delta activity were observed in the EEG, therefore it was found suspicious for NCSE, and the patient was planned to perform an EEG again by administering diazepam to confirm the diagnosis. After diazepam, the patient whose EEG tracing was clearly improved was admitted to the neurology intensive care unit. He was followed up for 48 hours with continuous 4 mg/hour/day midazolam and continuous bedside EEG in the neurology intensive care unit. Concomitant lamotrigine was started at 100 mg/day. Significant improvement in EEG, sinusoidal alpha, and beta waves with the eye open was observed at the 48th hour, and the patient was transferred back to the psychiatry service. Lamotrigine treatment was increased up to 200 mg/day and clozapine treatment was adjusted to 350 mg/day in the psychiatry service. In the patient whose EEG was requested again before discharge.

Results: The diagnosis of NCSE post-ECT can be laborious; the symptoms may not be characteristic and clear, and usually not distinguish from symptoms of confusion, delirium, or psychiatric illness, hence the follow-up psychiatrist should be careful. In suspicious cases, EEG should be taken, especially in patients at risk for seizures. These risky conditions include previous seizure history, and lithium or clozapine use.

Conclusions: The diagnosis of NCSE after ECT is a demanding condition. Particular attention should be paid to factors that will lower the seizure threshold. In cases with ECT treatment with clozapine, intermittent clozapine blood levels can be quantified and medication interactions and smoking can be considered. When the cases are examined, the common aspect of most of them is that the treatments have good results.

Disclosure of Interest: None Declared

EPP0246

DTMS Combined with a Pain-directed Psychotherapeutic Intervention in Fibromyalgia - A Randomized Double-blind Sham-controlled Study

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Introduction: Fibromyalgia Syndrome (FMS) is a highly prevalent condition, causing chronic pain and severe reduction in quality of life and productivity, as well as social isolation (Birtane *et al.* Clinical Rheumatology 2007; 26(5), pp. 679–684; Arnold *et al.* Psychosomatics. England 2010; 51(6), pp. 489–497; Lacasse, Bourgault and Choinière. BMC Musculoskeletal Disorders 2016; 17(1), pp. 1–9). Despite significant morbidity and economic burden caused by FMS, current treatments are scarce (Busch *et al.* The Journal of rheumatology. Canada 2008; 35(6), pp. 1130–1144; Bernardy *et al.* Journal of Rheumatology 2010; 37(10), pp. 1991–2005; Jackson *et al.* American journal of hematology 2016; 91(5), pp. 476–80).

Objectives: To examine whether stimulation of the dorsal Anterior-Cingulate-Cortex and the medial Prefrontal-Cortex (ACC-mPFC) activity by deep Transcranial Magnetic Stimulation (dTMS) enhances a pain-directed psychotherapeutic intervention.

Methods: Nineteen FMS patients were randomized to either 20 sessions of dTMS or sham stimulation, each followed by a pain-directed psychotherapeutic intervention. Using H7 HAC-coil or sham stimulation, we targeted the ACC-mPFC; specific brain areas that have a central role in pain processing (Fomberstein, Qadri and Ramani. Current Opinion in Anaesthesiology 2013; 26(5), pp. 588–593; Tendler, A. *et al.* Expert Review of Medical Devices 2016; 13(10), pp. 987–1000). Clinical response to treatment was evaluated using the McGill Pain Questionnaire (MPQ), Visual Analogue Fibromyalgia Impact Questionnaire (VAS-FIQ), Brief Pain Inventory questionnaire (BPI), and the Hamilton Depression Rating Scale (HDRS).

Results: DTMS treatment was safe and well tolerated by FMS patients. A significant decrease in the sensory and affective pain dimensions was demonstrated specifically in the dTMS cohort, as measured by the MPQ using paired-sample t-tests with Bonferroni correction for multiple comparisons on three-time points (Significant group x time interaction [$F(2, 34) = 3.79$, $p < .05$, $\eta^2 = 0.183$]. No significant changes were found in the cognitive functions, psychophysical measurements of pain, or depressive symptoms in both dTMS and sham groups and between groups.

Conclusions: Our findings suggest that a course of dTMS combined with a pain-directed psychotherapeutic intervention can alleviate pain symptoms in FMS patients. Beyond the clinical possibilities, future studies are needed to substantiate the innovative hypothesis that it is not the dTMS alone, but rather dTMS driven plasticity of pain-related networks, that enables the efficacy of pain-directed psychotherapeutic interventions.

Disclosure of Interest: None Declared

EPP0247

Adjunctive short- and long-term combination treatment of esketamine and VNS in difficult to treat depression (DTD)

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Introduction: NMDA-Receptor antagonists have rapid antidepressant and antisuicidal properties. However, the antidepressant effect is short lasting raising the question of best maintenance strategy, which is unanswered so far. Invasive vagus nerve stimulation (VNS) as a treatment option for refractory and chronic major depression was shown to reduce the need of maintenance treatment sessions in electroconvulsive therapy (ECT) patients.

Objectives: There are no published data on the combination of VNS and esketamine. To determine the impact of the combination of VNS and esketamine in DTD.

Methods: In this naturalistic observational study, we investigated the short- and long-term impact of combination of VNS and esketamine in n=8 patients with difficult-to-treat depression (DTD). Follow-up evaluations were scheduled prospectively presurgery at baseline and every 3 months after VNS-implantation (follow-up period 12-24 months, mean 17).

Results: The mean age of patients was 50,8 years. 50 % of patients (n=4) were female. All patients suffered from severe DTD (mean MADRS at baseline 30,9). Mean number of hospitalizations per