Should You Consider Electroconvulsive Therapy for Depression?

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ECT and Depression

When you think about treatments for depression, antidepressant and anti-anxiety medications are probably the first ones that come to mind. While these drugs are often the first line of therapy, you could also consider electroconvulsive therapy (or ECT). Although it may sound scary, ECT can be quite safe and effective.

About ECT

ECT involves electric currents being run through the brain to create a brief seizure that “re-wires” the way your brain works, a process that alters the brain’s chemistry and so can quickly and efficiently reverse the symptoms of depression. Many decades ago, ECT was performed without anesthesia and resulted in a multitude of adverse side effects such as bone fractures or severe memory loss. Nowadays though ECT is always done under anesthesia, the intensity of electric currents is strictly controlled, so the adverse reactions are minimal.

When is ECT Recommended?

A doctor may recommend ECT in the following situations: when depression is associated with suicidal thoughts (because the symptoms are relieved quickly) when the depression is severe and does not respond to medications or other treatments, or during a manic episode of bipolar disorder (to treat the characteristic symptoms of mania: intense euphoria, agitation, substance abuse, psychosis). ECT may also be valuable during catatonia, which is characterized by a lack of movement or abnormal movements, lack of speech, loss of interest in everything, and agitation or aggressive behavior (associated with dementia or other psychiatric problems).

ECT can also be used during pregnancy as it’s safer for the fetus than most anti-depressant drugs; in older adults who can’t tolerate conventional drugs; if a patient has had successful ECT before; and for everyone who chooses this treatment over other anti-depression therapies.

Safety Concerns

ECT has an excellent safety profile, which is why it’s considered during pregnancy. However some side effects may occur, and in most cases are temporary.

Confusion is the most reported symptom; it is usually experienced right after the procedure, especially by older adults, and lasts from a few minutes to several hours. Some people may notice memory loss, which may last a few months, and have trouble experiencing events before the treatment (retrograde amnesia).

Digestive symptoms such as nausea and vomiting, mild headaches, jaw pain and muscle spasms can also develop after ECT. If you have previous health concerns such as high blood pressure or heart disease you should be aware that ECT can aggravate them and can lead to potentially serious complications.

How to Prepare for ECT

Your doctor will perform a complete physical exam, review your medical history (including a psychiatric exam), and then order blood tests and an electrocardiogram. After you've received the intravenous anesthetic, the doctor will perform another brief physical exam and a nurse will place the electrodes on the head on either one or both sides of the head. The doctor will then activate the ECT machine and an electrical current will pass through the electrodes to the brain, inducing a seizure for about one minute. The vital signs—heart rate, blood pressure, and oxygen—are monitored during the entire procedure.

The entire procedure lasts about 10 minutes, but you will have to stay in the hospital before (for anesthesia) and after (for recovery).