

P.2.g.014 Practical issues of electroconvulsive therapy in Slovakia

J. Dragasek^{1*}, E. Palova¹, D. Breznoscakova¹, P. Mirossay¹, M. Drimalova². ¹University of P.J. Safarik, 1st. Dept. of Psychiatry, Kosice, Slovak Republic; ²Comenius University in Martin, Dept. of Psychiatry, Martin, Slovak Republic

Aim of the study: Electroconvulsive therapy (ECT) has antidepressive and antipsychotic effects. Since being introduced in Italy in 1938, its mode of action has still not been clarified. Treatment modalities have changed in many ways. ECT, in which a generalized epileptic seizure is provoked by electrical stimulation of the brain, is performed under short intravenous anesthesia and muscle relaxation. Considering careful previous clinical examination and anesthesiological and internal counterindications, ECT is a very safe form of treatment [3]. In recent years, data on the practice of electroconvulsive treatment (ECT) in different countries have become available. The objective of the study was comparison on the practice of ECT in Slovakia (5,400 thousand inhabitants) and comparable regions in Europe [Wallonia with the Brussels Capital Region (4,400 thousand inhabit.) and Flanders (5,950 inhabit.) in Belgium] [1,2]. The partial aim of this nationwide survey was to review and describe practical issues of ECT in Slovakia. Many changes in ECT practice have occurred due to changes in the organisation of psychiatric care and due to the number of new drugs for the treatment of psychotic and nonpsychotic disorders. Authors wanted to see whether the frequency of treatments and the technical standard of ECT had undergone changes in the same period.

Methods used: A 30 item questionnaire on the practice of ECT was sent to all institutions in Slovakia providing ECT. Authors have used original questionnaire from Belgian survey with permission translated to Slovak language [1]. Data in this preliminary work are presented from Slovakian survey only. Whole comparison will be presented in extended format.

Results: Authors in brief format report results of the survey. Besides questions on training and general attitude toward ECT, most questions concerned technical aspects, quality, and organization of this treatment modality. The answers include data about: offer of ECT in hospitals, ECT utilization rate, regional differences in the practice of ECT, number of treatments per month, number of sessions in treatment, major indications of ECT, anesthetic commonly used, type of ECT device, wave variant used, electrode placement used, stimulus dosing method and titration used, additional monitoring, informed consent document, patient information, educational activities in ECT.

Discussion and Conclusion: Although ECT is widely available in Slovakia, comparable to other EU countries, it remains underused. The second major issue is the quality of ECT practice, the education in this field is insufficient, and there are no valid guidelines. National guidelines should be implemented and continuing education in ECT is needed. ECT is a safe and effective treatment that should be widely available. ECT still plays an important role in the treatment of hospitalised patients with various indications in Slovakia.

References

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P.2.g.015 Improvement of mental health in psychiatric risk patients after treatment of chronic hepatitis C with interferon-alpha

M. Schäfer^{1*}, F. Schmidt¹, G. Janssen¹, G. Martin², M. Soyka², R. Lorenz³, K. Loeschke³, C. Folwaczny³. ¹Kliniken-Essen-Mitte, Department of Psychiatry, Essen, Germany; ²Ludwig-Maximilians University, Department of Psychiatry, Munich, Germany; ³Ludwig-Maximilians University, Department of Gastroenterology, Munich, Germany

Background: Psychiatric disorders and drug addiction represent important reasons for non treatment of patients with chronic hepatitis C virus (HCV) infection. We investigated in the question of long-term effects of interferon-alpha treatment on mental health in patients with psychiatric disorders compared to controls.

Methods: Psychiatric symptoms during and six months after HCV-treatment with IFN-a-2a plus ribavirin in 16 HCV-infected patients with psychiatric disorders, 21 patients with methadone substitution treatment, 21 patients with former drug abuse and 23 HCV-infected non psychiatric controls were evaluated with scores for depression (MADRS), psychotic symptoms (BPRS), global social functioning (GAF) and global clinical psychiatric impression (CGI) before.

Results: During antiviral treatment, the mean MADRS-, BPRS- and CGI-scores increased significantly in all groups (MADRS all groups with $p \leq 0.001$; BPRS: controls, methadone and former drug abusers with $p \leq 0.001$, psychiatric with $p=0.002$; CGI: controls with $p=0.026$, psychiatric with $p=0.006$, methadone with $p=0.007$ and former drug abusers with $p=0.011$). No statistically significant differences could be detected between groups when evaluating the maximal increase in MADRS, BPRS or CGI scores. The GAF-score decreased significantly in all groups during HCV-treatment ($p < 0.001$). Again, no significant between-group difference was found. However, psychiatric patients had the lowest decrease, which differed significantly from the highest decrease in the group of former drug addicts ($F = 3.81$, $df = 3$, $p=0.013$). Comparison of to the pre-treatment scores with the psychiatric scores six months after the end of antiviral therapy showed, that patients in the psychiatric and methadone substituted group were more likely to have an ongoing improvement of their mental health situation if compared to controls, who were more likely to worsen (MADRS: $p < 0.001$, OR=9.47, CI (95%): 2.82 – 31.87; BPRS: $p < 0.001$, OR=10.42, CI (95%): 3.29 – 31.85; GAF: $p=0.035$, OR=2.7, CI (95%): 1.06 – 6.88). Depression at baseline was the most important predictor for an improvement after treatment. Significant more psychiatric patients with elevated pre-treatment MADRS-scores (> 5) had reduced depression scores after HCV-treatment if compared to non-depressive patients ($p=0.010$, OR=6.87, CI (95%): 1.48 – 32.0). Sustained virological response was only associated with improved BPRS (OR=3.99, CI (95%): 1.49 – 10.71) and GAF scores (OR=3.83, CI (95%): 1.34 – 10.96).

Conclusions: Our data indicate that independent from SVR, IFN-alpha treatment of chronic hepatitis C in psychiatric risk patients with acute depressive symptoms is rather associated with a long term improvement of mental health six months after the end of antiviral therapy than with a worsening.