSS ≥ 6) and negative symptoms and with stable low rate positive symptoms on combined adequate pharmacotherapy (antipsychotic + antidepressant), which have not been changed for at least 6 weeks, were included to the study.

Methods All patients received 15-Hz rTMS on the left dorsolateral prefrontal cortex (100% intensity, 1800 pulses per session, 5 sessions per week, 15 sessions per course) with 8-shaped coil of Neuro-MS/D stimulator (Neurosoft). The primary efficacy measure was 50% CDSS score reduction after the 3rd week of treatment. The secondary measures were weekly reduction rates for CDSS and for PANSS negative syndrome scale.

Results Twenty (64,5%) patients respond to rTMS. Final mean CDSS score reduction was 55,2% ($P=0,000004$), and mean PANSS negative scale score reduction was 21,3% ($P=0,000012$). Two patients (6,5%) were excluded due to persistent headaches, no serious adverse events were observed.

Conclusions rTMS is safe and effective strategy for the management of treatment-resistant depression in schizophrenia and can alleviate negative symptoms. Further sham-controlled studies are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW459

Long-term electrical stimulation of bed nucleus of stria terminalis for obsessive-compulsive disorder

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Introduction We previously reported that deep brain stimulation (DBS) in the anterior limb of the internal capsule/bed nucleus of the stria terminalis (IC/BST) is effective in reducing symptoms in severe treatment-resistant obsessive-compulsive disorder patients.

Objective To examine the long-term evolution of obsessive compulsive disorder (OCD) symptoms in 24 patients treated with chronic electrical stimulation in IC/BST.

Aims We aimed to examine the evolution of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and to determine if a number of predictors assessed before surgery are significantly related to this evolution.

Methods We used a linear mixed model to investigate the evolution of the Y-BOCS in 24 patients. Data was collected in a naturalistic manner. Seven hundred measurements, taken during a total of 1836 follow-up months, are included in this analysis.

Results Our analysis showed a long-term, sustained effect of electrical stimulation in the IC/BST. After a fast initial decline of OCD symptoms, these symptoms stay relatively stable. In addition, results show a strong ON/OFF effect of stimulation (e.g., due to battery depletion). Beside the ON/OFF effect of stimulation, the surgery itself has no additional effect on OCD symptoms. The Beck Depres-