

ECT (ELECTROCONVULSIVE THERAPY): MISCONCEPTION VS FACT

ECT is one of the most effective, yet the least understood procedures in Modern Medicine. This is due to a misrepresentation by Hollywood movies, and the stigma of Mental Illness. An Internet Search will show opponents to ECT with claims of “Brain Damage”, and “Permanent Memory Loss”. These claims are by single individuals; ECT has International Support, and is practiced in Canada, Mexico, Europe, Asia, and India.

ECT is a Medical Procedure performed by a qualified Psychiatrist, Anesthesiologist, and ECT Nursing Team.

This list of Misconceptions Vs. Fact, will hopefully address the fears of the Patient considering ECT as a possible treatment.

MISCONCEPTION: ECT DOES NOT WORK

FACT: ECT has been in existence since the 1930's. In the Medical Journals and Textbooks, there is not one study that shows that ECT is ineffective. All Health Insurance Companies including Medicare and Medicaid/AHCCCS cover ECT as an indicated treatment.

ECT is performed at highly regarded University Medical Centers including Harvard, Yale, Columbia, Duke, The Mayo Clinic, UCLA and UCSF Medical Centers.

MISCONCEPTION: ECT CAUSES BRAIN DAMAGE

FACT: A Brain Donor Study showed that there is no difference in brain cells between those patients that had ECT compared to persons that did not have ECT. Studies show that there is an increase in Serotonin, Dopamine, Norepinephrine and other brain chemicals that are linked to the positive effects of treating Depression and other Psychiatric Conditions.

It has recently been discovered that ECT increases the level of a hormone, Brain-Derived Neurotrophic Growth Factor. This hormone is responsible for the regeneration, or regrowth, of damaged nerve cells. (Depression, Bipolar Disorder, Schizophrenia, and other Psychiatric Conditions have been shown to lead to nerve cell deterioration).

MISCONCEPTION: ECT CAUSES PERMANENT MEMORY LOSS

FACT: ECT causes Short Term Memory Loss in the majority of patients. The more modern studies show that if a well-informed patient anticipates this side effect, and, accepts this as a cost of relief from depression, that a positive outcome will result. The majority of Short Term Memories return within two to four weeks after receiving ECT.

Patients that are not acceptive of this side effect should not receive this treatment. Long Term Memory Loss is likely a part of Depression, Bipolar Disorder, Schizophrenia and other Psychiatric Conditions. A patient with Depression is 2 to 3 times likely to develop Alzheimer's Disease, a condition characterized by Permanent Memory Loss. Other techniques to reduce this side effect include the timing of treatments, and in my department, using more modern equipment.

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MISCONCEPTION: ECT IS DANGEROUS

FACT: ECT is performed within a 5 minute time period under IV Anesthesia. It does not require Intubation (“a tube in your throat”). An ECT Consultation from a qualified Psychiatrist, a Pre-Anesthesia Consultation by an Internal Medicine Specialist, and, a bedside screening by a Board Certified Anesthesiologist will make sure that ECT is a safe treatment to be performed.

MISCONCEPTION: ECT IS ONLY FOR DEPRESSION

FACT: The International Society of ECT and Neurostimulation has demonstrated that ECT is effective in the following conditions:

- Major Depressive Disorder
- All Phases of Bipolar Disorder;
 - Mania
 - Depression
 - Mixed States
- Schizoaffective Disorder:
 - Depressive Type
 - Bipolar Type
- Schizophrenia (unresponsive to Clozapine)
- Parkinson’s Disease
- Autism Spectrum Disorder (with Self Injurious Behaviors)

MISCONCEPTION: ECT IS A CURE FOR DEPRESSION

FACT: Depression, and other Psychiatric Conditions, are like diabetes, high blood pressure, high cholesterol, and heart disease. ECT is one of many treatments to stabilize and manage the diagnosis. Some patients have a short series of ECT treatments and do well for decades; the most serious of patients need ECT on a regular basis to stay well and free from serious symptoms such as suicidal thinking, and, to keep from being re-hospitalized in Psychiatric Facilities.

The above is a summary of ECT Misconceptions and Facts. To determine if ECT is an appropriate treatment for you, a thorough Consultation by a Psychiatrist that has had ECT as part of their Medical School Education, Residency Training, Fellowship Courses, ongoing Education in ECT, and, longterm practice of this treatment, should be part of your Treatment Plan.

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Please feel free to contact me with any questions regarding Electroconvulsive Therapy at
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Board Certified and Re-Certified
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CORE (Consortium On Research for Electroconvulsive Therapy) Training
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