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Typical Antipsychotics Drugs: The typical Neuroleptic (NLP) is still the drug of choice in schizophrenia even in the era of atypical NLP in certain cases with prominent positive symptoms. They are cheap as compared to atypical NLP.

Atypical Antipsychotic Drugs: Antipsychotic drugs have revolutionised the therapies for people with schizophrenia. They have fewer side effects profile; they even remit many of the negative symptoms of schizophrenia; they also control many of the emotional and cognitive symptoms of this major psychiatric / brain disorder. Some of the major long-term side effects like tardive dyskinesia also appear to be less. Progressive research in this field is expected to further refine and sophisticate the therapeutic profile of these drugs.

Electro Convulsive Therapy (ETC) : ECT stands for Electro-Convulsive Therapy. It is one of the most effective, rapidly acting, safe treatment modality in psychiatry. Unfortunately, it is unpopular, unacceptable among the general population, as it is also surrounded by various misconceptions. It is the wrong projection and unscientific presentation of electroconvulsive therapy i.e. 'shock' treatment in Hindi movies that has led to a variety of misconceptions among people at large. The lack of efforts by psychiatrists to put forth the true scientific nature of treatment in various health awareness programmes has contributed to this persistent misunderstanding about ETC.

History/origin of ECT

It has originated from observations that patients suffering from epilepsy and psychosis become symptomatically better after occurrence of generalised – tonic – clonic seizure. Scientist thought that generalised seizure could be of therapeutic value in treating psychosis. In the period between 1934 and 1938 efforts to induce seizure using electrical stimulus were successful.

What is done during ECT?

In ECT the purpose is to induce generalised – tonic – clonic seizure in a patient. It is done in a very systematic and scientific way.

1. Fitness of the patient for general anesthesia is evaluated.
2. The patient is Nil By Mouth (NBM) for at least 6 hrs.
3. The patient is on a bed (and not in a chair as shown in the media).
4. Short acting general anaesthetic (GA) (Thiopentone – sodium) IV is given followed by muscle relaxant succinylcholine.
5. When the patient is under anesthesia and muscles are relaxed, electric current is passed through electrodes to induce a seizure. ECT machine is used to monitor duration and intensity of the current.
6. The patient gets the seizure but the jerky movements are very mild: muscle relaxant.

7. The patient sleeps for a variable period up to 1 hr. Since the patient is under anaesthesia, he does not have any memory of the procedure except for the prick of the needle.

Mechanism of action of ECT

Exact mechanism of action is not known. Various hypotheses have been put forth.

Indications for ECT

1. Severe depression, suicidal depression
2. Catatonic states
3. Excited aggressive psychotic patients
4. Patients who have not shown satisfactory response to various anti psychotics and anti depressants

Adverse effects of ECT

1. No permanent adverse effect of ECT is reported.
2. Short term memory lapses till the course of ECT is going on is common but memory lapses are short term and self-limiting.

Myths about ECT

1. It causes brain damage. In reality, no structural damage is reported so far.
2. Once ECT is given, it has to be given repeatedly throughout life. In reality, the course of ECT varies from 4 to 10 ECTs. Once recovery is achieved, there is no need for continuation of ECT.
3. After ECT, the patient becomes dull, listless, lethargic and sluggish. In reality, no such change is seen. Usually after ECT in Postictal state effect of concurrently administered medicine, the patient may feel drowsy for a while up to 30 minutes or so. But he/she never becomes dull and lethargic permanently.