



Abstract Submission Example

The Benefits and Costs of Changing Treatment Technique in Electroconvulsive Therapy Due to Insufficient Improvement: Findings from the Optimization of ECT Trial

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Background: Electroconvulsive therapy (ECT) technique is often changed after insufficient clinical improvement, yet there has been virtually no research on ECT switching strategies.

Objective: To document clinical outcome in ECT nonresponders who received a second course using high dose, brief pulse, bifrontotemporal (HD BP BL) ECT, and compare cognitive effects relative to patients who received only one ECT course and as a function of the type of ECT first received.

Methods: In the multi-site trial, Optimization of ECT (OPT-ECT), patients were randomized to high dose (6xST), brief pulse right unilateral ECT or low dose (1.5xST), brief pulse, BL ECT. Nonresponders (n=59) received additional treatment with HD BP BL ECT.

Results: Among initial ECT nonresponders, response (46%) and remission (42%) rates were notably high following a course of HD BP BL ECT (4.90 ± 2.97 treatments). Clinical outcome was independent of the type of ECT received in the first course. A second course with HD BP BL ECT resulted in greater retrograde amnesia for autobiographical information immediately, two months, and six months following ECT.

Conclusions: In a large sample of ECT nonresponders, a second course of ECT had marked antidepressant effects. Since the therapeutic effects were independent of the technique of ECT first administered, it is possible that many patients may benefit simply from longer courses of ECT, without change of treatment technique. Randomized trials are needed to determine whether, when, and how to change treatment technique in ECT.