Electroconvulsive Therapy (ECT)

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Disclosures

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Learning Objectives

• Understand what ECT is
• Understand the risks of ECT
• Learn the indications for ECT
• Learn where ECT should fall in your practice (when to refer)
Treatments for Depression

Psychotherapy → Antidepressant Medication → ECT

Mild → Moderate → Severe

Depression Severity
Severe Depression

ECT

Severe Depression

Disabling
Poor Self-Care

Urgent
Suicidal

Emergency
Catatonia/NMS
UNSURPASSED EFFICACY

Percent Remitted

Antidepressant Treatment

- rTMS (Sham-controlled RCT) n=92
- rTMS (Open Label) n=100
- dTMS n=233
- citalopram n=4041
- ketamine n=47
- ECT n=531
- ECT/Psychotic Dep n=77

ECTO IDAHO
Choosing the Right Patient

- Severity
- Family History
- Episodicity
- Has severe depression, the right diagnosis, and failed at least two medications
- Don’t wait until you’ve failed everything!
The ECT Consultation

• Does the patient have an ECT-responsive illness?
• Does the patient have any medical conditions that increase risk?
• Is there appropriate consent?
Indications for ECT

• Mood Disorders
  – Major Depressive Disorder
  – Bipolar Disorder
    • Manic or Depressed

• Movement Disorders
  – Catatonia
  – Neuroleptic Malignant Syndrome
  – Parkinson's Disease

• Psychotic Disorders
  – Schizophrenia
  – Schizoaffective Disorder
  – Secondary & Subst Related Psychoses

• Other Neuropsychiatric:
  – Status Epilepticus
Adverse Reactions

• Acute confusional state
• Anterograde amnesia
• Retrograde amnesia
• Minor Side Effects
  – Headache
  – Muscle aches
  – Nausea/Vomiting
Predictors of Response to MDD

- 95% response rate in psychotic depression (1)
- 90% response rate in geriatric depression (2)
- 50-60% -- medication non-responders (3)
- Catatonic symptoms
- No comorbid personality disorders

1. Petrides G et al., J ECT 2001
2. O'Connor MK et al., Am J Geriatr Psychiatry 2001 (n=253 pts)
3. Heijnen et al., J Clin Psychopharmacol 2010
How Safe is ECT?

• Safest procedure with general anesthesia
• No increase in suicidal ideation
• Decreased mortality rate vs antidepressants
• No increased risk of treatment emergent hypomania/mania
• Safe in pregnancy
Key Points

• Nothing is better than ECT for treatment of severe depression.
• ECT is safer than medication.
• ECT might be the best treatment in pregnancy.
• We do more outpatient than inpatient ECT.
• Don’t wait until you’ve failed everything!
References

• TED Talk about ECT:
  https://www.ted.com/talks/sherwin_nuland_on_electroshock_therapy

• See ECT Performed:
  https://www.thevilbeat.ca/news/treating-severe-depression-electroconvulsive-therapy-ect/