

## ELECTROCONVULSIVE THERAPY

### A. Efficacy of ECT for Endogenous Depression

1. ECT vs. sham ECT. ECT is markedly more effective in studies which find no improvement in sham-response group.
2. ECT vs. tricyclics. ECT has been more effective. Important factors may be delusional depression and inadequacy of tricyclic treatment.
3. Can a tricyclic non-responsive/ECT responsive subgroup of endogenous depressives be delineated?

### B. Indications for ECT

1. Endogenous depression - treatment of choice
2. Endogenous depression - second modality
3. Non-endogenous depression (major depression without melancholia, dysthymic disorder)
4. Mania
5. Schizophrenia - particular indications are subchronic (<6 months), affective component, catatonic symptoms
6. Other disorders

### C. Contraindications and Precautions

1. Increased intracranial pressure
2. Organic heart disease, hypertension
3. Pseudo cholinesterase deficiency
4. Drug interactions with atropine, barbiturate anesthesia and succinyl choline

## ECT (cont'd)

### D. Pre-ECT Medical Work Up

1. Most important is thorough medical and neurological examination
2. Required labs - CBC, UA, K, EKG, CXR
3. Obtain indicated medical and neurological consultations
4. Pre-ECT medical clearance note to be checked by PGY II on the night prior to first treatment

### E. ECT Procedures

1. NPO
2. Atropine
3. Accompany patient to first treatment
4. How often should ECT be given?
5. Unilateral vs. bilateral

### F. Side Effects and Complications

1. Mortality rate 1-3/1000
2. ECT induced amnesia
3. Arrhythmia and hypertension
4. Post-ECT excitement

### G. Legal Guidelines for ECT