

**TITLE:** **The Importance of Increasing Awareness of the Use of Electroconvulsive Therapy for Treatment-Resistant Depression**

**SUBMITTED BY:** **New Jersey Nursing Students, Inc., Trenton, New Jersey**

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WHEREAS, treatment-resistant depression is defined as a major depressive disorder that has failed to have any clinical improvement after taking two different antidepressant drug therapies from different classes along with the use of psychotherapy, within a time frame of six to eight weeks (Saleem, Rauf, Ullah & Jjehangir, 2018); and

WHEREAS, the mortality rate of suicide related to major depressive disorder is estimated to be 13.1 for every 100,000 people in the population, and successful suicide attempts in 2015 totaled 44,193. Suicide was the tenth leading cause of death in 2015, an increased occurrence of 2.3% compared to the prior year (Sherry, et al., 2017), and it is the leading cause of disability worldwide (World Health Organization, 2018); and

WHEREAS, electroconvulsive therapy (ECT) is defined as a procedure that utilizes safe induction of generalized epileptic seizures to create a therapeutic effect and causes possible neurochemical changes in the brain to help treat symptoms of depression (Eid, 2016; Ramos-Garcia & Gonzalez-Salazar, 2013); and

WHEREAS, ECT has been the first choice of treatment for those who have treatment-resistant depression after multiple failed trials of pharmacotherapy intervention (Ramos-Garcia & Gonzalez-Salazar, 2013); and

WHEREAS, ECT has been determined to be one of the most effective treatments for an acute episode of depression. ECT has also proven to work safer and faster than psychotropic medications (Eid, 2016; Abera, Tesfay, Dejene, Kerie & Morankar, S., 2013); and

WHEREAS, ECT has been utilized for mental health disorders since the 1930s and still has shown efficacy in treatment today (Li, Y., 2017); and

WHEREAS, Systematic reviews that utilized meta-analysis of the comparison of ECT versus pharmacotherapy and placebo ECT demonstrated clear benefits of ECT use for depression (Li, Y., 2017); and

WHEREAS, remission rates of ECT were greater than 60% when compared to pharmacologic interventions (Eid, 2016), and 50% of patients experienced a rapid decrease in

depression based symptoms after one week of ECT treatment (Ramos-Garcia & Gonzalez-Salazar, 2013); and

WHEREAS, ECT has been demonstrated to be a safe practice with low risk of death and low mortality (Ramos-Garcia & Gonzalez-Salazar, 2013). The mortality rate is 2.1 deaths per 100,000 patients, compared to the risk of general anesthesia, which is 3.4 per 100,000 patients, demonstrating the low likelihood of death from ECT (Torring, Sanghani, Petrides, Kellner & Ostergaard, 2017); and

WHEREAS a study conducted in Denmark examined the mortality rate of ECT between the years 2000 and 2007, and concluded that ECT is a safe treatment option. Out of 99,728 treatments there were 78 deaths within thirty days of treatment and 6 deaths on the same day of treatment. The medical records were critically reviewed and concluded that the cause of deaths was not associated with ECT (Ostergaard, Bolwig, Petrides, 2014); and

WHEREAS, theatrical representation in movies has inaccurately portrayed ECT as an inhumane practice although ECT is performed in a completely safe, well tolerated, effective and ethical modality (Eid, 2016; Sicher & Gedzior, 2016); and

WHEREAS, a study that reviewed English-language television and film from the years 2000 to 2015 revealed 39 media portrayals of ECT. Two were portrayed as medically accurate while the other 37 were illustrated as barbaric, inhumane and unsafe. This demonstrates the potentially negative impact that modern media has on the stigma related to ECT (Matthews, Rosenquist & McCall, 2016). Therefore be it

RESOLVED, that the National Student Nurses' Association (NSNA) encourage its constituents to research the efficacy of ECT and be it further;

RESOLVED, that NSNA educate nursing students that ECT is an effective treatment option for treatment-resistant depression and be it further;

RESOLVED, that NSNA educate nursing students about the inaccurate stigma created by movies that ECT is an inhumane modality treatment for treatment-resistant depression and be it further:

RESOLVED, that NSNA encourage psychiatric professors about ensuring that ECT is taught in the classroom and be it further;

RESOLVED, that NSNA send copies of this resolution to the American Nurses Association, the National League for Nursing, the Pediatric Nurses Association, the American Association of Critical Care Nurses, the American Association of Medical

Surgical Nurses, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the World Psychiatric Association, the American Psychiatric Nurses Association and all others deemed appropriate by the NSNA Board of Directors.

## References

- Abera, M., Tesfay, K., Dejene, T., Kerie, M., & Morankar, S. (2013). Efficacy of repetitive transcranial magnetic stimulation versus electroconvulsive therapy in the treatment of medication resistant major depressive disorder: a systematic review protocol. *JBI Database of Systematic Review & Implementation Reports*. 11(11), 1-7. <https://doi.org/10.11124/jbisnir-2013-897>.
- Eid, M. (2016). Electroconvulsive therapy use among depressive inpatients: Position statement. *Middle East Journal of Nursing*. 10(2),16 - 21.
- Li, Y. (2017). *Depression (older adults): Electroconvulsive therapy* [Evidence Summary]. Retrieved from <http://ovidsp.tx.ovid.com.proxy.libraries.rutgers.edu/sp-3.32.0a/ovidweb.cgi>.
- Matthews, A. M., Rosenquist, P., & McCall, W. V. (2016). Representation of ECT in English-language film and television in the new millennium. *Journal of ECT*. 32(3), 187-191.
- Ostegaard, S. D., Bolwig, T. G., & Petrides, G. (2014). No causal association between electroconvulsive therapy and death: A summary of a report from the danish health and medicines authority covering 99,728 treatments. *Journal of ECT*. 30(4), 263-264.
- Ramos-Garcia, M., & Gonzalez-Salazar, C. (2013). Electroconvulsive therapy: is there a role for treating older patients?. *Reviews in Clinical Gerontology*. 23, 283-294.
- Saleem, N., Rauf, S., Ullah, S., & Jehangir, S., (2018). Efficacy of electroconvulsive therapy in treatment-resistant depression. *Pakistan Armed Forces Medical Journal*. 68(4), 969-974.
- Sherry, L., Murphy, B.S., Xu, J., Kochaneck, K. D., Curtin, S.C., & Arias, E. (2017). Deaths: final data for 2015. *National Vital Statistics Report*. 66(6).

Sicher, S., Gedzior, J. (2016). Electroconvulsive therapy: promoting awareness among primary care physicians. *The International Journal of Psychiatry in Medicine*. 51(3), 278-283. Doi: 10.1177/0091217416651255

Torring, N., Sanghani, S. N., Petrides, G., Kellner, C. H., & Ostergaard, S. D. (2017). The mortality rate of electroconvulsive therapy: a systematic review and pooled analysis. *Acta Psychiatrica Scandinavica*. 135(5), 388-397. Doi: 0.1111/acps.12721.

World Health Organization. (2018). *Depression*. Retrieved from <http://www.who.int/news-room/fact-sheets/detail/depression>.