S0065

Personalized ECT: Much ado about nothing?

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The discussion about whether or not to focus our attention on the 'average' ECT-treatment technique that suits the majority of our patients or tailor the treatment to the needs of individual patients is ongoing. The question is, however, whether the available evidence permits us to to offer treatment 'à la tête du client'. The start of a treatment course can be personalized by choosing electrodeplacement (EP) (e.g. bilateral in case of a severe or life-threatening condition, when fast improvement prevails over cognitive impact), parameter selection (e.g. a shorter pulse-width in order to avoid cognitive side-effects), and a dosing strategy. A fixed-dose will lead to overdosing in some patients (causing side-effects) and underdosing in others (delaying/decreasing response) (1) Adjusting an ongoing treatment-technique can be based on response, side-effects or on the quality of the elicited seizure (EEG). In case of inadequate response, the clinician can decide to switch EP or to increase dose. There is no consensus as to the number of sessions after which technique should be changed. In case of intolerable side-effects, parameter selection and/or EP can be adjusted. The evidence that is available to guide these steps is limited. There is some evidence for a relation between several EEG-characteristics and outcome. Thus, in the event of an inadequate seizure, changing the anesthetic regimen, optimizing ventilation, lengthening the anesthetic-ECT time-interval or increasing the stimulus dose, can be of help. 1. Sackeim et al. Treatment of the modal patient: does one size fit nearly all? J ECT 2001;17:219-222.

Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; electrode position; personalized medicine

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Who benefits most?

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We know from past meta-analyses that several clinical variables are associated with electroconvulsive therapy (ECT) outcome in major depression. In this lecture we give an update of clinical variables associated with ECT outcome and dig deeper into the fact that these variables also seem to be somehow associated with each other. We attempt to disentangle the interdependence between the clinical variables and try to distil the most important predictors of treatment success to help improve patient-treatment matching. Therefore we created a conceptual framework of interdependence between predictors capturing age, episode duration, and treatment resistance, all variables associated with ECT outcome, and the clinical symptoms of what we have called 'core depression', i.e., depression with psychomotor agitation, retardation, or psychotic features, or a combination of the three. We validated this model in a sample 73 patients using path analyses, with the size and direction of all direct and indirect paths being estimated using structural equation modelling. Results of these analyses were recently published and will also be disscussed at this symposium. The conceptual model could eb largely validated, the most important finding being that age was only indirectly associated with ECT outcome, meaning that age seems to be associated with ECT outcome only because more psychomotor and psychotic symptoms occur in elderly patients with a depressive disorder.

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Keywords: Electroconvulsive therapy; Outcome predictors

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Managing ECT related cognitive side effects: An individual approach

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Electroconvulsive brain stimulation may represent the strongest manipulation available to study brain plasticity in humans. Brain plasticity induced by electroconvulsive brain stimulation, profoundly improves disturbed emotion and motivation in patients with depression. Electroconvulsive therapy (ECT) is a highly effective and safe treatment for psychiatric disorders like severe depression. However, there is ongoing concern about the negative impact of ECT on brain function and cognition that is, surprisingly, only seen in a part of the treated patients. After 80 years of research on ECT, virtually nothing is known about the mechanisms underlying these strong individual differences in cognitive changes induced by ECT. A first step would be to better quantify the pattern and severity of the adverse cognitive outcomes in order to better distinguish patients that suffer from adverse cognitive outcomes from those that do not or even improve. By better distinguishing of these subgroups, a second step towards understanding can be taken: to identify the factors that predict adverse cognitive outcomes. Our research aims to advance understanding of the mechanisms of cognitive plasticity and reveal the pre-treatment profiles that render a patient cognitive vulnerable or resilient.

Disclosure: No significant relationships.
Keywords: individual variablity; Depression; Cognitive side effects; pre-treatment predictors

On a level playing field with forensic patients?

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Lived experience roles in forensic in-patient treatment

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wThe development of recovery-oriented practice in mental health has brought about a much greater prominence to the place of lived experience workers. Many aspects of indvidualised recovery-oriented

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