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Introduction

Electroconvulsive Therapy (ECT) is a psychiatric treatment method introduced in the late 1920s to cure a number of psychological illnesses and disorders such as depression, maniacs, acute psychotic conditions and catatonia. ECT basically involves the introduction of mild electronic current to the neurological pathways of an anesthetized patient's brain which induces brief clonic seizures that are regarded to be curative to the patient. ECT treatment is normally carried out after a patient fails to respond to drugs and hence considered as a last resort. The treatment is administered twice a week on average, over a period of three months to one year. There are two forms of ECT that vary in the way seizures are induced whereby the electric stimulus can either be introduced through electrodes placed on various parts of the patient's cranium or through electrical waves.

Brief History of ECT

Seizures were originally induced using Camphor and Metrazol in an attempt to cure schizophrenia in 1928 by Ladislav J. Meduna, a neuropsychiatrist based in Hungary (Rose et al, 2003).

According to Faedda et al (2009), neuropsychiatrists Ugo Cerletti and Lucio Bini posited in 1937 that Metrazol could be replaced by electric shocks to stimulate seizures, a hypothesis that was supported by animal experiments. This proved to be a breakthrough in the psychiatry field and the procedure was subsequently adopted in the U. S and the U. K in the 1940s, being referred to as electroshock therapy (Faedda et al, 2009). Attention soon shifted to the side-effects of ECT and consequently unilateral electrode

placements and brief pulses were introduced in an effort to control memory disruption and other side-effects attributed to ECT.

Succinylcholine, a muscle relaxant and anesthesia were later introduced to the treatment process in 1951 to help control the convulsions patients experienced since patients would at times fracture or break their bones (Faedda et al, 2009). The American Psychiatric Association task force report released in 1978 outlined the requisite standards for ECT and largely recommended the treatment amid a rapid decline of ECT due to negative representation of the treatment in the media(Lutchman et al, 2001). The National Institute of Mental Health and National Institutes of Health ECT conference in 1985 further underscored the benefits of the treatment (Duffett & Lelliot, 1998). The American Psychiatric Association task force report released in 2001 documented the contemporary standards and accentuated the need for training and civic education pertaining to ECT (Duffett & Lelliot, 1998).

Depictions of ECT in the media

It has been established through various studies that the perception of ECT among the public has either been neutral or negative.

According to Lutchman et al (2001), the main reason for the negative opinion has been the misconstrued representation of ECT in the media especially in fictitious and semi- fictitious work such as movies, books and entertainment articles. Movies have in particular drifted from the essential norm of ECT to represent the therapy as a crass, barbaric, medieval and inhumane form of treatment. Movies such as Frankenstein show ECT as a technique used to

reanimate corpses, “ Requiem for a Dream, Insanitarium, Next to Normal” and “ One Flew over the Cuckoo’s Nest”, symbolize ECT as a torture device or a tool used to radically but provisionally control psychological disorders (Philpot et al, 2004). Such representation has fundamentally demonized the procedure and promoted stigmatization among the public, the result being that fewer individuals want to undergo the treatment (Lutchman et al, 2001).

Significance of ECT

ECT is definitely an effective treatment for acute depression and bi polar disorders.

Studies have revealed that antidepressant medication is not only mildly effective but costly as well. ECT on the other hand has been shown to typically have a remission rate of 60-70 % (Lutchman et al, 2001). In addition, ECT has been shown to be less costly when compared to other forms of therapy and the pulse version of ECT is regarded to have minimal side-effects. ECT has however been publicized to have side-effects with some being severe, for instance the loss of memory and changes in the cognitive functions(Rose et al, 2003). Experiments on patients undergoing ECT showed that some patients lost significant portions of their long term memory ranging from weeks to years prior to the instigation of the treatment (MacQueen et al, 2007).

Other studies reported substantial cognitive deficits on patients with some failing to identify common or familiar objects (Philpot et al, 2004). Some critics of ECT suggest that the procedure causes brain damage by stimulating extensive local hemorrhaging to certain areas of the brain and

also damages numerous somatic and neural cells in the brain (Duffett & Lelliot, 1998). It has been observed that ECT is mostly effective when combined with drug therapy (Rose et al, 2003). Patients who undergo ECT as the only form of treatment are more likely to relapse hence a combination of drugs and ECT is the most effective form of treatment (MacQueen et al, 2007).

Conclusion

It is evident that the advantages of ECT far outweigh the disadvantages of the treatment. Patients suffering from bi polar disorders and psychotic states will normally have reduced cognitive functions hence the use of ECT under such circumstances does not adversely impair a patient. The main disadvantage of ECT can be cited as the loss of memory, a condition that is reversible albeit gradually, after the patient is through with the treatment.

ECT is therefore a beneficial procedure to mentally unstable patients especially individuals suffering from acute depression considering patients are normally suicidal and irrational.

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