Shock Therapy: It's Not a Thing of the Past

By David Boy

THE STIGMA AND CONTROVERSY OF "ELECTROSHOCK" THERAPY

Although electroshock is now commonly accepted and sanctioned by most medical associations and physicians, it is still the “most controversial treatment in psychiatry.” Much of the stigma associated with electroshock, or electroconvulsive therapy (ECT), comes from its portrayal in films such as One Flew Over the Cuckoo’s Nest or The Snake Pit where the treatment is given to mental patients against their will. With the introduction of anesthesia, controlled oxygenation, and muscle relaxation, contemporary ECT has done away with the writhing convulsions depicted by Jack Nicholson’s character in One Flew Over the Cuckoo’s Nest. These and other films have also caused confusion by failing to differentiate between ECT and abandoned treatments such as frontal lobe lobotomy.

Even though ECT is not completely risk free, it is far different from the past methods that gave it a bad reputation. Its use began in the early 1930s, when researchers injected chemicals to induce seizures in people with mental illnesses. The chemicals were soon replaced by electrical currents. It then came into widespread and sometimes indiscriminate use over the next few decades, before the advent in the 1950s of medications to treat depression.

In the early days of ECT, before anesthesia and muscle relaxants, the electrical current was also much higher than what is used today. Patients would undergo violent seizures that had the potential to break bones. The images of doctors and nurses holding people down as they went through these seizures were recorded in movies and books that left quite an impression on their audience.

Although anesthesia now helps make ECT a safe procedure, there is still a significant stigma attached to the treatment. Claims of misuse, the idea that ECT is used as restraint, and confusion about its side effects, all contribute to widespread uneasiness about ECT use. These false beliefs may lead to unfounded fears which could discourage potential patient from seeking this oftentimes effective treatment. Therefore, it is important that potential recipients of ECT educate themselves and their loved ones about the potential positive and negative effects of the treatment.

The controversy surrounding ECT, says physician and ECT practitioner Max Fink, “is not about its efficacy and safety, which have been proved, but about the idea that the treatment actually alters the brain, changing the person’s personality and character.” Fink goes on to assert that this is a mistaken idea promulgated through the popular false perceptions of ECT. However, this topic is open to much debate, as evidenced by some research which demonstrates that ECT frequently results in memory loss and temporary personality change.
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WHAT IS ELECTROSHOCK THERAPY?

ECT is a method of treating mental disorders in which electric current is passed through the brain causing a storm of electrical activity in the brain. Although little is known about how ECT actually works, a seizure induced by the electric current creates substantial improvement in the conditions of many who undergo the therapy. ECT is most commonly used with “severely depressed patients when other forms of therapy are not effective, cannot be tolerated or will not help the patient quickly enough.” Schizophrenia and other mental and neurological disorders can also be treated by ECT.

For severe depression, ECT has a higher success rate than any other form of treatment. ECT often proves useful in individuals who do not respond, or cannot receive, other treatments. Thus, “It is particularly useful for people who suffer from psychotic depressions or intractable mania, people who cannot take antidepressants due to problems of health or lack of response and pregnant women who suffer from depression or mania.” Also, unlike antidepressant medication which may require three weeks to take effect, ECT usually yields results much earlier.

WHAT DOES THE TREATMENT LOOK LIKE?

The American Psychiatric Association describes the ECT treatment process as follows:

A course of treatment with ECT usually consists of six to twelve treatments. Treatments are usually given three times a week for a month or less. The patient is given general anesthesia and a muscle relaxant. When these have taken full effect, the patient's brain is stimulated, using electrodes placed at precise locations on the patient's head, with a brief controlled series of electrical pulses. This stimulus causes a seizure within the brain, which lasts for approximately a minute. Because of the muscle relaxants and anesthesia, the patient's body does not convulse and the patient feels no pain. The patient awakens after five to ten minutes, much as he or she would from minor surgery.

Because of a higher relapse rate after the use of ECT than with pharmacological intervention, there is sometimes a need for “maintenance” or “continuation” treatment after the initial course of ECT. Maintenance treatments are often needed because patients who receive ECT have usually demonstrated that they receive little help from psychotherapeutic medications. Although it is difficult to predict how many treatments of ECT will eventually be needed, it has been suggested that the number of maintenance treatments is rarely fewer than six.

ARE THERE ANY SIDE EFFECTS?

Immediately following the treatment, some recipients report headaches, nausea, or confusion...all of which can be seen as side effects in any anaesthetized procedure. In addition patients sometimes report difficulty remembering new information learned during the course of the ECT, or certain events that occurred in the time leading up to the treatment. Usually the memories return when the course of ECT is completed. In fact, many patients report improved memory
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function, because the problems with concentration and memory caused by depression have been relieved.

It is also important to remember that there is a small amount of risk associated with ECT, just as with any other medical procedure. However, this risk is similar to that of most other procedures in which anesthesia is used.

COSTS

Although the cost of ECT may vary widely depending on where it is administered, it is generally estimated to be between $700-$1,000 per treatment. These charges cover the psychiatrist, anesthetist, and other hospital charges. With the average number of treatments being eight, a course of ECT can be quite expensive. For this reason, ECT has gained a reputation for being a treatment which only the rich can afford. However, it has been suggested that the cost of ECT may be “relatively low” when compared to life long drug therapy or potential full-time hospitalization. Furthermore, ECT is covered by most insurance providers, while anti-depressive medications are often quite costly for the patient.

INFORMED CONSENT

The idea of informed consent is founded on “the principle that a physician has a duty to disclose to a patient information that allows the patient to make a reasonable decision regarding his or her own treatment.” With this in mind, the American Psychiatric Association has recommended informed consent guidelines for the use of ECT. Under these guidelines the psychiatrist “explains in clear language what ECT involves, what other treatments might be available, and the benefits and risks these procedures may entail.” ECT can be administered only after the patient, or a court appointed guardian, has given their consent, and consent may be withdrawn at anytime during the course of treatment.

What happens when a patient is not capable giving consent, or a patient withholds consent despite the advice of physicians and relatives? There is debate in the medical community as to whether or not a patient should be deemed incompetent to give or withhold consent. Some believe that patients who have an irrational aversion to ECT, for example, should be deemed unable to withhold consent. Others feel that the “presumption is best made against coercion, and thus patients should not be forced to receive ECT unless absolutely necessary.” When making these arguments, it is necessary to balance the possible benefit received from ECT treatment, with the value of individual autonomy.

ONE PRACTITIONER’S PERSPECTIVE

Dr. Jennifer L. Wright, Director of ECT Services at Central State Hospital in Milledgeville, Georgia, shared her insight into ECT in a recent interview. The main indications for the use of ECT, says Dr. Wright, are severe depression (especially when associated with active suicidal ideation or psychotic features such as hallucinations or delusions), catatonia of both psychiatric and medical origins, mania that has been unresponsive to medications, and some cases of
refractory schizophrenia. Dr. Wright says that ECT is particularly necessary when the effects of mental illness are life threatening; when, for example, a patient is not eating or drinking because they are in a severely depressed or catatonic state. This would be the only circumstance under which a patient might be treated with ECT involuntarily, after the treatment has been recommended and ordered by two physicians. Patients are also able to request ECT for themselves, or it can be advised by their doctor and consented to by themselves or their guardian.

Dr. Wright outlined the typical “acute treatment series” of ECT as 2-3 treatments per week (and in rare cases 5 treatments per week, when immediacy of response is an issue) continuing until there is a plateau in the patient’s improvement, with an average of 8-10 treatments in the acute series. Her experience has shown that patients usually begin to show signs of improvement after 4 or 5 treatments (if in fact they are going to respond), such as an improvement in sleep, appetite, appearance, or interaction with others. In preparation for ECT Dr. Wright recommends that patients visit the dentist to check for loose or missing teeth, have a baseline electrocardiogram to check the status of their heart, have electrolyte levels measured (with particular attention to sodium, potassium, calcium, and glucose), and that elderly patients with the potential for spinal fractures have their spines x-rayed. Along with a complete medical history, physical exam, and neurological exam by the anesthesiologist, these precautions are taken as part of the pre-anesthesia evaluation even though modern ECT is a very safe procedure.

When asked about the possible side effects associated with ECT, such as memory loss, Dr. Wright said that while there is sometimes memory loss for events in the 24-48 hours surrounding the treatment, she has never seen extended memory loss in any of her patients.

Dr. Wright revealed that the main point about ECT that she would like to convey to the general public is that: “For the right patient, in the right cases, [ECT] can be, and is, a lifesaving treatment...I have seen this in my own practice....it is a shame that many people still have negative impressions of the treatment.”

With over 100,000 Americans reported to receive ECT, this treatment is clearly here to stay. Were it not for the stigma and misconceptions associated with the treatment, many more might benefit from this potentially lifesaving treatment. Thus, it is important that potential ECT patients and their loved ones educate themselves about the benefits and risks associated with the treatment, instead of giving in to irrational fears from the past.
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2. Ibid

3. Electroconvulsive therapy: Dramatic relief of severe mental illness." Taken from www.mayoclinic.com Viewed on 7/1/05.


10. “Electroconvulsive Therapy (ECT)". Taken from the website for the American Psychiatric Association.


12. Ibid.

13. “Electroconvulsive Therapy (ECT)". Taken from the website for the American Psychiatric Association.


17. "Electroconvulsive therapy: Dramatic relief for severe mental illness." Taken from www.mayoclinic.com Viewed on 7/19/05.