

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

This teleconference is brought to you by the Wisconsin Department of Health Services (DHS) Bureau of Prevention, Treatment, and Recovery and the University of Wisconsin-Madison, Department of Psychiatry.

The Department of Health Services makes no representations or warranty as to the accuracy, reliability, timeliness, quality, suitability or completeness of or results of the materials in this presentation. Use of information contained in this presentation may require express authority from a third party.

1

Electroconvulsive Therapy: A Practical Guide

Christopher Bermant, MD

2

Overview

Historical context

What to expect with ECT

Common questions

3

History

First application of ECT in 1938

Homeless man with catatonic schizophrenia

Patient started talking, sustained benefit

4

History

Introduced to the United States in 1940

All initial therapies were without anesthesia or paralysis

1952 Succinylcholine introduced as a muscle relaxant with ECT

5

History

Rapid decline in 1950s with the development of psychotropic medications

Negative perception of ECT in popular culture

6

History

Today ECT remains an important somatic treatment for mood and psychotic disorders

7

Indications

Treatment refractory depression and psychosis

Severe or life-threatening psychiatric illness

8

Indications

Depression

- Unipolar or bipolar
- Prior treatment failures
- Acute severity (psychosis, suicidality, inability to care for self)

9

Indications

Catatonia

- Failure of other treatment options
- Court order

10

Indications (less common)

Psychosis

Mania

Neuroleptic Malignant Syndrome

11

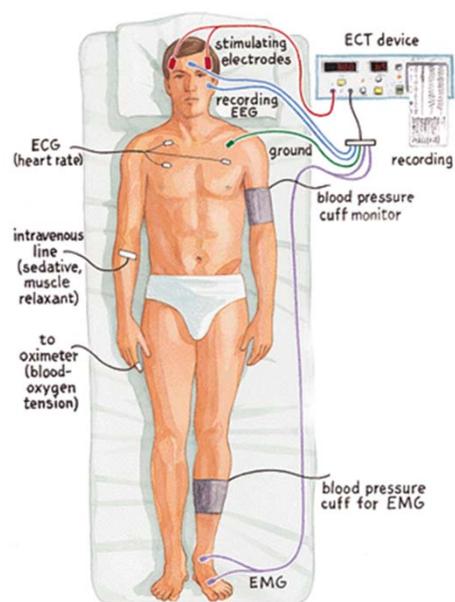
What to Expect



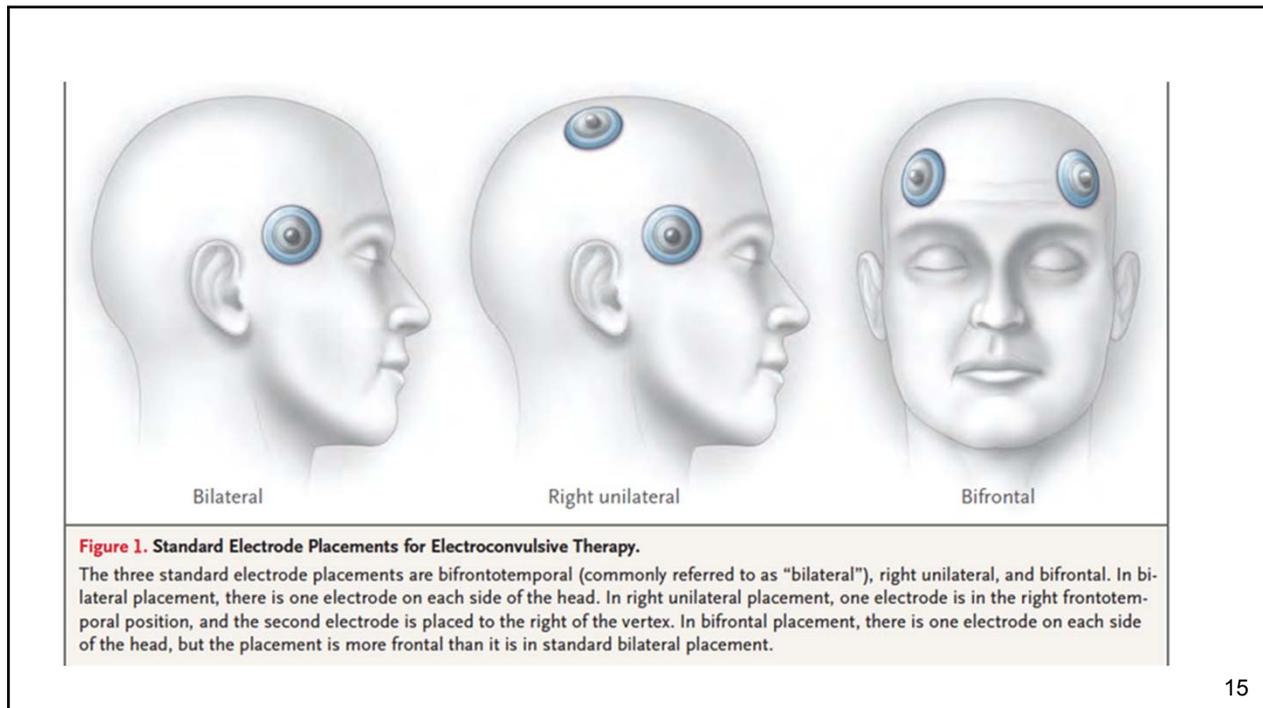
12

ECT is typically performed in a hospital, under the supervision of a psychiatrist and an anesthesiologist.

13



14



15

Typical ECT Treatment

Seizure duration between 15 seconds to 1-2 minutes

Monitor motor and EEG duration

16

Typical ECT Course

6-12 Treatments

2-3 Treatments per week

Treat until improvement plateaus

- No further improvement after two treatments

17

Risks/Side Effects

- Common: transient confusion, headache, nausea, myalgia, retrograde and anterograde amnesia
- Uncommon: cardiac arrest, unstable arrhythmias, ischemia, severe hypertension or hypotension, stroke, prolonged apnea, aspiration, laryngospasm, prolonged seizures, fractures, malignant hyperthermia

18

Common questions

19

**Does ECT cause brain
damage?**

20

Is ECT painful?

21

**Will I be conscious during
my treatment?**

22

**How will I feel after the
treatment?**

23

**My tongue is
bleeding..what
happened?**

24

Why is there “gel” in my hair after the procedure?

25

My doctor told me I didn't have a seizure, or my seizure was too short. What does this mean?

26

Can I return home by myself after a treatment?

27

Why are my treatments every other day (or two times per week) and not daily?

28

**When should I call the
doctor?**

29

**How long will it take to
feel better?**

30