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Suicide (Prevention) Notes

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Conclusion: Considering the risk of suicide and the delayed efficacy of medications in severely depressed patients, the present practice of recommending ECT as a last resort in expert treatment algorithms may unnecessarily put suicidal psychiatrically ill patients at substantial risk.

Title of Paper: "Relief of Expressed Suicidal Intent by ECT: A Consortium for Research in ECT Study."

Kellner CH, Fink M, Knapp R. et al, *AJP*, 162:977-982, 2005.

The Study: This study assessed the incidence, severity and course of expressed suicidal intent in depressed patients who were treated with ECT. A large number (444) of patients entered the study with 80% completing. This data is part of a large multicenter collaborative study funded by the National Institute of Mental Health (Consortium for Research in Electroconvulsive Therapy-CORE).

Study Design: Unipolar depressed patients referred for ECT at four major psychiatric institutions. Patients received thrice weekly bilateral ECT with standardized protocol, using the same brief pulse ECT device. Patients whose condition remitted and remained remitted for one week without treatment were randomly assigned to receive either continuation ECT or continuation pharmacotherapy.

Depressive symptoms were assessed at baseline and 3 times weekly during the course of treatment (24-36 hours post-ECT) with a 24 item Hamilton Depression Scale. Remission in acute phase was defined as 60% or greater reduction in HDS total scores. To be classified a non-remitter, a patient must receive at least 10 ECTs and reach a plateau on HDS. Suicidal ideation was rated by item # 3 on the HDS (0 = absent, 3 = active suicidal thoughts, 4 = serious suicide attempt).

Results: Remission rate for depression in 355 patients who completed the course of ECT: 85.6%

Remission of suicidal ideation/intent was dramatic.

Of the group with high suicide rate, 80.9% resolved on item #3 from 3 to 0.

After 6 ECT sessions, 66% of older patients' v/s 58% of younger patients' scores on # 3 resolved to 0.

After 1 week of ECT, 56% reduction from baseline for item #3.

After 2 weeks of ECT, 52% reduction from baseline for item #3.

Discussion: These data, from a large group of severely depressed patients, most of whom were hospitalized, document a rapid reduction in expressed suicidal intent in patients treated with ECT. The present data on the rapid resolution of expressed suicidal intent warrant greater attention to evidence-based treatment algorithms, which might lead us to choose ECT sooner.

Question: We have generally reserved ECT for our most depressed and often psychotic patients. Should we reconsider and use degree of suicide risk to recommend ECT?

NOTE: Each issue of "Suicide (Prevention) Notes" is prepared by a member of the IOL's Executive Committee. This issue was prepared by Joanna Fogg-Waberski, M.D., Assistant Medical Director, Geriatric Psychiatry.