

### **P33: Electroconvulsive therapy for treatment-resistant depression in a patient with hereditary paraganglioma/pheochromocytoma syndrome**

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**Introduction:** Cardiac complications during electroconvulsive therapy (ECT) occur more frequently in medically frail, geriatric patients and those with catecholamine-secreting tumors including pheochromocytoma (PCC) or paraganglioma (PGL). Patients with hereditary PGL/PCC syndromes develop these tumors at higher rates, however, little is known of the safety of ECT in individuals with hereditary PGL/PCC without an active tumor who may benefit from treatment.

**Methods:** A case report of a patient with hereditary PGL/PCC receiving ECT for treatment resistant depression (TRD) and a literature review are presented.

**Results:** 59-year-old female with hereditary PGL/PCC (TMEM 127 mutation, family history), hypothyroidism, essential tremor, migraine, and TRD, presenting for hospitalization to initiate ECT for her TRD >20 years that consisted of persistent hopelessness, anhedonia, and depressed mood with two hospitalizations for suicidal ideation. Upon admission, her medications were adjusted to bupropionXR 300mg and nortriptyline 25mg at bedtime. She complained of headaches and sweating but has no history of hypertension. No abnormalities were found on 24-hour urine metanephrine, ECG, or PET-CT. Her geriatric psychiatry team, in collaboration with anesthesiology and endocrinology, felt it safe to proceed with ECT. To date, the acute course has consisted of 6 ultrabrief right unilateral ECT treatments, all without hemodynamic complications (systolic blood pressure ~120-150, heart rate ~60-90). Mood, interest, motivation, and energy are improving, and passive suicidal ideation has resolved. Beck's Depression Inventory (BDI) score decreased from 33 to 29, Clinical Global Impression (CGI) Severity score decreased from 6 to 4, and CGI Improvement score was 3.

**Conclusions:** PCC was previously considered an absolute contraindication to ECT based on the limited literature on the subject. While a recent systematic review recommended conducting a risk-benefit analysis before ECT in patients with PCC, there are no known cases describing approaches to ECT in patients with hereditary PGL/PCC in the absence of an active tumor. This case exemplifies the safety and efficacy of ECT in an older patient with hereditary PGL/PCC, who received careful evaluation and monitoring. The benefits of ECT for TRD in older individuals with hereditary PGL/PCC may outweigh potential risks of treatment, and complications can be mitigated through multidisciplinary pre-treatment medical evaluations and comprehensive periprocedural monitoring.

### **P34: Sleep Monitoring-Assisted Discontinuation of Sleeping Pills in an Older Patient with insomnia: A Case Report**

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**Objectives:** This study evaluates the use of sleep monitoring to discontinue sleeping pills in a patient with insomnia and neurodegenerative conditions, presenting a non-pharmacological approach to managing sleep disorders.

**Methods:** This case report involves a 72-year-old woman with Progressive Supranuclear Palsy who was unable to sleep without sleeping pills. The patient lived alone, had some trouble speaking, and her MMSE score was 25/30. Medical records were reviewed from her initial visit to Hospital A until the cessation of sleeping pill use. Sleep was monitored using a non-wearable sheet-type device (Nemuri SCAN, Paramount Bed Co., Ltd.) placed under the mattress, providing long-term data. The study was conducted with approval from the Osaka University Hospital Ethics Review Committee.

**Results:** The patient had been unable to sleep since visiting her previous doctor and had tried various medications, including Suvorexant, Brotizolam, and Triazolam, none of which were effective. On her first visit to Hospital A, she was prescribed 8 mg of Ramelteon but still could not sleep. One week later, 15 mg of Brotizolam was added, allowing her to sleep with the combination of the two medications. A few months later, she experienced insomnia again due to daytime napping. Despite efforts to curb her naps, her condition persisted. Consequently, 0.25 mg of Clonazepam was added, and she was able to sleep with the three medications. After that, the patient began sleep monitoring using the Nemuri SCAN device and the monitoring indicated a consistent sleep rhythm with few awakenings, prompting her doctor to consider reducing her medication. A few months after starting sleep monitoring, the sleep monitoring results remained stable, with a constant sleep rhythm and few awakenings, leading to the discontinuation of 0.25 mg of Clonazepam and 15 mg of Brotizolam. Subsequent sleep monitoring continued to show stable results, allowing the discontinuation of 8 mg of Ramelteon six months after starting sleep monitoring.

**Conclusions:** This case highlights the importance of cautious sleep medication use in older and neurodegenerative patients, demonstrating benefits of alternative strategies like using non- wearable sleep monitoring device.

### **P35: Advancing-Age-Related Issues Queried through an Exploratory Survey**

**Authors:** Sheri Doyle, Psic, Lucia Beltrán Cruz, Psic

**Summary:** Advancing Age-Related Issues Queried through an Exploratory Survey consists of qualitative and quantitative gero-research focusing on volunteers aged seventy and over.

The queries focus on geriatric issues regarding internalized self-discrimination and societally imposed direct and indirect discrimination. The survey Methods applies 2-3 multiple-choice inquiries, while some responses can be expounded upon. As the study is exploratory one of its goals is to lead to more questions on the issue of discrimination.

The study originally aimed at quantitatively collecting and processing response results, harvested through surveys from older adults who reside in The United Kingdom (England), Mexico and in Ireland. With that intention in mind, one of the study's researchers (Doyle) took to the field but multifactorial logistics, sociocultural incongruencies and other challenges, would increase the time frame which she would need to run the survey as originally constructed as it held a qualitative, comparative component, which was planned for a co-project. She also discovered that a mosaic of distinct subsets of interviewees existed within each of the three survey regions and that would require reworking the original study.

The study-in-the-making was thus simplified to be effectuated with just one group of older adults – those survey participants who reside in Mexico. Reflecting on the challenges of running the original survey would become a valuable part of the learning overall process.