

What are the biggest obstacles to ECT access?

Dr. Dhossche:

I have two experiences. I have an experience in a university center, University of Mississippi Medical Center, and we had a dedicated ECT service. Given that it's in a teaching environment, we take unusual cases or we see refractory cases.

I happened to have a very good relationship with the ECT director, and we embarked on cases that we were interested in, and the parents would agree. We got second opinions. So we started treating, at some point, more adolescents, down to 12, 13, 14 years old, with great success.

There was a point that our neurology colleagues — pediatric neurology, they would ask us, “What do you think? Is this something that you can do?” Because they saw the results when we were consulting on their cases. And we would suggest, well, maybe this is functional catatonia, and we have a treatment for that. So if they ran out of options or exhausted their repertoire of neurological treatments, we would get those cases.

It was a very fruitful collaboration within a big hospital, with different specialties — very, very useful when they saw the results of children who had, for example, lupus, who developed catatonia, or had unexplained neurological conditions over the last 10-15 years to have autoimmune encephalitis. Some of these cases also have catatonia and they respond. So, I have this experience that with the right enthusiasm and colleagues and collaboration, it can be a very exciting area.

It's a bit different now. I mean, I don't see as much catatonia because it's not a tertiary center. And, I don't have as easy access to ECT, although it's possible. But I do have the potential of using benzodiazepines, sedative treatment. I also emphasize more now treatment with clospine. Very useful. We've had a few catatonic cases — adolescents that did very well with catatonia. I guess I would've done that in the past also, but probably I would've gotten them quicker to ECT.

But the access problem is a real one. You're gonna face delays and legal issues, especially some of these kids who don't have a legal guardian, and they're a ward of the state. So administrative hurdles are considerable in some cases. But there is a pathway. It's a bit more difficult in this setting here — a freestanding hospital — but still rewarding when we get success. And if we don't, we have to refer to more tertiary centers. That's my experience.