



## Psychiatry & Behavioral Sciences Section – 2009

### I18 Fast Track ECT for the Gravely Ill

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After attending the presentation, attendees will be able to rationalize the need for earlier administration of ECT and various proposals on how to apply for court authorization.

The presentation will impact the forensic community by explaining various ways a psychiatrist can enlist a court to help expedite the administration of ECT to those whose condition can rapidly deteriorate, or to those whom are gravely ill already.

In California, extraordinary measures are needed in order to administer electroconvulsive therapy (ECT) for patients who suffer from conditions such as refractory depression and manic-depressive illness. For example, in depression, a patient would have to fail multiple trials of different antidepressants before ECT could be considered. This is in the face of evidence showing that ECT is superior in efficacy to any antidepressant now available. Why is ECT so difficult to administer in the state of California, particularly when physical conditions resulting from these psychiatric illnesses can be significant enough to require medical hospitalization? Should there be a way to obtain consent for ECT before patients become so gravely ill as to require medical hospitalization?

The treatment of depression can be challenging, as the Sequential Treatment Alternatives for Resistant Depression (STAR\*D) study demonstrated recently. The STAR\*D study is a multi-center study which tested the efficacy of various classes of antidepressants in patients with resistant depression. In the best case scenario, current antidepressants were found to have an efficacy of 35%, in any patient population. This means that only about one out of every three patients will respond to the first antidepressant prescribed to them. A certain amount of time is needed to judge efficacy; if the patient does not respond to the medication, the physician usually switches to a second antidepressant, usually of another class, which may or may not work. In the meantime, the patient is getting possibly worse, not just from the side effects of the failed medication, but also from the natural course of the depression.

However, because depression is an illness associated with significant morbidity, and sometimes mortality, time to treat successfully is of paramount importance. Given the evidence that ECT is an effective intervention for depression, a psychiatrist experienced with ECT should be able to provide such treatment earlier in the course of treatment, especially in those patients with a deteriorating clinical condition. Clearly, the importance of obtaining informed consent should not be overlooked.

Given the historical difficulty in performing ECT, what measures could be taken to ease its administration in light of its demonstrated efficacy? One method would be for the treating psychiatrist to obtain court-authorization, either by direct court testimony or by separate paperwork (similar to a 3200 petition in California, in which a physician requests to have court authorization to perform medical procedures for patients on involuntary psychiatric holds). Another method would be for the doctor to present the case at a hearing in the hospital to a representative of the Court (similar to a probable cause hearing referee in California, a court-appointed official who determines the legality of 14 and 30 day holds). The decision of the Court representative would be final and the doctor would then proceed according to that decision. Such "fast track" ECT could prevent the significant deterioration and possible life-threatening condition associated with depression or other psychiatric illnesses.

#### **Electroconvulsive Therapy, STAR\*D Study, Depression**