

ECT can restore quality of life for some severely depressed patients

15 April 2013



This is Dr. W. Vaughn McCall, Chairman of the Department of Psychiatry and Health Behavior at the Medical College of Georgia at Georgia Regents University. Credit: Phil Jones

Patients whose severe depression goes into remission for six months following electroconvulsive therapy report a quality of life similar to that of healthy individuals, researchers say.

"If we can get you into [remission](#), you get this big, big improvement in [quality of life](#) at six months such that our [patients'](#) quality of life is as good as that of the overall general population," said Dr. W. Vaughn McCall, Chairman of the Department of Psychiatry and [Health Behavior](#) at the Medical College of Georgia at Georgia Regents University.

Researchers looked at quality-of-life questionnaires filled out by more than 500 patients, rating themselves on topics such as physical function, pain, vitality and social function. About half the patients went into remission after ECT and researchers completed their information gathering, including pre- and post-ECT quality-of-life measures, on 64 patients who remained in remission at six months.

Essentially all the patients headed for ECT had poor quality-of-life scores before treatment, reflecting a severity of disease that made them strong candidates for the therapy. Researchers compared those scores to [depressed patients](#) who did not receive ECT as well as a group of about 500 healthy individuals.

After therapy, the worst scores generally normalized. The not-so-great news was that not enough patients stayed in remission, notes McCall, an expert in depression and ECT and corresponding author of the study in the *Journal of Affective Disorders*. "We need to look at different drug treatments for patients to prevent relapse." In fact, McCall and others have early evidence that ECT patients who also take [antidepressants](#) fare better. Antidepressant use was not restricted in this study. "The other possibility is that there are some people who seem to respond to nothing but ECT and will need booster ECT sessions to stay well," he said.

Interestingly, after successful therapy, ECT patients scored themselves higher on bodily pain and mental health than their healthy peers. However patients reported that their emotional role – the ability to relate to others and feel empathy which received the lowest score pre-therapy – did not return to normal or near-normal levels. That poor showing could mean these patients may not be optimally effective in their work and other regular activities, the researchers said.

"What I tell patients is that six months after this is over, my expectation is that you will be better off, not just in terms of your depression, I mean globally, in your quality of life. The trick is going to be keeping you well so you do not slide back into depression. That is the biggest risk."

Ideal candidates for ECT tend to be severely depressed individuals who have failed multiple drug therapies, McCall said. Less commonly, patients

present with severe disease, for example, the first time they are seen is in the emergency room after a suicide attempt.

Often, ECT patients do [relapse](#) into depression months after successful ECT and may eventually get additional ECT. Over a lifetime, a depressed patient could receive a handful of courses with eight-10 sessions in each course. In the United States, ECT is used almost exclusively for depression and occasionally for mania and schizophrenia, McCall said. Therapy includes a short, controlled burst of electricity to the brain via electrodes placed on the scalp. Patients receive an anesthetic and muscle relaxer to help ensure safety and comfort.

Provided by Medical College of Georgia

APA citation: ECT can restore quality of life for some severely depressed patients (2013, April 15) retrieved 4 May 2021 from <https://medicalxpress.com/news/2013-04-ect-quality-life-severely-depressed.html>

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