Prediction of Ect-response: the Impact of Psychomotor Symptoms.

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Introduction

The current psychopharmacological and psychotherapeutic treatment strategies are not successful in all subtypes of Major Depressive Disorder (MDD). Electroconvulsive therapy (ECT) has an important role in the treatment of the melancholic subtype of MDD. We are however currently not able to accurately predict the response to ECT. Earlier studies suggested a role for psychomotor retardation and agitation, but included only small numbers of patients and often made no distinction between psychomotor retardation and agitation.

Objectives

Our project will validate psychomotor retardation and agitation as prognostic factors for ECT-response. This will help us to optimalize treatment of the severely depressed patient.

Methods

50 unipolar and bipolar depressive ECT-candidates will be evaluated with the CORE Assessment of Psychomotor Functioning (CORE) <1 week before starting ECT. A score on the different subscales will be registrated. The Hamilton Rating Scale for Depression (HAM-D) will be scored < 1 week before starting ECT and weekly after start of ECT to guide treatment. Within a week from the last treatment, the definitive HAM-D score will be registered. Patients can be classified as non-responders (<50% lower HAM-D score), responders (>50% lower HAM-D score) or as being in remission (HAM-D ≤ 7).

Results

Patients are currently recruited. Patients with more severe psychomotor disturbance seem to respond better to treatment with ECT (more response, remission). Further analysis of the score on CORE-subscales has to be executed.

Conclusions

We carefully conclude that psychomotor disturbance assessed by CORE, is a good predictor of response to ECT.