

Why ECT in pregnancy?

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Objective: It is well known that untreated psychiatric illnesses could lead to serious outcomes for both the mother and fetus. In treatment of pregnant patients with mental illnesses, psychiatrists face the complex dilemma of indication, whether giving medication or using another method. Potential adverse effects of psychotropic drugs increase the attractiveness of Electroconvulsive Treatment (ECT). As many literatures express the safety and efficacy of ECT during pregnancy the indications for using ECT in pregnant psychiatric population still seems to be fluctuating due to different cases in daily practice. What makes the clinician divert to the idea of ECT is controversial. We planned to answer the question to why pregnant patients receive ECT in our country and made an attempt to study this in a psychiatric setting in Turkey.

Methods: We reviewed the hospital records of all pregnant inpatients from March 2006 to January 2014 retrospectively, and compared two groups, who received ECT (n: 36) to the ones who did not had ECT and just had psychiatric medication (n:44), at Bakirkoy Research and Training Hospital for Psychiatry, Neurology and Neurosurgery.

Results: Between pregnant patients whom ECT was applied and only medication was preferred; mother's age during hospitalization, mother's duration of education, number of children, the number of hospitalizations before and during pregnancy and total duration of disease ($p>0.05$) did not differ. In ECT group, the mean age (28.9 ± 4.7 years) and gestational age (14.9 ± 7.0 weeks) was higher ($p<0.05$). Substance abuse rates, resistance to treatment before and during hospitalization, catatonic table ($p>0.05$) did not differ between groups. Rate of suicidal thoughts in the mother, delusions and hallucination ($p>0.05$) did not differ. Distribution of the severity of depression ($p>0.05$) did not differ between ECT and non-ECT group. Rejection of oral intake as well as physical restraint was significantly ($p<0.05$) higher in ECT group. More ECT patients were needed to have immediate injection of psychotropics because of excitation ($p<0.05$). Medication compliance was lower in ECT group. There was no difference between groups in case of accompanying obsessive symptoms ($p>0.05$).

Conclusion: When it is the psychiatrists' option to choose ECT as a solution for the pregnant women admitted to hospital; it comes out that excitation, rejection to oral intake, incomppliance to medicine as well as state of catatonia diverts the professionals to ECT. The severity of existing depressive state or even psychotic features like hallucinations and delusions do not seem to be exact reasons for them to decide for ECT.

Keywords: pregnancy, electroconvulsive treatment, perinatal psychiatry

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