

# **Electroconvulsive Therapy (ECT)**

#### **PROGRAM DESCRIPTION**

Electroconvulsive Therapy (ECT) is indicated in selected cases of major depression, mania, or exacerbations of some psychotic disorders. Clinical situations where ECT may be indicated prior to a trial of medication include:

- The nature of either the medical or psychiatric illness requires a rapid response to treatment.
- The risks of other treatment outweigh those of ECT for a specific patient.
- The individual has a history of poor response to medications and/or a good ECT response for similar previous episodes, combined with the individual's preference for ECT.

## Clinical indications for ECT:

- Failure to respond to antidepressant drug therapy
- Severe psychiatric illness with food and fluid refusal
- Severe suicidal ideation with vegetative signs
- Delusional depression
- Acute mania
- Parkinson's disease, when a patient does not respond to or cannot tolerate drug therapy
- Neuroleptic malignant syndrome
- Inability to tolerate medication side effects because of cardiac problems, such as orthostatis, conduction deficits, and arrhythmias
- Pregnancy, in cases where teratogenesis secondary to medication is a possibility

## Recommended medical work-up before ECT

- Thorough medical and anesthetic history
- Thorough physical examination, with attention to cardiopulmonary, neurologic, and musculoskeletal systems
- Electrocardiogram with rhythm strip
- Basic laboratory studies, including hemoglobin, hematocrit, and serum electrolytes.

When ECT will be completed while on an acute inpatient psychiatric hospital unit, it requires prior authorization from a CBH physician. The treatment plan should define the specific target symptoms for ECT, including alternative therapies that have been used or considered, and criteria for remission. A course of ECT is usually six to twelve treatments, administered three times per week or every other day. The total number of treatments should be based on the individual's response and the severity of the

adverse effects, if any. The outpatient level of care code is 300-18 and does not require preauthorization.

# **MEDICAL NECESSITY CRTIERIA (OMHSAS-approved)**

### **Treatment Initiation Criteria**

The presence of at least one of the treatment initiation criteria following an assessment and recommendation by a qualified staff member who is trained and/or experienced with the procedure is indicative of the appropriateness of ECT:

- A. The individual has a history of a mood disorder that has not responded well to adequate trials of pharmacologic treatment and presents with signs and symptoms consistent with a recurrent episode of a mood disorder.
- B. The individual has been treated with ECT for a mood disorder in the past, is diagnosed with a recurrent episode of a mood disorder, and prefers ECT to pharmacologic treatment.
- C. The individual is diagnosed with a mood disorder that has not responded to adequate trials of pharmacologic treatment.
- D. The individual presents with a mood disorder resulting in behaviors that put the individual or others at significant risk of harm (such as that resulting from acting on suicidal or paranoid ideation) that need to be ameliorated as guickly as possible.
- E. The individual presents with severe mania resulting in behaviors that put the individual or others at significant risk of harm (including those resulting from exhaustion) not responsive to pharmacologic intervention.
- F. The individual presents with symptoms and behaviors, for which traditional treatments have not been effective and a well-documented assessment with peer support recommends this intervention.
- G. The individual presents with schizophrenia with affective or catatonic symptoms not responsive to pharmacologic intervention.
- H. The individual presents with schizophrenia with affective symptoms resulting in behaviors that put the individual or others at significant risk of harm (such as that resulting from acting on suicidal or paranoid ideation) that need to be ameliorated as quickly as possible.
- I. The individual presents with catatonia not responsive to pharmacologic intervention.
- J. The individual, especially an older adult, is not able to tolerate the side effects of pharmacologic agents (for example cardiovascular, genitourinary, or central nervous system side effects) and has a condition thought to be responsive.
- K. The individual is pregnant and the safety of the fetus from pharmacologic intervention is a significant concern.

#### **Treatment Continuation Criteria**

The presence of one of the following treatment continuation criteria is required throughout the ECT treatment episode:

A. The individual has had an initial positive response to ECT and completion of a course of treatment is clinically indicated. A typical course of ECT for treatment of a mood disorder is two to three times weekly administered over nine to twelve sessions.

- B. The individual was successfully treated with ECT for a mood disorder and maintenance treatment with ECT is indicated because of one of the following:
  - 1. The individual has not responded favorably to adequate trials of antidepressant medications or mood stabilizers in the past.
  - 2. The individual has had reoccurrences of a mood disorder while taking adequate dosages of maintenance antidepressant medications or mood stabilizers.
  - 3. Antidepressant medications or mood stabilizers are medically contraindicated.

## **Treatment Discontinuation Criteria**

The individual no longer meets treatment continuation criteria.

# **Exclusionary Criteria**

The presence of any of the following contraindications:

- A. The individual has an intracranial space occupying lesion with increased intracranial pressure.
- B. The individual has had a cerebrovascular accident within the last month.
- C. The individual has a bleeding or unstable vascular aneurism or abnormality.
- D. The individual has a retinal detachment.
- E. The individual has a significant and unstable cardiovascular problem including recent myocardial infarction, severe cardiac ischemia, and significant hypertension (including pheochromocytoma).