

Electroconvulsive Therapy ECT as an Urgent Procedure

Approved by NCPA Executive Committee March 25, 2020

On March 20, 2020, Mandy Cohen, MD, MPH, Secretary of the North Carolina Department of Health Services (DHHS), requested that all hospitals in NC suspend all elective and non-urgent procedures and surgeries. In this regard, elective and non-urgent procedures and surgeries were defined as “any procedure and surgery that if not done within the next 4 weeks would not cause harm to the patient.”

This position statement is directed towards the role of electroconvulsive therapy (ECT) as a clinically urgent procedure under certain circumstances. It is understood that the deferring of elective and non-urgent procedures is temporary and will disappear once the present COVID-19 crisis is over.

ECT is a rapid and highly effective treatment that is clinically indicated for highly treatment resistant individuals suffering from severe and incapacitating major depression, catatonia, mania, as well as some individuals with psychosis related to schizophrenia who are otherwise untreatable. It is also clinically indicated for individuals with these disorders (some of whom are also treatment resistant) for whom the acute morbidity and mortality associated with their illness requires urgent intervention with ECT. As such, ECT is not alone with regard being utilized as both a clinical intervention for treatment resistant illness and for individuals for whom such intervention is urgently needed. There are many such examples in medicine and surgery, e.g., elective cholecystectomy for an individual with chronic pain due to gall bladder disease vs urgent surgery for an individual deemed at high risk for rupture.

Examples of individuals requiring urgent ECT are those whose level of incapacity is associated with serious and uncontrollable suicidal or homicidal ideation, out-of-control psychotic manifestations, or where severe and clinically dangerous medical debilitation has occurred due to the disorder. An index (acute) course of such treatments, usually 6 to 12 given 2-3 times weekly, when effective, will typically be associated with or close to a full remission in the episode of illness.

ECT is a generally quite safe procedure involving the use of a customized and carefully controlled electrical stimulus to induce a seizure within the brain under conditions of brief general anesthesia and muscular relaxation delivered by a clinically privileged anesthesiology provider in a medical setting, e.g., a hospital procedure room or a specialized ECT suite. Because of the use of general anesthesia, the individual receiving the treatment is unconscious throughout the procedure. Extensive physiological monitoring is carried out during the procedure, including vital signs, blood oxygen saturation, end-tidal carbon dioxide levels, ECG, and EEG (brain waves).

In addition to the acute use of ECT, there are some ECT responders who require the use of intermittent single ECT treatments (maintenance ECT) to prevent relapse (which is frequent),

particularly those who have relapsed in the past despite use of medications or psychotherapy and those whose acute episode was truly life-threatening. Some of these individuals have displayed rapid, severe deterioration when this maintenance ECT was terminated or even spaced out past a certain patient-specific critical interval. The use of maintenance ECT for those who do not tolerate discontinuation of the modality should be considered 'urgent', as should maintenance ECT during the first 3 months following ECT-induced recovery from a life-threatening episode, where the risk of relapse is particularly high.

In summary, during the present COVID-19 crisis, where there is a need to temporarily avoid non-urgent procedures and surgery, it is understandable that ECT be limited to the situations delineated above where the use of this modality meets criteria defined as urgent, based on the individual's psychiatric history and assessment. Not allowing urgent use of this rapidly and powerfully effective treatment modality would be expected to lead to 'harm to the patient' over the short term, as well as leading to ED visits and hospitalization at a time where such scarce resources are needed for other purposes and where the individual's exposure risk to infection would be substantially elevated.

Reference: American Psychiatric Association. The Practice of Electroconvulsive Therapy: Recommendations for Treatment, Training, and Privileging, APA. Washington, DC, 2001