

**Methods:** To realize the goal of the work, the following were used: theoretical analysis and generalization of literary sources and Internet data.

**Results:** According to the results of research by domestic scientists, the locus of control and responsibility can act as a coping resource. It was found that the internal locus of control is associated with a low level of anxiety, and the external one with a high one; in addition, an inverse relationship between the locus of control and the level of neuroticism was found (Dementiy, 2005). This indicates that respondents with an internal locus of control are more stable in their behavior in situations that provoke anxiety and actualize personal anxiety. Internality allows a person to maintain a sense of control over the situation and his condition. It has been proven that the relationship between the locus of control and the state of anxiety depends on volitional self-control. However, along with this, the phenomenon of “heaviness of responsibility” is known in the scientific literature, which manifests itself in a sharp increase in anxiety with an internal locus of control. This may indicate that internality “loses” its resourcefulness under certain conditions: relationships between internality and anxiety are evident only at a low level of self-control. In the case when a person has developed self-control, such a connection is broken.

**Conclusions:** The generally accepted structure of personal resources, which determine the effective behavior of an individual under conditions of stress, has not yet been formed. Locus of control can act as a coping resource in the structure of self-regulation of an individual.

**Disclosure of Interest:** None Declared

## EPV0858

### The role of empathy in the coach-athlete relationship in cheerleading

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**Introduction:** In 2016, the International Olympic Committee (IOC) preliminarily recognized cheerleading as an Olympic sport. In this regard, the participation of Ukrainian cheerleaders in the 2024 Olympics in Paris is quite likely. The athlete’s performance depends on both physical and psychological factors. Human behavior depends on interaction with other people. Empathy is based on social interactions and is defined as understanding, awareness, sensitivity, and the ability to experience the feelings, thoughts, and experiences of another person. There is little research on the impact of empathy on individual athlete and team performance and performance. Psychological training in sports involves a significant amount of work with the athlete, in particular on the part of the coach: the formation of personality and interpersonal relations, the development of sports intelligence, mental functions and psychomotor qualities, etc.

**Objectives:** The purpose of the study was to determine the level of empathy among cheerleading coaches.

**Methods:** The following research methods were used to realize the goal of the work: 1) theoretical analysis and generalization of

literary sources and Internet data; 2) observation, questionnaire, interview; 3) method of expert evaluations; 4) method of diagnosing the level of empathy; 5) methods of non-parametric statistics.

**Results:** According to the general (total) indicator of empathy, the vast majority of cheerleading coaches (n=18) fell into the group with a reduced level of empathy, which is generally characteristic of coaches of some other team sports. According to the results of the research, the following features were revealed regarding individual trends in the structure of empathy of the subjects. In particular, the lowest number of points for coaches was found on the scales “Rational component of empathy”, “Identification abilities (ability to imitate)” and “Intuition”.

**Conclusions:** The data of the conducted research show that the vast majority of the surveyed coaches are characterized by a reduced level of empathy. The most pronounced components of empathy, according to the obtained results, were such components of the coaches’ personality as penetrating abilities (ease of establishing communicative ties), emotional sensitivity and instructions that promote or hinder empathy.

**Disclosure of Interest:** None Declared

## Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

### EPV0859

#### Rare adverse effects of Electro Convulsive Therapy

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**Introduction:** ECT’s most common side effects are headache, memory impairment, and cardiovascular changes [1]. We report the unusual case of unilateral eyelid swelling and cheek flushing as a side effect of ECT in a depressed but otherwise healthy patient.

**Objectives:** The patient is a 53-year-old woman with a recurrent depressive disorder for 15 years with a current major depressive episode without psychotic symptoms. With therapy resistance to mirtazapine (60 mg/d) and lithium (675 mg/d; 0.75 mmol/l), an ECT series with a total of seven sessions were performed. Treatment was performed with right unilateral electrode placement according to d’Elia (RUL).

**Methods:** After the first session (Thymatron IV; energy: 20%; pulse width: 0.5; EEG: 45 s), marked hemifacial erythema and supra-orbital lid swelling on the right side were evident. After each of the total seven sessions with adequate seizures in the EEG between 45 to 68 s, hemifacial erythema and supraorbital eyelid swelling were evident on the right side.

**Results:** Both supraorbital eyelid edema occurred immediately after seizure onset, and hemifacial erythema resolved spontaneously and entirely within 10 minutes after the termination of the respective seizure.

**Conclusions:** The right side of the face appeared normal before ECT and had no injuries or abnormalities. Trauma, allergic reactions to the anesthetic, or complications of manual ventilation were

excluded. In the literature, only one case report with supraorbital eyelid edema [2] and one case report with hemifacial redness of the face [3] after ECT have been described so far. We evaluate the eyelid edema and erythema that occurred in our case as isolated benign complications, most likely due to autonomic activation of facial nerves due to electrical stimulation in RUL.

**Disclosure of Interest:** None Declared

## EPV0860

### Successful treatment using combined electroconvulsive therapy and oral paliperidone for clozapine-resistant schizophrenia: A case report

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**Introduction:** Clozapine is considered to be the most efficacious antipsychotic drug for treatment-resistant schizophrenia (TRS). Despite this, up to 70% of patients with TRS have a poor response to adequate treatment with clozapine. In order to overcome clozapine-resistance schizophrenia (CRS), a number of adjunctive therapies, including pharmacological and non-pharmacological options, have been attempted.

**Objectives:** The objective of this paper is to highlight the efficacy of the combined electroconvulsive therapy (ECT) and oral paliperidone as a successful treatment in clozapine nonresponders suffering from schizophrenia.

**Methods:** We present the case of a 22-year-old female, with four years psychiatric history, which was admitted to our clinic for psychotic behavior, psychomotor agitation, verbal negativism, auditory hallucinations. During hospitalization, the patient presented behavioral disorganization, auditory, visual and tactile hallucinations, ideo-verbal barriers, poorly systematized delusional ideation (of guilt, mysticism, contamination, possession), episodes of catatonic stupor, rigidity, waxy flexibility, bizarre postures, false recognitions. Corroborating evidence, we established the diagnosis of undifferentiated schizophrenia. We initiated treatment with clozapine up to 450 mg/day and amisulpride up to 600 mg/day.

**Results:** Combined treatment strategy of clozapine and amisulpride for six weeks showed no amelioration in our patient, with additional side-effects. Also, in the last four years, she had been treated with several atypical antipsychotics, which had not achieved substantial improvement. Considering that our patient did not present an adequate clinical response and the catatonic symptoms were accentuated, we decided to progressively reduce the doses of clozapine by 50 mg/day until elimination, to initiate paliperidone 12 mg/day and to conduct ECT three times a week, performing a total of six sessions. The bilateral electrode placement and brief pulse stimuli (800 mA; 8 s, 30 Hz) were applied under analgesedation, with no sustained severe adverse events. After performing ECT, the patient presented a favorable clinical evolution, with a decreasing trend until the remission of psychotic symptoms.

**Conclusions:** TRS was diagnosed based on the poor response to more than two kinds of atypical antipsychotics and CRS was established after the combination of clozapine and amisulpride failed to decrease persistent positive symptoms, associated with worsening of the negative symptoms. Combined therapy with paliperidone and ECT proved to be greatly effective in improving symptoms for our patient. Switching from clozapine to a previously untried atypical might be of benefit in TRS. Also, adjunctive ECT can be efficacious in CRS. Augmentation with ECT may result in a faster response, which is particularly useful among patients with high risks of self-harm.

**Disclosure of Interest:** None Declared

## EPV0861

### Early career psychiatrists' attitudes towards electroconvulsive therapy: an international cross-sectional survey

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**Introduction:** With a history of several decades, electroconvulsive therapy (ECT) has been carefully investigated and data supports its use as a safe and effective treatment for patients with severe depression, prolonged or severe manic episodes and catatonia. However, ECT is still regarded with reluctance by patients and caregivers, and its acceptance and use seem to be controversial even for psychiatrists.

**Objectives:** To investigate the access to opportunities of training in ECT among early career psychiatrists and their views regarding the place of ECT in modern psychiatry.

**Methods:** A cross-sectional study was conducted between July and December 2022 utilizing an anonymous online survey consisting of 36 multiple-choice and Likert scale questions.

**Results:** These preliminary findings show a great discrepancy regarding the availability of ECT training in European countries, as access to specialized ECT centers is unavailable in some areas. Early career psychiatrists who had access to ECT training are more knowledgeable about the indications, precautions and side effects of this method. Most of our respondents consider ECT both an