however there are a few case reports and retrospective studies that report on it.
Objectives: We aim to illustrate through a clinical case and a review of literature the prevalence of post ECT fever as well as the possible explanatory mechanisms.
Methods: In this study we report the case of a man with ultra-resistant schizophrenia who was treated successfully with ECT despite the development of transient febrile reaction and we present a review of literature on pubmed using the following key words : ECT, fever,resistant psychosis, mechanisms.
Results: Our patient is a 48-year-old man with a psychiatric history of schizophrenia evolving since the age of 34. He has a history of matricide in 2021 resulting in his hospitalisation in a forensic psychiatric ward. He underwent trials of classic and atypical antipsychotics that weren't efficacious thus he was diagnosed with resistant schizophrenia in 2022. He was treated initially with clozapine 500 mg per day and then with the association (clozapine + amisulpride) yet it wasn't effective on his persecutory delirium and fratricide ideas. Plus, there was no reduction in his PANSS (Positive and Negative Syndrome Scale) scores. The diagnosis of ultra-resistant schizophrenia was established. The staff indicated the adjunction of ECT to Clozapine. In the inpatient unit, hours after his fourth ECT session he developed a fever (40°C), his blood pressure (120/80 mm Hg), pulse(85 beats per minute),and respiratory rate(20 breaths per minute) were normal. Blood samples, including cultures, were drawn, which showed normal blood cell count and CPK(140U/L) but CRP was elevated (31 U/L), a chest x-ray showed no acute pulmonary disease, and his urinalysis result and Covid test were negative. His fever resolved then spontaneously after two hours. The same transient febrile reaction occurred again 3 times. It was postulated in literature that fever may be due to inadequate muscle reaction. Data also suggested the potential influence of ECT on the hypothalamus that is a key region in regulating body temperature.
Conclusions: Further studies are required in order to establish the real prevalence of this side effect and its possible causes.

Disclosure of Interest: None Declared

EPV0853

The current status of recommendations for non-invasive neuromodulation therapy in severe mental disorders

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Introduction: There is an increasing rate of treatment resistance in severe psychiatric disorders (SPDs), which indicates the necessity for finding new therapeutic interventions, because of the significant negative impact these disorders have on the patient's quality of life, functionality, and other important parameters. In clinical practice, SPDs are estimated to represent up to 30-60% of all diagnosed cases. Schizophrenia spectrum disorders (SSD), major depressive disorder (MDD), and bipolar disorders (BDs) are associated with lower response to a large variety of therapeutic approaches. In this context, new technologies should be considered for SPDs, and non-invasive neuromodulation techniques can be explored as add-ons to ongoing therapeutic interventions.
Objectives: A literature review was conducted to detect the available evidence to support recommendations for neuromodulation techniques in SPDs.
Methods: Three electronic databases (PubMed, Cochrane, Google Scholar) were searched for papers corresponding to the keywords "treatment-resistant psychiatric disorders" and "neuromodulation" or "electroconvulsive therapy" (ECT) or "transcranial magnetic stimulation" (TMS) or "transcranial direct current stimulation" (tDCS), published from the beginning of the respective databases up to July 2023.
Results: After the initial search, 1258 papers surfaced, but only 72 remained to be included in the analysis, after filtering them according to the inclusion and exclusion criteria. TMS may improve both depressive and manic symptoms, but also reports of polarity changes were found, indicating the need for careful monitoring of treatment-emergent affective switches (TEAS). TMS may also improve cognitive functions, although not sufficient evidence was found to support this observation clearly. The efficacy of temporoparietal TMS in schizophrenia has not been proven with certainty, although this intervention may improve positive symptoms. ECT was an effective and well-tolerated intervention for severe mood episodes, SSD, and BDs. Depressive symptoms responded to tDCS in bipolar/monopolar patients, but reports of TEAS in the BDs population have been reported.
Conclusions: Non-invasive neuromodulation techniques may represent an efficient option in patients with SPD, but more good-quality trials are needed before this recommendation is formulated in clinical guidelines.

Disclosure of Interest: None Declared

EPV0854

Attitudes and Perceptions of Early-Career Psychiatrists Towards Electroconvulsive Therapy (ECT) in Poland: A Call for Enhanced Training and Guidelines

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Introduction: In Poland, the therapeutic modality of Electroconvulsive Therapy (ECT) boasts a history spanning over seven decades. Despite its documented therapeutic efficacy and safety profile, its integration into clinical practice remains suboptimal. Recent data elucidates a marked paucity in the utilization rate of ECT in Poland. Therefore, it is imperative to discern the barriers impeding its broader adoption of this potentially life-saving treatment.
Objectives: The aim of this study is to investigate the attitude of early career psychiatrists towards ECT and its place in clinical practice in Poland.
Methods: A web-based, anonymous survey was conducted, targeting early career psychiatrists in Poland. The questionnaire, part of