

How important is ongoing ECT treatment, and what are your thoughts on maintenance ECT?

Dr. Dhossche:

If you stop too early, you risk relapse, of course. So we've seen also that we stopped too early and then catatonia comes back, and then you have to restart it and treat it for longer periods of time. There are real risks stopping too early.

We had a very good relationship with the ECT service. They would follow our recommendations and our hints and — don't stop too early and we'll see them again. But I know this is not always the case and that they make decisions that — eight treatments. That's it. And not more. It should be more flexible.

We should have more experience of course, because we still don't have that much experience. How long do you really need to continue? But I've seen cases where there is early relapse, and then we have to start another course of ECT and be very careful to not stop it too early. Scheduled maintenance, continuation, for at least a few months. The fact is we don't have large-scale studies for this so we go by our experience, and not all of us have the same experience. Most psychiatrists have never had experiences. Plug that with maintenance ECT and they hear about it, but it's a difficult thing.

So, we're waiting for those bigger studies, or more cumulative experience and so, etc. We continue with writing case reports, and there are some larger-scale studies in adults, of course, but not in adolescents or younger ones. We don't really have that.