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Electroconvulsive Therapy (Ect) in Treatment-resistant Depression (Trd): a Naturalistic Study

D. Delmonte¹, C. De Santis¹, F.M. Verri¹, D. Rossini¹, A. Lucca¹, R. Zanardi¹, B. Barbini¹, C. Colombo²

¹Psychiatry, Scientific Institute and University Hospital San Raffaele, Milan, Italy ; ²Psychiatry, Università Vita-Salute San Raffaele, Milan, Italy

Introduction: Major depression affects 1.5%-19% general population. High use of healthcare services and increase in morbidity and mortality are common consequences. Despite of appropriate pharmacological treatment, 30-40% of patients don't achieve significant improvement. TRD refers to no remission after two adequate trials of antidepressants: these patients qualify for ECT.

Objectives: Our Mood Disorder Unit treats about 600 patients/year, 4% undergo ECT for TRD.

Aim: Ongoing, retrospective, observational study on 73 TRD patients treated with ECT 2/week, considering acute and late responsiveness 1 and 12 months later.

Methods: Sample of 52 (71.22%) patients with Recurrent Major Depression and 21 (28.78%) with Bipolar Disorder, collecting epidemiological and clinical data. Clinical course assessment through weekly Hamilton Rating Scale for Depression (HRSD); follow-up evaluation after 12 months, with telephone interviews.

Results: 73 inpatients, 26(35.62%) males, 47(64.38%) females with 4.31 ± 3.43 previous episodes; mean age 59.42 ± 11.60 years. Average duration of reference episode 52.71 ± 39.42 weeks with HRSD initial score 30.16 ± 4.76 . Each patient was treated with 6.92 ± 2.90 ECT applications. 64(87.67%) patients responded to treatment (50% reduction of HRSD initial score), 33(45.21%) achieved remission ($HRSD \leq 8$); 18(24.66%) patients maintained 12-months remission.

Conclusion: Our experience strengthens pivotal role of ECT in TRD. Each patient had long-lasting, severe episode under 1 year-long unsuccessful pharmacological therapy. ECT managed to quickly ameliorate their clinical course. We didn't record any adverse event. ECT showed similar relapse rates compared to conventional pharmacological treatment. This procedure requires further studies about long-term outcome.