

Poster Session II: ECT/ TMS

P0311

Interest of TMS treatment in resistant depressed patient with Parkinson's disease: A case report

R. Benadhira, S. Braha, D. Sidhoumi, D. Januel. *Unite de Recherche Clinique, Service Psychiatrie 93G03, EPS Ville Evrard, Saint Denis, France*

Repetitive transcranial magnetic stimulation treatment (rTMS) in elderly depressed subjects (> 60 years) deserves to be assessed, in view of the absence of severe side effects. But most of the results in the literature have been negative probably due to a too short duration of rTMS treatment in this particular population. We report the case of a 71 years resistant depressed old man with a Parkinson's disease treated by rTMS (LDLPFC, 10 Hz, 1600 pulses, 80% MT) over a 2 years period: one month of curative treatment (five sessions a week) followed by 23 months of maintenance sessions (one a week). The results show a significant drop in HDRS scores after one month of rTMS: 26 at baseline versus 10 at M1, 7 at M6 maintained at M24. Therapeutic efficacy and absence of cognitive effects are strong arguments in favour of rTMS treatment in resistant depressed patient with parkinson's disease. Moreover, rTMS could be useful to avoid aggravating the polymedication in this multitreaded population. Double blind studies are needed to confirm the interest of rTMS in this population.

P0312

Application of electroconvulsive therapy in a psychiatric ward

M. Martin, M.F. Pando, E. Benitez, T. Alvarez, M.D. Crespo, M. Vega, A. Chinchilla. *Psychiatry Department, Ramon Y Cajal Hospital, Madrid, Spain*

We have studied electroconvulsive therapy application in a 24 patient psychiatric ward during the period between 2000 and 2007.

In our sample, consistent on 70 electroconvulsive cycles applied in 53 patients applications, the measured variables were: gender, age, diagnosis, previous processes, previous administration of ECT, duration of the present episode, previous treatment before ECT including drugs used and treatment compliance, average number of ECT applications, response to the administration, treatment at discharge and evidence of the appearance of subsequent psychoorganic deficit.

Average age of patients treated with ECT was 55, 81 years, being mostly women (67, 14%). Diagnosis in our sample were melancholy, psychotic or non psychotic (41, 42%), and manic depressive psychosis or schizoaffective psychosis, most frequently in a depressive episode, although also during manic or mixed episodes. Schizophrenic psychosis only takes up a discreet percentage of the sample (11, 42%).

Average of applied sessions was 5, 52 sessions per patient, obtaining very successful results in most cases (92, 86 %). Globally, the ECT was well tolerated specially in those cases in which the process that justified ECT were not associated to previous persistent intellectual deficit. From these patients just five of them had post-ECT administration confusional symptoms. We found manic symptoms in five cases.

Electroconvulsive therapy was administrated as prophylactic intervention in several melancholic patients and as maintenance therapy.

P0313

The treatment of depression with somatic pain

I.A. Dan¹, M. Grimberg², A. Varghes³. ¹ *Clinical Hospital, Bucharest, Romania*

Background: One of the partial solved issues in the treatment of depression is somatic pain. Most antidepressants can reduce the intensity of affective symptoms, but somatic pain, if present, is unfortunately, the last which disappears.

Aim: to estimate the clinical efficacy of SSRI (paroxetine) compared to venlafaxine XR, a dual action antidepressant, in patients with Major Depressive Disorder (MDD) and somatic pain.

Methods: Clinical open study including 48 patients (28-56 years), both sexes, with MDD (DSM-IV), mean scores MADRS=28 and somatic pains at baseline (at least 1 symptom moderate-severe)

Instruments: MADRS, Depression Checklist (developed by University of Michigan Depression Center), CGI-Severity, CGI-Improvement, side effects, somatic conditions and relapse (follow-up: 6 month).

Results: The patients were divided in 2 groups: Group A: paroxetine (40mg/day), 23 patients; Group B: venlafaxine XR (225mg/day), 25 patients. After 8 weeks: responders in Group A=56%, in Group B= 59%; partial responders: Group A=21% and Group B=15%, non-responsive: Group A=12% and Group B=11%. Drop-outs: Group A=11% and Group B= 15%. Somatic symptoms: 36% of the Group A patients and 28% of the Group B presented at least 1 somatic symptom with moderate to severe intensity. The 6 month follow-up period we evaluated the relapses in all groups and the outcome of the somatic symptoms.

Conclusions:

1. In MDD patients both paroxetine and venlafaxine XR demonstrated a good therapeutic effect.
2. The somatic symptoms were less influenced by both antidepressants, till the end of the study.
3. The group B was more responsive to these important aspects.

P0314

Efficacy of maintenance ECT- a naturalistic retrospective study

S. Gupta¹, J. Warner². ¹ *Department of Psychiatry, Central and NorthWest London NHS Foundation Trust, London, UK*

Background and Aim: It has been suggested that mECT reduce relapse rates in chronic/recurrent depression. We aimed to study its efficacy in this group.

Method: A retrospective analysis of 19 patients who received mECT following a successful course of acute ECT. We compared admission rates and bed occupancy during the mECT period with periods of 2-4 years before and after mECT. Information was gathered from case-notes and hospital records. This group was then compared with a similarly matched group, who received a successful index aECT followed by other non-ECT maintenance therapies to compare for secular trends.

Results: 19 patients - average age 70.6 (44-88) received mECT (ave. 37 (12-89) applications, mean interval-2.5 weeks). Admission rate fell from 1.02 admission/year to 0.316 (p < 0.001) and acute in-patient stay from 15.24 weeks/year pre-mECT to 7.05 during