

Maintenance ECT in Community patients for Relapse Preventio

Dr Muhammad I Naeem

Consultant Psychiatrist & Hon Sen Lecturer, University of Manchester, UK

Tel; +44 7515969743

Email: Muhammad.Naeem@manchester.ac.uk

INTRODUCTION

Electroconvulsive Therapy (ECT) remains the single most efficacious treatment for depression, with remission rates greater than 50% for both bipolar and unipolar depression. Despite the cost of the procedure it may be cost-effective after as few as two failed medication trials because of its high efficacy.

AIM

To answer one key question is how to best maintain remission once a patient has improved with ECT, since without additional treatment as many as 84% of patients relapse ECT. One strategy is the use of continuation ECT (further treatments in the 6 months following initial remission) and maintenance ECT within 6 months of discontinuing

METHODS

This was a single centre retrospective cohort study of patients age 18 years and older who received at least 50 ECT during the study period of 8 years. Eligible patients were those who received 50 or more ECT treatments as part of a single series and for whom initial and follow-up measurements were available. Patients began with acute course of treatment, followed by continuation then maintenance treatment.

Measurement scales, treatment date, and treatment number were obtained from the CMI database, CMI scales included the Quick Inventory of Depressive Symptomatology (QIDS), the Behaviour and Symptom Identification Scale-24 (BASIS-24), and the Montreal Cognitive Assessment (MoCA). Maintenance ECT was preceded by Acute-course ECT for at least 4 weeks, which was then gradually tapered by a week at a time as tolerated. It was completely tapered off at the end, but, for patients with a history of relapse or with difficulty remaining in remission during the taper, longer-term maintenance ECT was offered.

RESULTS

ECT treatment parameters for the first treatment (left), 10th treatment (middle), and 50th treatment (right). Over the course of maintenance ECT there is significantly increased use of bilateral electrode placement and brief pulse treatments relative to unilateral and ultrabrief treatments.

	Initial Treatment	Treatment 10	Treatment 50
Electrode Placement:			
Unilateral	91	84	60
Bilateral	9	16	40
Pulse Width:			
Ultrabrief (0.3–0.37 ms)	82	61	34

CONCLUSIONS

Results demonstrate sustained improvement in depression and self-reported mental health status. Most patients remained in the mild depression range at the end of treatment. Patients began with acute course ECT then progressively tapered treatments. Increased interval may result in relative cognitive sparing despite the increased intensity of individual treatments.

BIBLIOGRAPHY

1“Maintenance ECT is associated with sustained improvement in depression symptoms without adverse cognitive effects in a retrospective cohort of 100 patients each receiving 50 or more ECT treatments” Luccarelli et al; J Affect Disord. 2020 Jun 15; 271: 109–114