disorder, namely orienting lines for first psychotic episodes, which is the most commson psychiatric manifestation. This also enlightens the need for neurologic and psychiatric cooperation for these patients.

Disclosure of Interest: None Declared

EPP0240

Eveningness chronotype and depressive affective temperament associated with higher high-sensitivity C-Reactive Protein in Unipolar and Bipolar Depression

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Introduction: Several studies investigated the role of inflammation in the etiopathogenesis of psychiatric disorders, by also evaluating how CRP may exert a pathoplastic and/or psychopatological role in mood disorders.
Objectives: The aim of our cross-sectional study is evaluating the high-sensitivity C-reactive-protein (hsCRP) levels in a cohort of unipolar and bipolar depressive inpatients, in relation with psychopathological, temperamental and chronotype features.
Methods: Among 313 screened inpatients, we recruited 133 moderate-to-severe depressive patients who were assessed for hsCRP levels, chronotype with Morningness-Eveningness Questionnaire (MEQ) and affective temperament with Temperament Evaluation of Memphis, Pisa, Paris and San Diego (TEMPS).
Results: hsCRP levels were significantly higher among those with previous suicide attempt (p=0.05), death (p=0.018) and self-harm/self-injury thoughts (p=0.011). In addition, hsCRP levels were significantly higher among patients with hypertension (p=0.020) and dyslipidemia (p=0.013). Moreover, positive correlation were found between hsCRP levels and the number of illness of years (p<0.001). Significant positive correlation were found between hsCRP levels and depressive (p<0.001) and cyclothymic (p<0.001) affective temperaments, while a negative correlations were reported between hsCRP levels and hypertimic (p<0.001) and irritable (p=0.029) affective temperaments. Eveningness chronotypes subject displayed higher hsCRP levels compared to intermediate-type and morningness-type chronotypes (p<0.001). Linear regression analyses, adjusted for all covariates, demonstrated that higher scores at the TEMPS-M depressive, while lower scores at the hyperthymic and irritable affective temperaments [F=88.955, R^2=0.710, p<0.001] and lower MEQ scores [F=75.456, R^2=0.405, p<0.001] statistically significantly predicted higher hsCRP.
Conclusions: Eveningness chronotype and a depressive affective temperament appeared to be associated with higher hsCRP levels during moderate-to-severe unipolar and bipolar depression. Further longitudinal and larger studies should better characterise patients with mood disorders by investigating the influence of chronotype and temperament.

Disclosure of Interest: None Declared

EPP0241

Features of the inflammatory response at the long-term stages of juvenile schizophrenia

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Introduction: Immunological study of late stages of schizophrenia manifesting in young adult age is of considerable interest for clarification of pathogenetic patterns of the disease and optimization of further treatment of patients.
Objectives: To evaluate the relationship between the spectrum of inflammatory markers and psychopathological symptoms in patients with juvenile schizophrenia in a long-term follow-up study.
Methods: 34 patients with schizophrenia (F20) first manifested at the age of 16-25 years were followed-up for 20-25 years. The mean age of the patients at the time of follow-up study was 46.7±3.2 years. PANSS and PSP scales were used to quantify the severity of psychopathological symptoms. The control group consisted of 20 healthy people. Plasma immune parameters included leukocyte elastase (LE) and α1-proteinase inhibitor (α1-PI) activity, and antibodies to S100B and myelin basic protein.
Results: Three types of juvenile schizophrenia follow-up outcomes were identified. The immunological heterogeneity of the types allowed us to distinguish groups of patients differing in the level of inflammatory activation. There were a significant increase in LE and α1-PI in patients of the first type (with a predominance of personality dynamics), a significant increase in α1-PI in patients of the second type (with actual negative disorders) compared to controls, and no significant differences with controls in LE and α1-PI in patients of the third type (with relevant positive and negative disorders).
Conclusions: Residual psychopathological symptoms observed in the late stages of juvenile schizophrenia may be due to both low/-moderate inflammation and genetic mechanisms.

Disclosure of Interest: None Declared

EPP0242

Inflammatory markers and indicators of systemic endotoxemia in patients with treatment-resistant schizophrenia

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Introduction: Elevated levels of lipopolysaccharide (LPS) in circulation support chronic inflammation, which is involved in the pathological process in the brain and may be a contributing factor to treatment resistance in schizophrenia.
Objectives: To compare inflammatory markers and indicators of systemic endotoxemia (SE) in patients with treatment-resistant schizophrenia and in those with a good response to treatment.
Methods: The study involved 34 patients with schizophrenia (27±7,5 years) (F20) in an acute psychotic state: 15 patients with TRS (non-responders), 19 patients responded to treatment with reduced symptoms (responders). The markers of systemic inflammation (leukocyte elastase (LE) and a1-proteinase inhibitor (α1-PI) activity, CRP concentration, antibodies (Abs) to S100B and myelin basic protein) and the indicators of SE (LPS level and Abs to LPS) were determined in the blood of patients.
Results: The responders showed a significant increase in LE and α1-P1 activity ($p<0.001$), CRP concentration ($p<0.05$), and Abs to neuroantigens ($p<0.05$) compared to controls. LPS levels did not differ from control values. In non-responders, a moderate increase in LE and α1-PI activities ($p<0.05$) and a significant increase in CRP concentration ($p=0.01$) were accompanied by no significant differences in Abs to neuroantigens. These patients had elevated LPS level and Abs to LPS deficiency compared with both responders ($p<0.01$) and controls ($p<0.05$).
Conclusions: The identified spectra of systemic inflammation markers, elevated LPS level, and insufficient anti-endotoxin immunity in patients with treatment-resistant schizophrenia may be related to endotoxin tolerance. Further research in this field can help develop new approaches to overcoming resistance to therapy in patients with schizophrenia.

Disclosure of Interest: None Declared

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

EPP0244

Safety of repeated neuromodulation by transcranial direct current stimulation (tDCS) in dementia: a narrative review

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Introduction: Transcranial direct current stimulation (tDCS) is a form of neuromodulation most commonly used in depression. tDCS aims to modulate cortical activity by the application of a weak electrical current to the brain via electrodes placed on the scalp. Several studies have identified the potential of tDCS for managing behavioural and psychological symptoms in a range of dementias, including Alzheimer's disease, vascular dementia, dementia with Lewy bodies and frontotemporal dementia. Although the preliminary data on efficacy is promising, the safety of repeatedly neuromodulating the brain of a person with dementia, by tDCS, has not been extensively reported.
Objectives: Our aim was to review the current literature on how safe it is to repeatedly neuromodulate a brain with dementia.
Methods: Advanced literature searches of PubMed and the Web of Science Core Collection were conducted to identify relevant publications. The search terms deployed were: "tDCS" or "transcranial direct current stimulation" and "frontotemporal dementia" or "vascular dementia" or "Lewy body" or "Alzheimer's disease". The following inclusion criteria were applied to the search: (1) publications which focused on the use of tDCS in patients with either frontotemporal dementia, vascular dementia, dementia with Lewy bodies or Alzheimer's disease, (2) studies involving human participants and, (3) publications written in, or readily translated to English.
Results: 216 articles were returned in the initial search. Following the removal of 54 duplicate articles, the remaining 162 underwent eligibility screening using the titles and abstracts. 31 articles were then selected for a full text reading and following this, 12 studies were selected to be included in the review. Across all 12 studies, 3590 sessions of active tDCS were performed with no severe adverse effects being reported. The most commonly occurring adverse effect was a tingling/burning sensation underneath the electrodes, followed by headache and skin changes. These reported effects tended to be mild and short lived.
Conclusions: Overall, the results of the reviewed papers suggest that repeated neuromodulation by tDCS can be safely performed in dementia patients. More and larger studies should aim to perform a greater number of sessions of tDCS, across a longer time period. Few studies assessed for potential brain damage as a result of tDCS and future studies should consider using MRI or monitoring biomarkers to further investigate this.

Disclosure of Interest: None Declared

EPP0245

Non-Convulsive Status Epilepticus as A Complication of Electroconvulsive Therapy: A Case Report

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Introduction: Status Epilepticus is defined as a condition that can have long-term outcomes involving neuronal death and injury due to the failure of the mechanisms responsible for seizure termination or from the initiation of mechanisms that lead to abnormally prolonged seizures. Electroconvulsive therapy (ECT) is a highly effective treatment option for psychiatric disorders. Although it rarely occurs in the treatment, non-convulsive status epilepticus can be seen as a complication after ECT. Due to its rarity, this complication is not yet well understood, is challenging to diagnose, and information about treatment options is limited.
Objectives: By sharing this case report, we aim to emphasize the importance of being careful in terms of the risk of status epilepticus in patients receiving electroconvulsive therapy.
Methods: Here in we present a 29-year-old patient with no previous neurological disease and who had a history of schizophrenia. Electroconvulsive therapy was planned because the patient was resistant to antipsychotic treatment. EEG was planned for the patient who had urinary incontinence during the ninth session of ECT. Generalized slow wave activity and intermittent rhythmic