

ECT: Misconception Vs. Fact

Electroconvulsive Therapy, or more commonly referred to as ECT, is one of the most effective, yet the least understood procedures in modern medicine. This is often due to a misrepresentation by Hollywood movies in addition to the stigma surrounding mental illness. But, in fact, **ECT has a success rate of over 80% and can produce a rapid remission of symptoms** within one to three weeks for a number of mental illnesses. Many do not realize that ECT is an actual medical procedure performed by a qualified psychiatrist, anesthesiologist and ECT nursing team. ECT has international support and is practiced in Canada, Mexico, Europe, Asia and India.



This list of *Misconceptions Vs. Fact* will hopefully address common fears surrounding ECT as a possible treatment option.

MISCONCEPTION: *ECT does not work.*

FACT: ECT has been in existence since the 1930s and there are no studies that show ECT is ineffective. All health insurance companies cover ECT treatment, including Medicare. ECT is performed at highly regarded university and research medical centers including Harvard, Yale, Columbia, Duke, Mayo, UCLA and UCSF.

MISCONCEPTION: *ECT causes brain damage.*

FACT: A brain donor study showed that there is no difference in brain cells between those patients who had ECT compared to people who did not have ECT. Conversely, studies show there is an increase in Serotonin, Dopamine, Norepinephrine and other brain chemicals that are linked to the positive effects of treating psychiatric conditions with ECT. Scientists have recently discovered that ECT increases the level of Brain-Derived Neurotrophic Growth Factor, a hormone that is responsible for the regeneration, or regrowth, of damaged nerve cells. Many psychiatric conditions have been shown to lead to nerve cell deterioration.

MISCONCEPTION: *ECT is dangerous.*

FACT: ECT is performed within a five-minute time period under general anesthesia. It does not require intubation (a tube in your throat). An ECT consultation from a qualified psychiatrist, a pre-anesthesia consultation by an internal medicine specialist and a bedside screening by a board certified anesthesiologist will ensure the procedure is safe.

MISCONCEPTION: *ECT causes permanent memory loss.*

FACT: ECT does cause short-term memory loss in the majority of patients. But, the more modern studies show that if a well-informed patient anticipates this side effect, and, accepts this as a cost of relief from depression, that a positive outcome will result. The majority of short-term memories return within two to four weeks after receiving ECT treatment. Patients who are not acceptive of this side effect should not receive this treatment. Other techniques to reduce this side effect include the timing of treatments as well as the use of complementary medications. And, Aurora is the only treatment facility in the valley to offer the latest technology (Ultra-Brief Pulse ECT) that minimizes this side effect.

MISCONCEPTION: *ECT is only for depression.*

FACT: The International Society of ECT and Neurostimulation has demonstrated that ECT is effective in the following conditions:

- Major Depressive Disorder
- All Phases of Bipolar Disorder
 - Mania
 - Depression
 - Mixed States
- Schizoaffective Disorder
 - Depressive Type
 - Bipolar Type
- Schizophrenia (unresponsive to Clozapine)
- Parkinson's Disease
- Autism Spectrum Disorder (with Self Injurious Behaviors)

MISCONCEPTION: *ECT is a cure for depression.*

FACT: Similar to other medical conditions, like diabetes, psychiatric disorders do not have a cure, but with the proper treatment, symptoms can be kept under control. ECT is one of many treatments to stabilize and manage various mental illness diagnoses. Some patients have a short series of ECT treatments and do well for decades. The most serious of patients need ECT on a regular basis to stay well and free from serious symptoms such as suicidal thinking and to keep from being re-hospitalized.

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