CR35 Effectiveness of electroconvulsive therapy

Bruno Bumči[a], Hanna Pašić[b], Mia Edl[a], Lucija Čolaković[a], Antun Botica[c]

[a] *Faculty of Medicine, Josip Juraj Strossmayer University of Osijek, Osijek, Croatia*
[b] *Sestre milosrdnice University Hospital Centre, Zagreb, Croatia*
[c] *School of Medicine, University of Zagreb, Zagreb, Croatia*

DOI: https://doi.org/10.26800/LV-145-supl2-CR35

Bruno Bumči 0009-0004-8981-1113, Hanna Pašić 0000-0001-9942-0838, Mia Edl 0000-0002-7818-5741, Lucija Čolaković 0000-0002-0212-3843, Antun Botica 0000-0003-0085-4973

KEYWORDS: electroconvulsive therapy; hypochondriacal neurosis; major depressive disorder

INTRODUCTION/OBJECTIVES: Electroconvulsive therapy (ECT) is a medical treatment in which the patient's brain is briefly electrically stimulated under anesthesia to induce a brief seizure. ECT is usually used when other treatments haven't worked. Although it is primarily used to treat patients with major depression, patients with other disorders may also benefit.
CASE PRESENTATION: The patient had been under psychiatric treatment since the 1990s with a diagnosis of hypochondriacal disorder and recurrent depressive disorder. The patient has been hospitalised at our clinic several times. This hospitalization, the patient was admitted to the department for intensive psychiatric treatment, where he was continuously observed and treated psychopharmacotherapeutically with titration of drug doses. After stabilization of the psychophysical condition, the patient was transferred to the department of Biological Psychiatry and Psychopharmacology, where he is included in psychosocial dynamic treatment programs. After diagnostic procedure according to the ECT protocol, signed informed consent and approval of the ethics committee, bilateral ECT with the "Thymatron System IV" was applied under general anesthesia on eight occasions.Ultrashort pulse stimuli were used. The power required to reach the neuromodulatory threshold was 15-40%. During each ECT application, spike-wave complexes of 5 to 80 seconds in duration were recorded by EEG. The patient was discharged home in a compensated psychophysical state, continuing regular psychopharmacotherapy.
CONCLUSION: This case demonstrates that ECT can be highly effective in treating episodes of severe mental illness, but that it does not prevent recurrence in the future. Therefore, most people treated with ECT need to receive some type of maintenance therapy.

CR36 Electroconvulsive treatment of patients with treatment-resistant schizophrenia and empty sella syndrome: two case reports

Zrinka Vuksan-Ćusa[a], Iva Radoš[b], Eleonora Goluža[a,c], Marina Šagud[a,b]

[a] *School of Medicine, University of Zagreb, Zagreb, Croatia*
[b] *Department for Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, Zagreb, Croatia*
[c] *Department of Anesthesiology, Reanimatology, and Intensive Medicine, University Hospital Centre Zagreb, Zagreb, Croatia*

DOI: https://doi.org/10.26800/LV-145-supl2-CR36

Zrinka Vuksan-Ćusa 0000-0002-4192-1485, Iva Radoš 0009-0003-6392-8973, Eleonora Goluža 0000-0001-6220-8614, Marina Šagud 0000-0001-9620-2181

KEYWORDS: electroconvulsive therapy; empty sella syndrome; treatment-resistant schizophrenia

INTRODUCTION/OBJECTIVES: Empty sella is the neuroradiological or pathological finding of an empty sella turcica containing no pituitary tissue. Even though empty sella syndrome (ESS) and schizophrenia are both relatively common in the general population, to the best of our knowledge, there is only one similar case report regarding the co-occurrence of those two conditions.
CASE PRESENTATION: We present two patients with empty sella findings on brain magnetic resonance imaging and with the diagnosis of treatment-resistant schizophrenia (TRS). A 50-year-old female who has had schizophrenia for 37 years was treated with olanzapine 20 mg, carbamazepine 800 mg and clozapine 500 mg daily, while a 33-year-old male with schizophrenia for 12 years was taking olanzapine 25 mg, promazine 300 mg, diazepam 30 mg, fluphenazine 4,5 mg and carbamazepine 600 mg daily. They both had severe psychopathology, including physical aggression, grossly disorganized behavior, hostility, overwhelming delusions and hallucinations, which required constant supervision. While all treatment options were ineffective for many months, electroconvulsive therapy (ECT) was indicated and the patients' symptoms subsided significantly after 12 treatments of ECT.
CONCLUSION: The relationship between TRS and ESS is completely unknown, given scarce literature reports so far. Our cases showed that the presence of empty sella was associated with the lack of response, but with unusually good tolerance to many antipsychotics in very high doses. This is also the second report on the use of ECT in those patients. According to this, ECT might be a safe and effective option in patients with TRS who have radiological findings of ESS.