What do you want physicians to know about ECT?

Alyssa Phillips:
What do you want physicians to know about ECT?

Dr. Fink:
In my experience, for patients who have melancholic depression, catatonia, mania, and delirium, ECT is an effective treatment, and they should not be afraid that if they have a patient who is seriously ill with one of those conditions, that they should consider treating the patient by inducing seizures. ECT is the standard today.

Alyssa Phillips:
Are there best practices you recommend for ECT treatment, and how are determinations made for setting, length of intensive treatment, weaning, or maintenance?

Dr. Fink:
The most effective story is in the literature of treatments that are given to a manic or a catatonic patient three times a week for the first two weeks, and then twice a week for the next two weeks, and then once a week over the next three months. That is a continuation schedule. That's the most effective, even though the patient after four or five or six treatments no longer has the major symptoms.

I see ECT in the treatment of a psychiatric illness as similar to diabetes. That is, in diabetes, the physician makes the diagnosis based on the blood sugars and whatever other chemical tests that he uses. He then treats the patient by diet and insulin or a modern equivalent. The patient goes on, and as the patient develops symptoms, if the patient is recovering, the dosage of insulin is reduced. The diet is changed, and there comes a point, usually much longer than after ECT, that the physician believes that the patient has recovered and will stop.

Some patients have a remission that is a relapse because the illness is not fully cured. In the treatment of catatonia, delirium, psychosis, or melancholia, in those syndromes, patients should be treated for as many weeks and months until there comes a point where the patient says, "Do I need another?" And the answer is, "Well, we'll try without it." But ECT is a treatment that is very effective when done slowly over time, akin to what happens with insulin and diabetes.