

A RETROSPECTIVE RECORD REVIEW OF ELECTROCONVULSIVE THERAPY (ECT) AT A SPECIALIST PSYCHIATRIC HOSPITAL IN JOHANNESBURG

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in partial fulfilment of the requirements for the degree of
Master of Medicine in the branch of Psychiatry**

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DECLARATION

I, Carmel Ramiah, declare that this Research Report is my own, unaided work. It is being submitted for the Degree of Master of Medicine in the field of Psychiatry, at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

12th day of November 2018 in Johannesburg

DEDICATION

I dedicate this research study to my parents who have always taught me to strive for better and to believe in myself. Thank you for your dedication and positive reinforcement throughout my life.

To my husband, Denishan who has always been steadfast with his support and guidance, I thank you dearly.

To my little girl, Sheriyana thank you for your patience and understanding. You are my inspiration.

PRESENTATIONS ARISING FROM THIS RESEARCH REPORT

The University of Witwatersrand, Department of Psychiatry, 28th Annual Research Day: 8th of June 2016 at the Sunnyside Park Hotel, Parktown.

PUBLICATIONS ARISING FROM THIS RESEARCH REPORT

None

ABSTRACT

ECT remains an effective and safe procedure. However, the fear of serious medical and psychiatric consequences as well as the stigma attached to ECT seem counterintuitive to its use. Furthermore, there are no well-defined treatment guidelines in South Africa. This makes provision of this treatment modality challenging.

The motivation for this study was to demonstrate the prevalence, efficacy and safety of ECT in a South African context, and possibly motivate for improving ECT guidelines.

Aims and Objectives

To determine the prevalence of ECT use at Tara Hospital over the last ten years, the pattern of anesthetic use, technical aspects of ECT application, indications for ECT, as well as patient outcomes.

Methods

The sample included all patients (*n* 19) that received ECT at Tara Hospital from January 2006 to December 2015. The small sample size was a significant limitation and thus only a descriptive analysis was done. The study was a retrospective review of patient files.

Results

The mean age was 50 years (range 36-63 years). The most common indication for ECT was Major Depressive Disorder (47.4%), followed by treatment resistant Bipolar Disorder type 1 (21.1%) and treatment resistant schizophrenia (15.8%). The inhaled anesthetic Sevoflurane, were used in 52.8% of cases. Bilateral ECT was conducted in all cases, with stimulus dose titration being the most common dosing strategy. The first response to ECT was observed after an average of 3 sessions, and the mean total number of sessions was 14. The mean minimum and maximum stimulus intensities were 32.6% and 78.5% respectively. Importantly, the majority of patients (79%) improved. There were 31.6% of patients who experienced short-term cognitive effects, which was recorded to have lasted a few hours to a maximum of two days.

Conclusion

Future research is pivotal to discovering more about the benefits of ECT, as well as methods for improvement, particularly the mandatory monitoring of adverse effects. It would be useful to conduct this study prospectively throughout all hospitals that offer ECT in Gauteng.

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NOMENCLATURE

APA: American Psychiatric Association

DSM: Diagnostic and Statistical Manual of Mental Disorders

DSM IV TR: Diagnostic and Statistical Manual of Mental Disorders Fourth Edition,
Text Revision

ECT: Electroconvulsive therapy

HREC: Human Research Ethics Committee

ICD: International Classification of Diseases

KET: Ketamine

MAOIs: Monoamine Oxidase Inhibitors

MDD: Major Depressive Disorder

MHCA: Mental Health Care Act No 17 of 2002 of South Africa

MHCU: Mental Health Care User

MHRB: Mental Health Review Board

NICE: National Institute for Health and Clinical Excellence

Psychosis NOS: Psychosis Not Otherwise Specified

RDC: Research Diagnostic Criteria

SASOP: South African Society of Psychiatrists

SCZ: Schizophrenia

SEV: Sevoflurane

SA: South Africa

SSRIs: Selective Serotonin Reuptake Inhibitors

TCAs: Tricyclic Antidepressants

UK: United Kingdom

USA: United States of America

WHO: World Health Organization

