

Effectiveness of electroconvulsive therapy (ECT) in the acute phase of Catatonia

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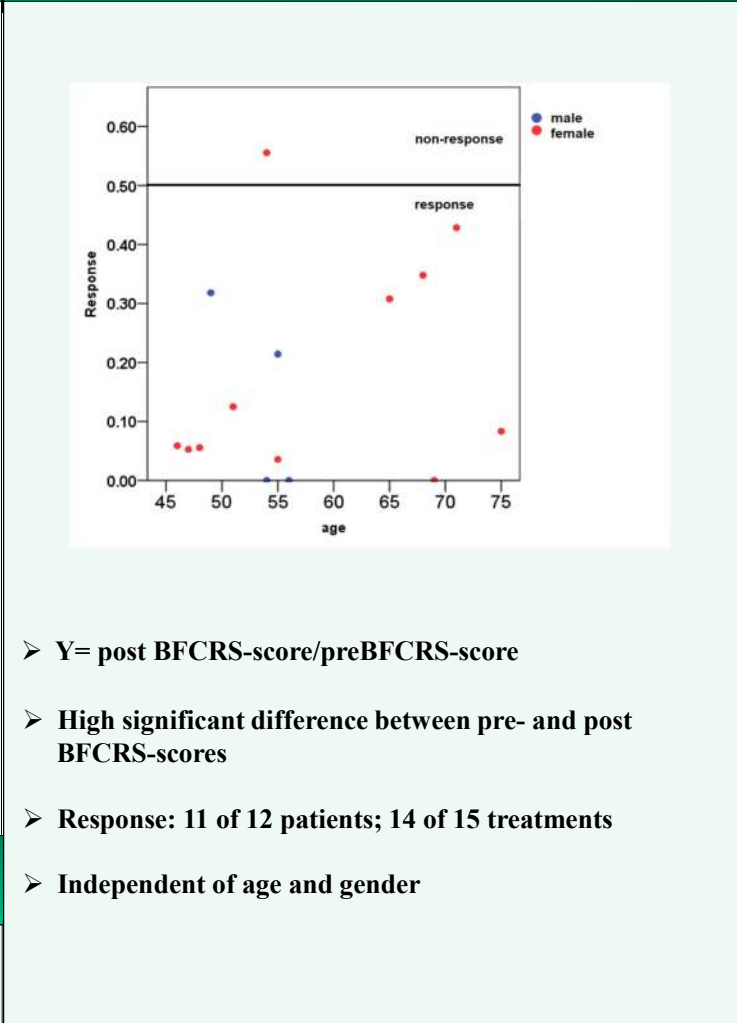
Background	Results
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Catatonia:

- Motor and behavioral abnormalities, disturbances of volition, autonomic dysregulation (Walther and Strik 2016)
- Related to another mental illness, metabolic, neurologic or toxic condition
- Malignant catatonia as life-threatening condition
- Increase in neural activity in premotor areas (Walther, Stegmayer et al. 2019)
- Treatment with benzodiazepines, response rate 66-100% (Pelzer et al., 2018)

ECT:

- Highly effective treatment
- Response rates 59-100% (Pelzer et al., 2018)
- Use in life-threatening conditions and treatment resistance
- Response rate related to illness duration, severity and special catatonic signs (Raveendranathan et al., 2012)
- Faster response in patients with catatonic schizophrenia than in non catatonic schizophrenia (Thirthalli et al., 2009)
- High relapse rates
- Best long-term treatment: maintenance ECT (mECT) combined with antipsychotics (Krepela et al., 2019)



Objectives

- Overview of the ECT effect in the acute phase of illness

Materials and Methods

- Retrospective study (2008-2018)
- Examination of the data of 12 catatonic patients who underwent ECT
- On average 12 ECT sessions in the course of 4 weeks
- 3 of the patients had 2 treatments at different time points
- Evaluation with Bush Francis Catatonia Rating Scale (BFCRS)

Discussion

- Overwhelming effect of ECT in catatonic patients
- Further analyses:
 - Number of sessions till response
 - Identification of predictors of early treatment response

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