



ECT FOR PATIENTS WITH ID/MI

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DISCLOSURES

- I have no financial disclosures
- I will talk about things that are off label (because practically everything is psychiatry is off label)
- There will be cat pictures



WHAT IS ECT?

- Electroconvulsive Therapy
- Has been in existence as a treatment for psychiatric disorders in the US since the 1930s
- A safe and effective treatment for several disorders
- One of the most effective treatments we have
- Under-utilized, especially in patients with comorbid ID



WHAT IS ECT NOT?

- Not like what you see in the movies
- Not cruel, barbaric, or painful
- Not a cause of brain damage
- Not a cure all for everything



WHO CAN GET ECT?

- No age limit- can perform ECT on adolescents, the elderly, and everyone in between
- Very few medical contra-indications. Safe for pregnant women.
- We can work around or adjust any medication regimen for ECT
- No MH diagnosis is excluded, including ID, ASD
- Well covered by all types of insurance



WHAT CONDITIONS RESPOND TO ECT?

- Mood disorders
 - Unipolar depression
 - Bipolar- either depressed or manic
- Psychotic disorders
- Catatonia
- Neuroleptic malignant syndrome (NMS)
- Patients are usually more severely ill and/or not responding well to medications



CAT-ATONIC

: characterized by a marked lack of movement, activity, or expression.

THE ECT PROCEDURE



- The patient is put under general anesthesia and paralyzed via IV medications
- An electrical stimulus is delivered to the brain
- A seizure occurs, is monitored, and resolves
- The patient wakes up and is monitored
- Start to finish- about 20 minutes (most of which is preparation)
 - The actual ECT procedure is <5 minutes
- <https://www.youtube.com/watch?v=tKp-c5Fahqw>

AFTER TREATMENT



- Patient may (temporarily) be:
 - Tired
 - Disinhibited
 - Agitated
- They may be experiencing:
 - Headaches
 - Soreness
 - Confusion
 - Nausea
 - Dizziness
 - Short term memory loss

TYPICAL TREATMENT COURSE

- Most patients start off with an index series
 - 2-3 treatments per week for 6-12 treatments
 - This is highly variable and always tailored to the patient
- Monitor response at every treatment
 - Observe for improvement and then watch for a plateau of symptoms
 - Once plateau has been reached, we either stop or transition to maintenance ECT
 - Information on response gathered from patient, family, care team, ECT team members
- Can be inpatient or outpatient
 - Outpatient requires appropriate transportation and supervision

MAINTENANCE ECT

- This may be considered for various reasons
- Typically start with once per week then try to gradually decrease frequency over time
 - Goal is always to try to stop if possible
 - Can increase frequency or repeat index series if decompensation occurs



WHAT DOES RESPONSE LOOK LIKE?

- It depends!
- Acute episode goals:
 - Resolution of mania
 - Resolution of catatonia- patient now able to eat, talk, move around, etc.
 - Resolution of acute SI/new self-harming behaviors
 - Improvement in mood (if depressed)
 - Decreased positive symptoms in schizophrenia
- Maintenance goals:
 - Maintain gains achieved during index series
 - Avoid decompensation
 - Minimize use of meds, if patient intolerant

WHY DOES ECT WORK?

- The short answer: We're not sure!
- Some theories:
 - Increases release of neurotransmitters (serotonin, dopamine, etc.)
 - Increases neuroplasticity of the brain
 - Changes hormone release
 - Changes blood flow to parts of the brain

ECT DOES NOT CAUSE

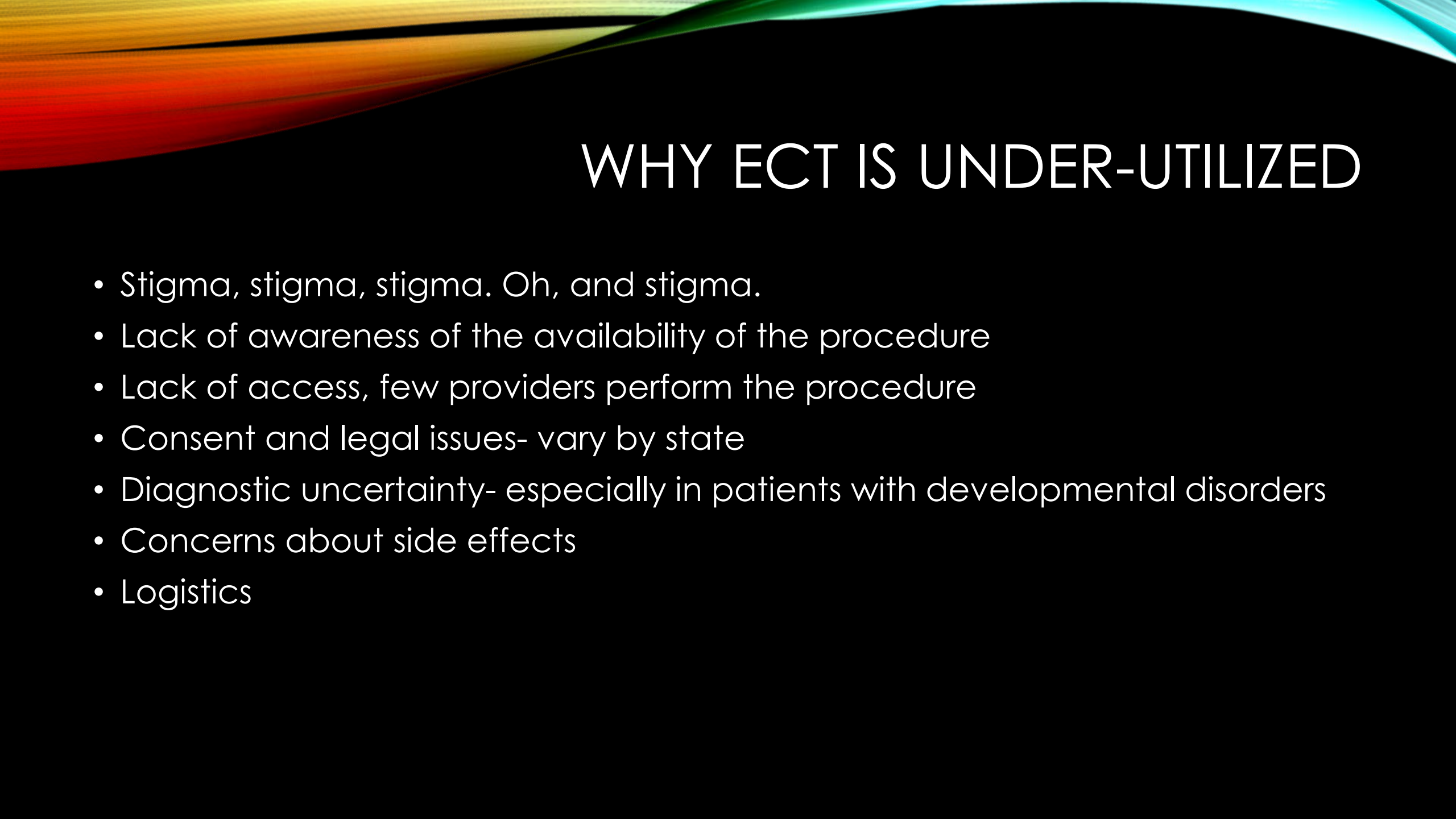
- Personality change
 - Brain damage
 - Worsened intellectual function
 - Severe memory loss, loss of old memories
 - A seizure disorder
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- *There is early emerging evidence that patients with ID may be at higher risk for prolonged seizure and/or status epilepticus with ECT





SPECIAL CONSIDERATIONS FOR ID/MI

- ECT is not indicated for management of agitation or problem behaviors
- However, if there is an underlying psychiatric disorder causing new behaviors, ECT may be used to treat it
- Procedure may need to be adapted to patient needs
 - Low-stimulation environment, non-verbal, presence of support persons, etc.
- From what we know, patients with ID tolerate and respond to ECT as well as patients without ID
- Monitoring for improvement can be more challenging



WHY ECT IS UNDER-UTILIZED

- Stigma, stigma, stigma. Oh, and stigma.
- Lack of awareness of the availability of the procedure
- Lack of access, few providers perform the procedure
- Consent and legal issues- vary by state
- Diagnostic uncertainty- especially in patients with developmental disorders
- Concerns about side effects
- Logistics

YOU ARE CRUCIAL IN THIS PROCESS

- Information you have is invaluable to us:
 - How can we make the patient as comfortable as possible?
 - What side effects do they seem to have after treatment?
 - Have there been changes in symptoms or behaviors with treatment?
 - How will we know when they're doing well again?
- Transportation, preparation, close supervision after treatment, support, coordination, communication, etc.
- We couldn't do this without you!

SUMMARY

- ECT is a safe and effective treatment for several psychiatric disorders.
- It is underutilized, especially in patients with comorbid ID.
- Direct support caregivers are a vital and much appreciated part of the process.



QUESTIONS?





REFERENCES

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