

Data from the Swedish national quality register for ECT

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Steering committee

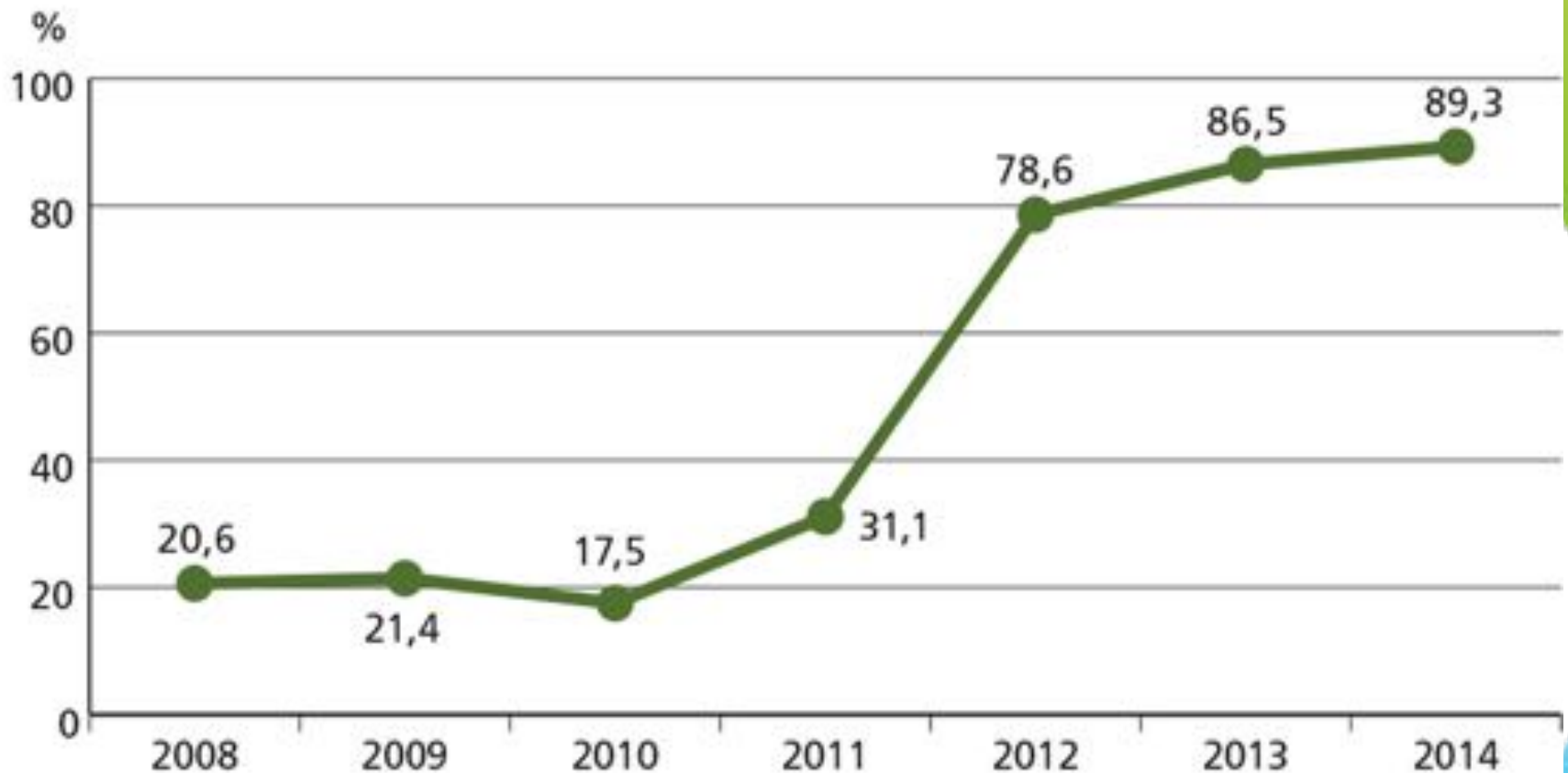
- Lars von Knorring, chairman, professor, Uppsala
- Ralf Ansjön, anesthesiologist, Stockholm
- Niclas Bengtsson, ECT-nurse, Umeå
- Ullvi Båve, M.D., Ph.D. Stockholm
- Pär Ejdsäter, patientrepresentative, Balans Örebro
- Emma Gustafsson, M.D. Umeå
- Martin Hultén, M.D. Lund
- Aki Johanson, professor, Lund
- Mikael Landén, M.D. professor, Göteborg
- Johan Lundberg, M.D., Ph.D. Stockholm
- Pia Nordanskog, M.D., Ph.D. Linköping
- Axel Nordenskjöld, M.D., Ph.D., Örebro
- Kristoffer Södersten, M.D. Göteborg

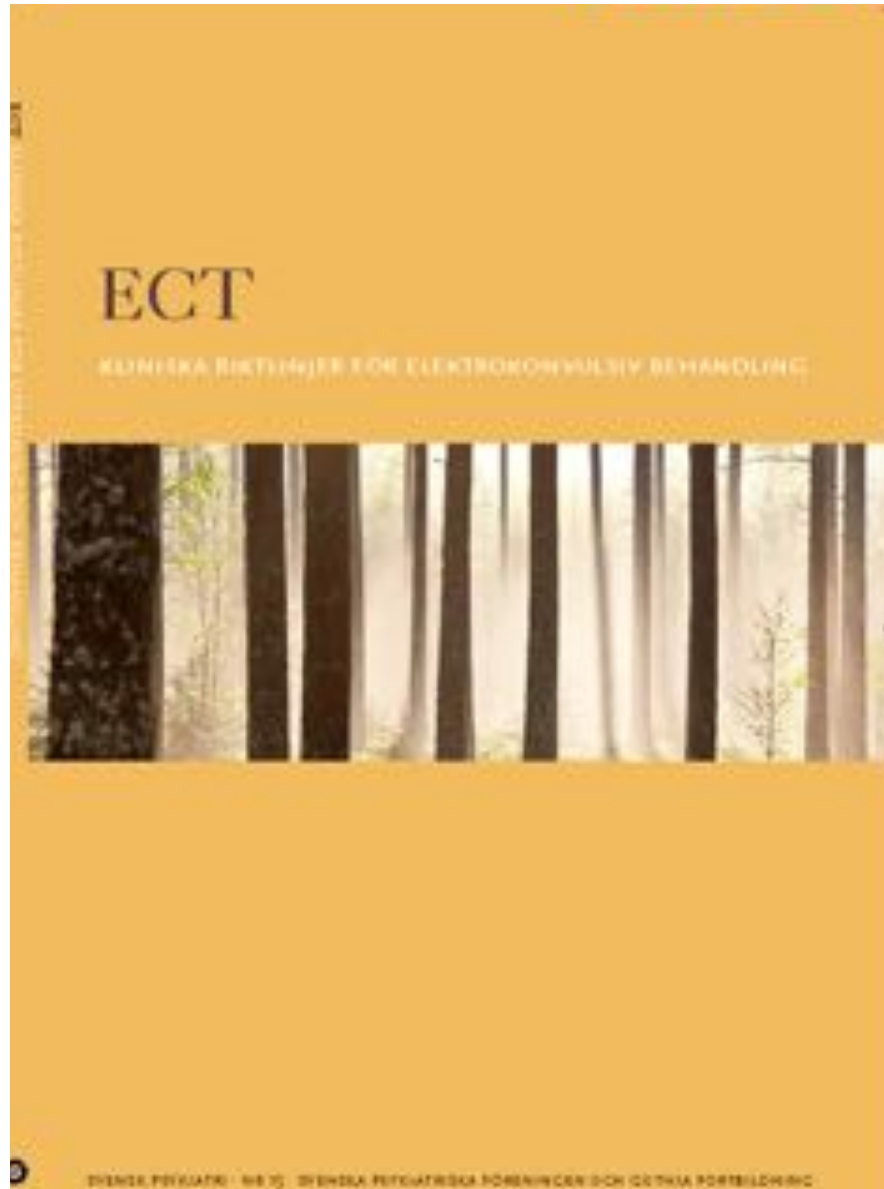
www.psykiatregister.se



The screenshot displays the website 'Psykiatregister.se' with a navigation menu at the top. The main content area is titled 'Kvalitetsregister ECT'. On the left, there is a sidebar menu with categories like 'Start ECT', 'Barn och ECT', 'Metoder ECT', 'Kvalitetsregister', 'ECT behandling', 'Aktuella forskningsprojekt', 'Publikationer', 'Webbplatser för ECT', 'Handledare för patienter', 'Ansökningsformer', 'Delegerade patienter', 'Aktuella ECT', and 'ECT i Sverige'. Below this is a 'DOCUMENT ECT' section with a list of documents including 'Arbetsbeteckning', 'Foljuppsökning', 'Patientinformation', 'Vårdringsplaner', 'Ämnesrapporter', and 'Övrigt'. The main text area contains a description of the ECT quality register, stating it is a national register for ECT treatment in Sweden, established in 2014, and aims to improve patient care and safety. On the right, there is a 'Kvalitetsregister ECT' sidebar with a list of documents and a search bar.

Proportion of patients treated by ECT that participate in the quality register (coverage)



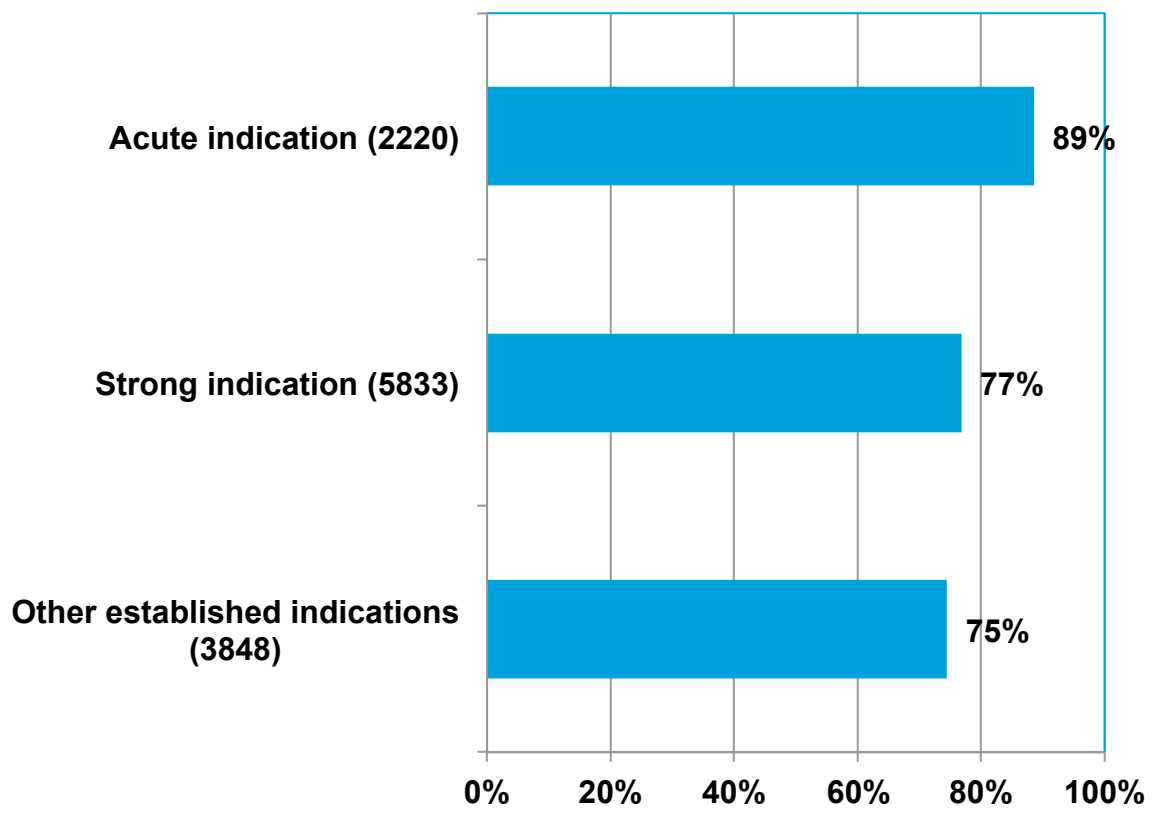


Indication list: established indications for electroconvulsive therapy

ICD-10 CODE	ICD-10 CODE DESCRIPTION
F32.3	Major depressive disorder, single episode, severe with psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F53.1	Postpartum psychosis
F23.0	Acute polymorphic psychotic disorder without symptoms of schizophrenia
F06.1	Catatonic disorder due to known physiologic condition
F32.2	Major depressive disorder, single episode, severe without psychotic features
F33.2	Major depressive disorder, recurrent severe without psychotic features
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F30.2	Manic episode, severe with psychotic symptoms
F53.0	Postpartum depression
F32.1	Major depressive disorder, single episode, moderate
F33.1	Major depressive disorder, recurrent, moderate
F31.3	Bipolar disorder, current episode depressed, moderate
F31.1	Bipolar disorder, current episode manic without psychotic features
F31.6	Bipolar disorder, current episode mixed
F30.1	Manic episode without psychotic symptoms
F06.3	Mood disorder due to known physiological condition
F20.9	Schizophrenia
F25.9	Schizoaffective disorder
G20.9	Parkinson's disease

Acute indication
Strong indication
Other established indications

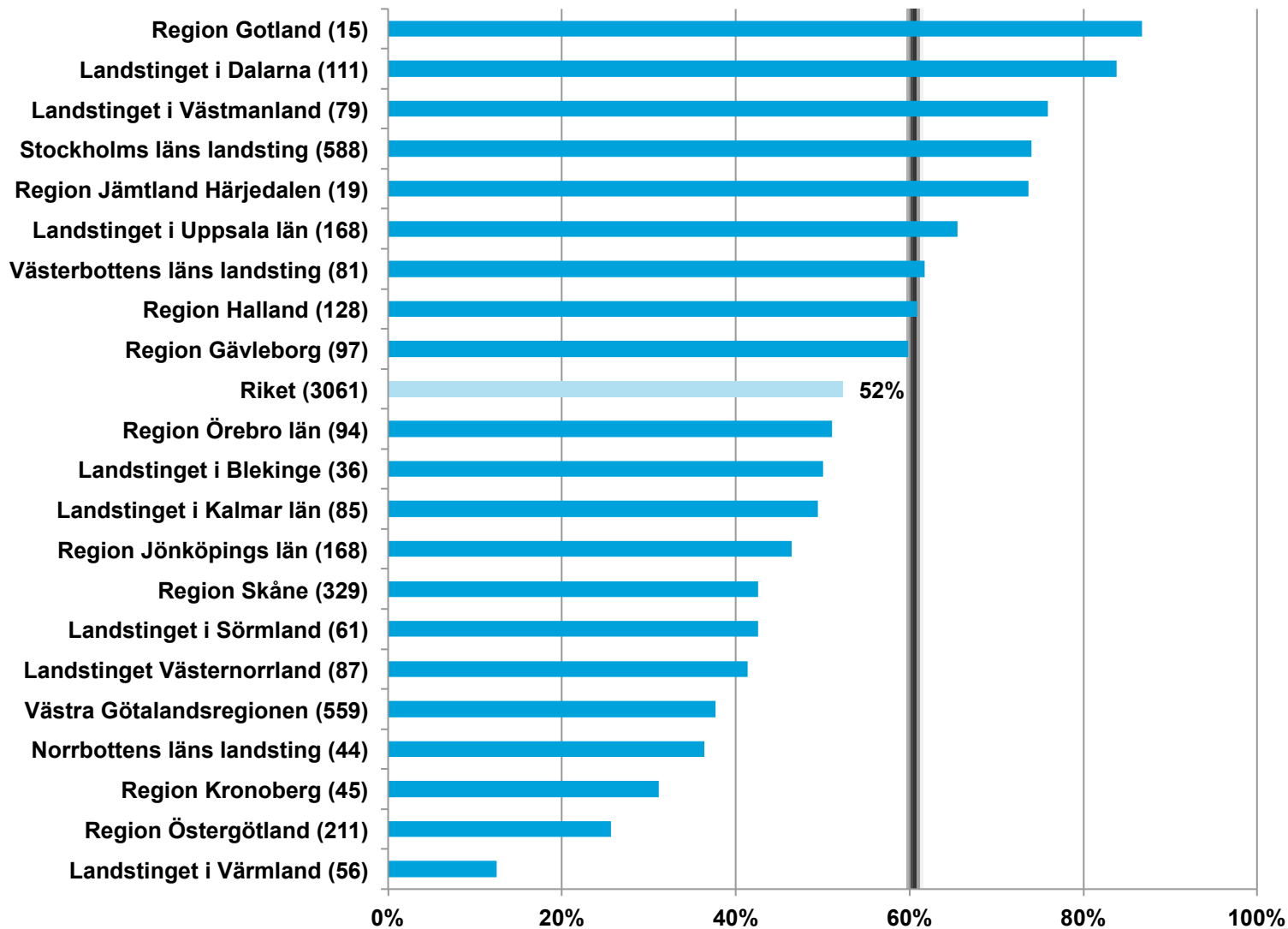
CGI-I response



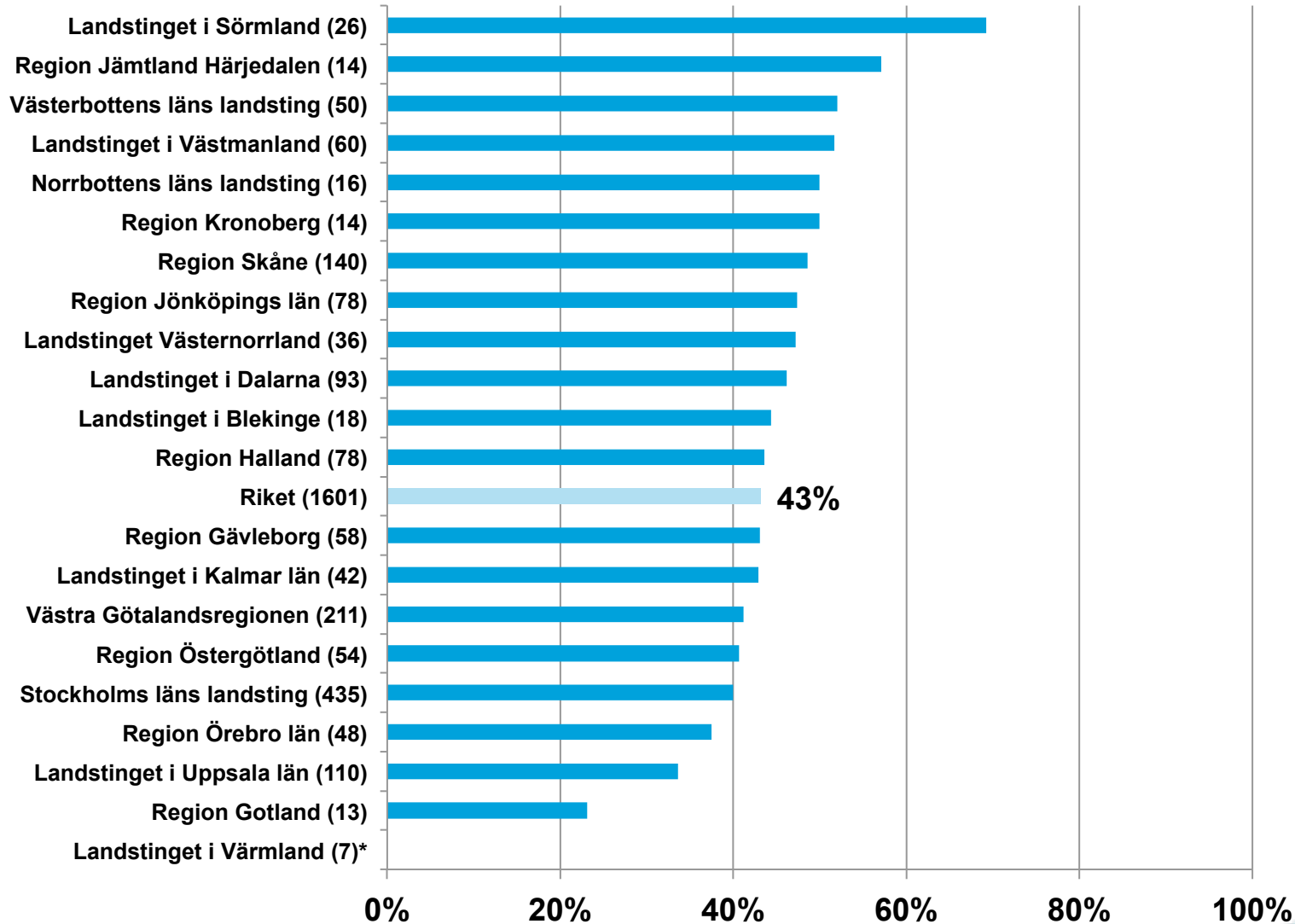
Clinical Global Impressions-Improvement Scale (CGI-I)	
1	<i>Very much improved</i>
2	<i>Much Improved</i>
3	Minimally Improved
4	No change
5	Minimally worse
6	Much worse
7	very much worse



Use of depression rating scale (MADRS/ MADRS-S) within one week after ECT



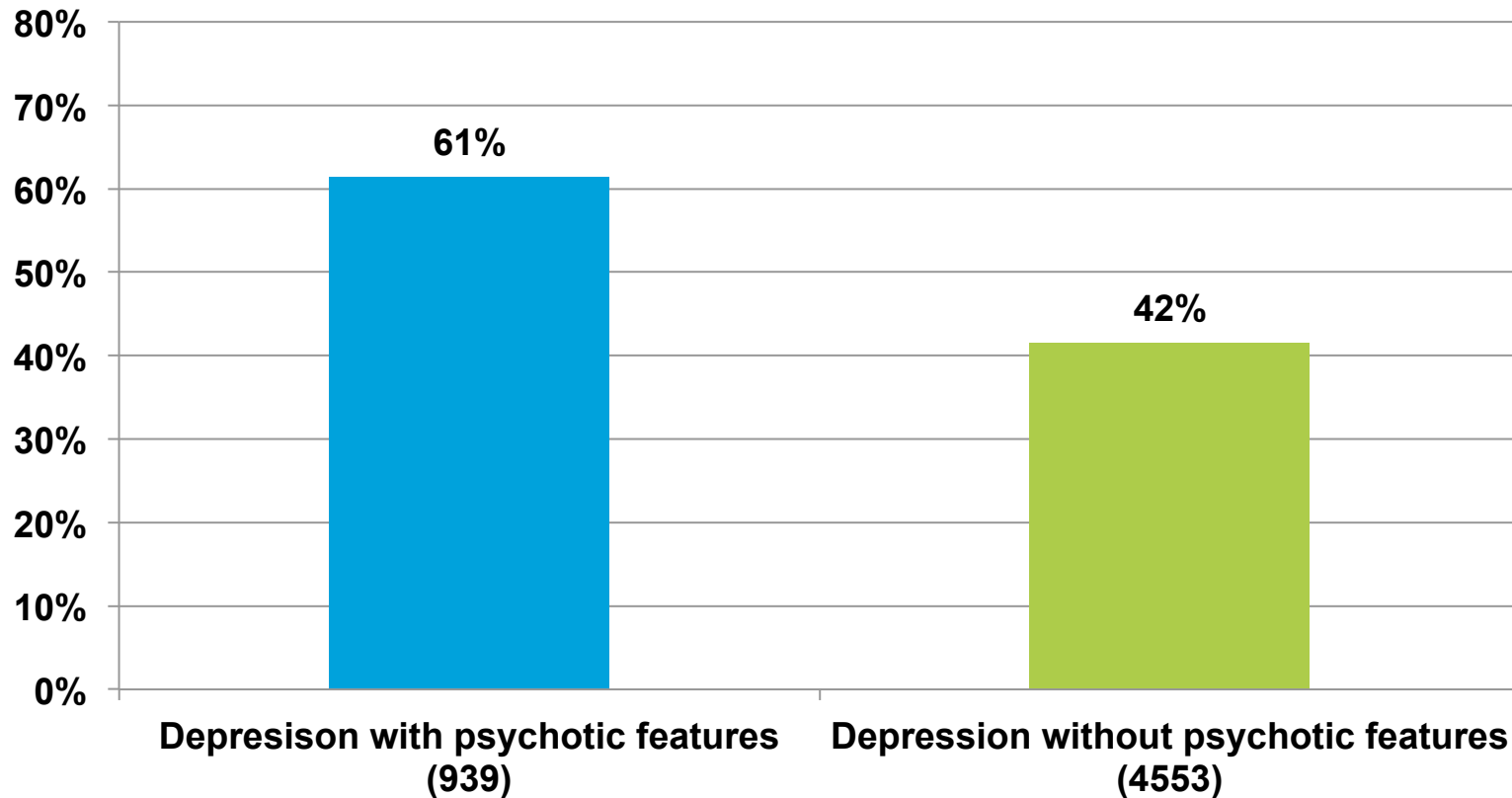
Remission from depression within one week after ECT (MADRS-S 10 or less)



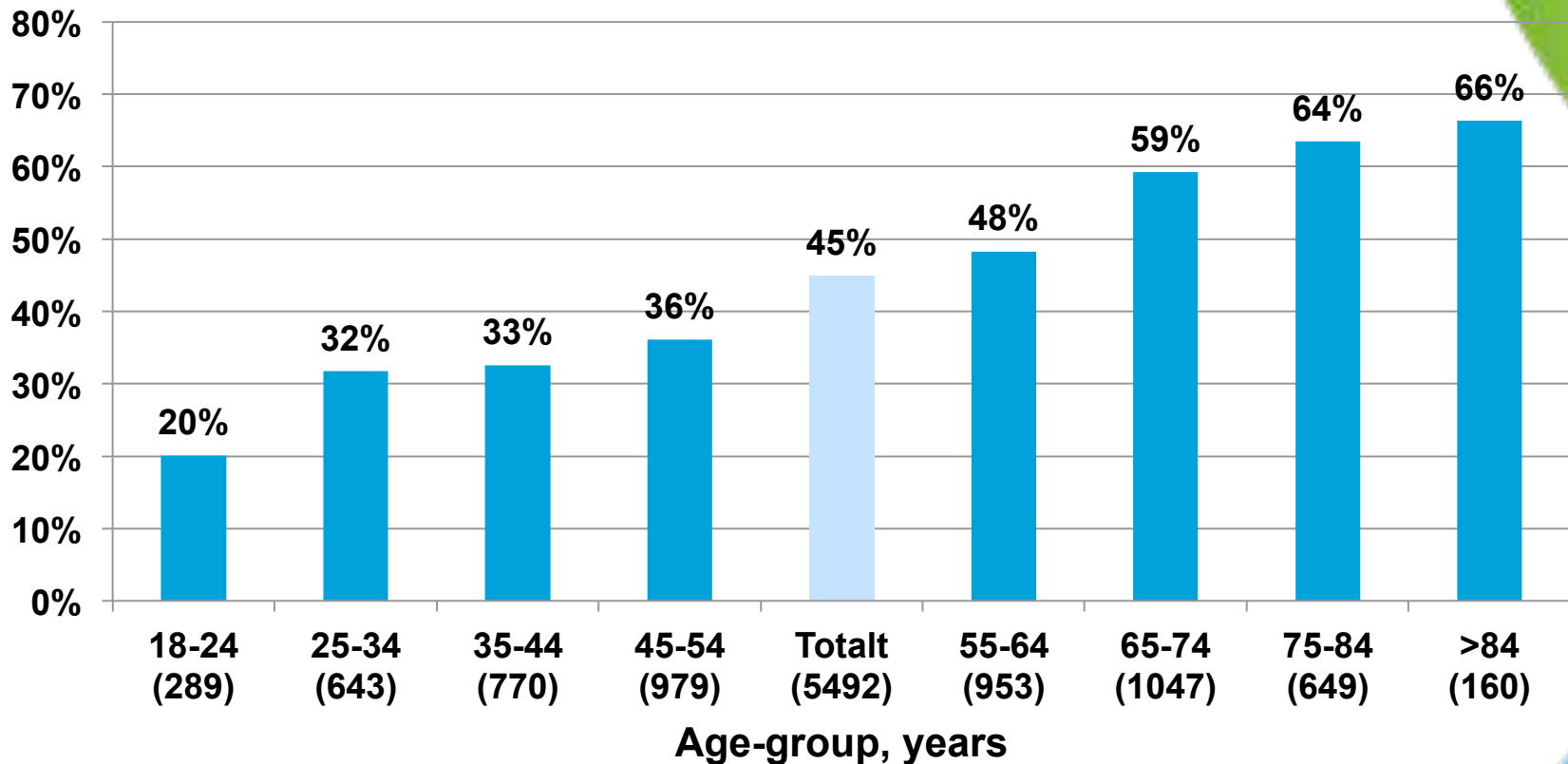
Take home messages

- **Although the response rate according to CGI rating might be satisfactory,**
- **the remission rate in clinical practice needs to increase**
- **But how?**

Remission rate among depressed patients with/without psychotic features



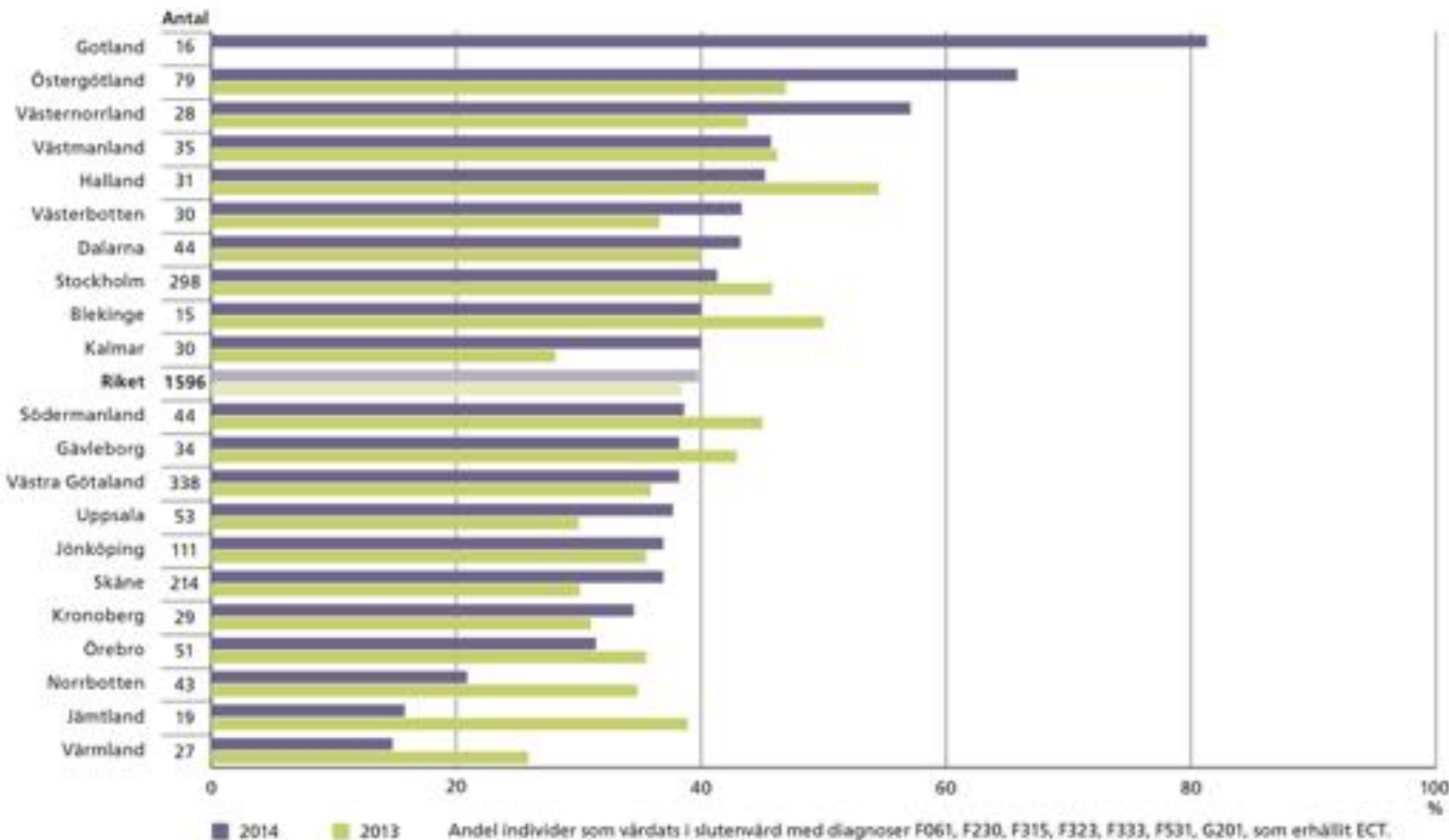
Remission rate from depression in different age-groups



Take home messages

- The remission rate in clinical practice needs to increase
- **Be liberal to use ECT among**
 - Older patients
 - Psychotically depressed patients

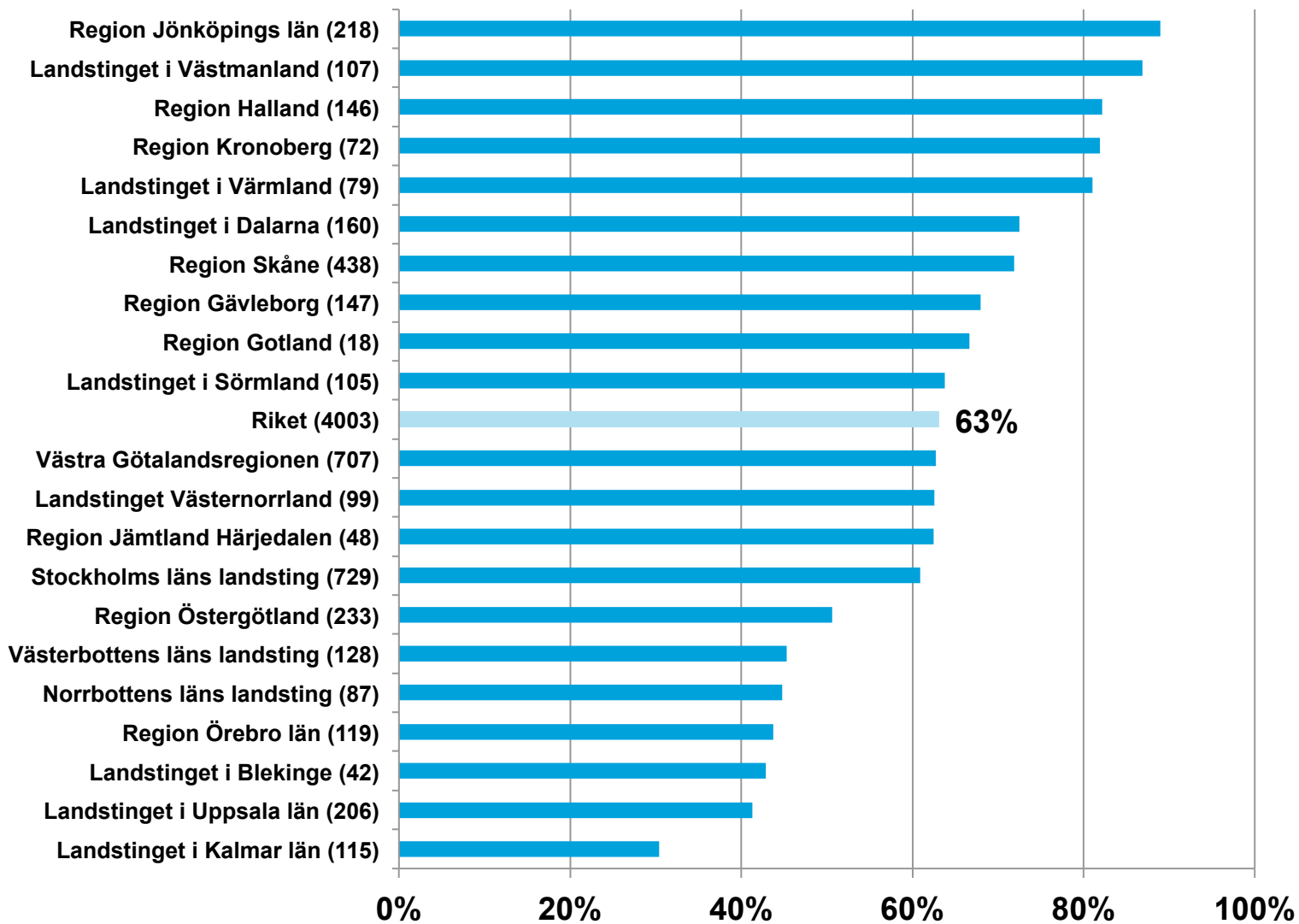
Proportion of patients with psychotic depression, cycloid psychosis, or puerperal psychosis that receive ECT



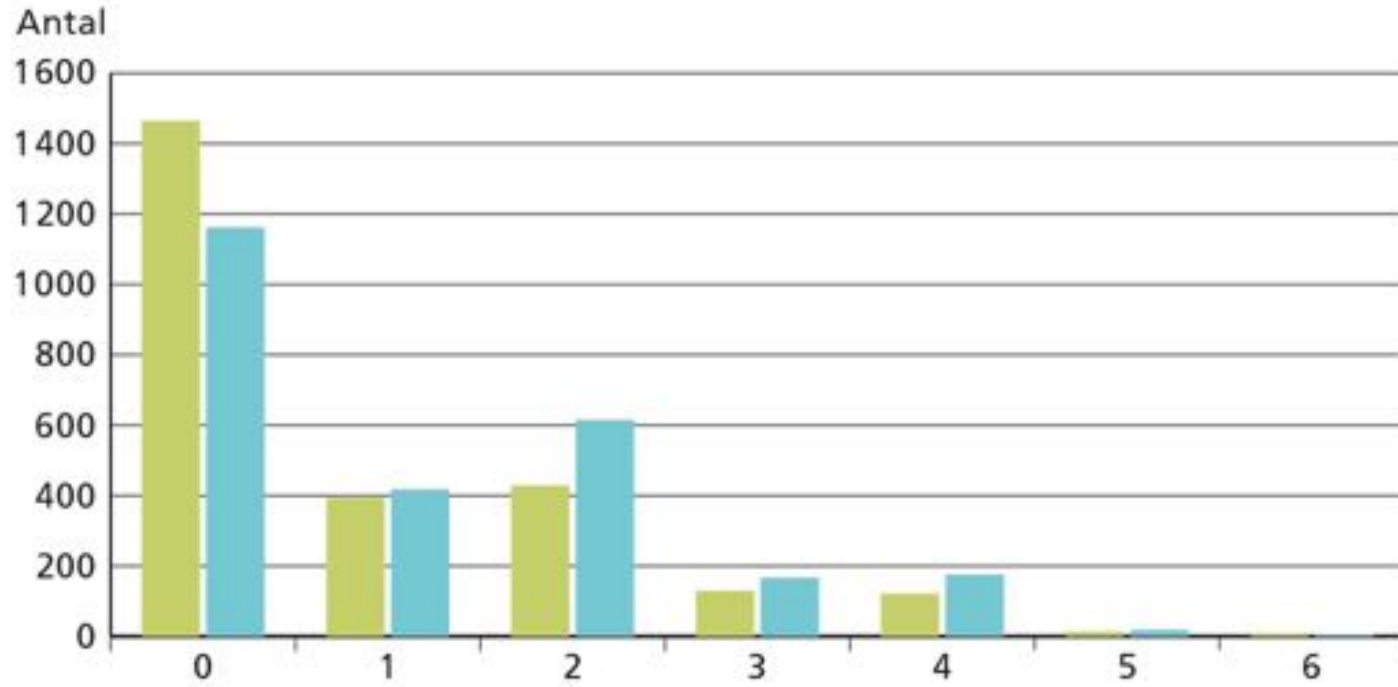
Andel individer som vårdats i slutenvård med diagnoser F061, F230, F315, F323, F333, F531, G201, som erhållit ECT. Uppgift om diagnoser är hämtad från Socialstyrelsens patientregister. Uppgift om ECT är hämtad från Kvalitetsregister ECT och patientregistret. Andel för Gotland 2013 saknas i figuren pga att underlaget av patienter var färre än 10.



Rating of subjective memory disturbances after ECT



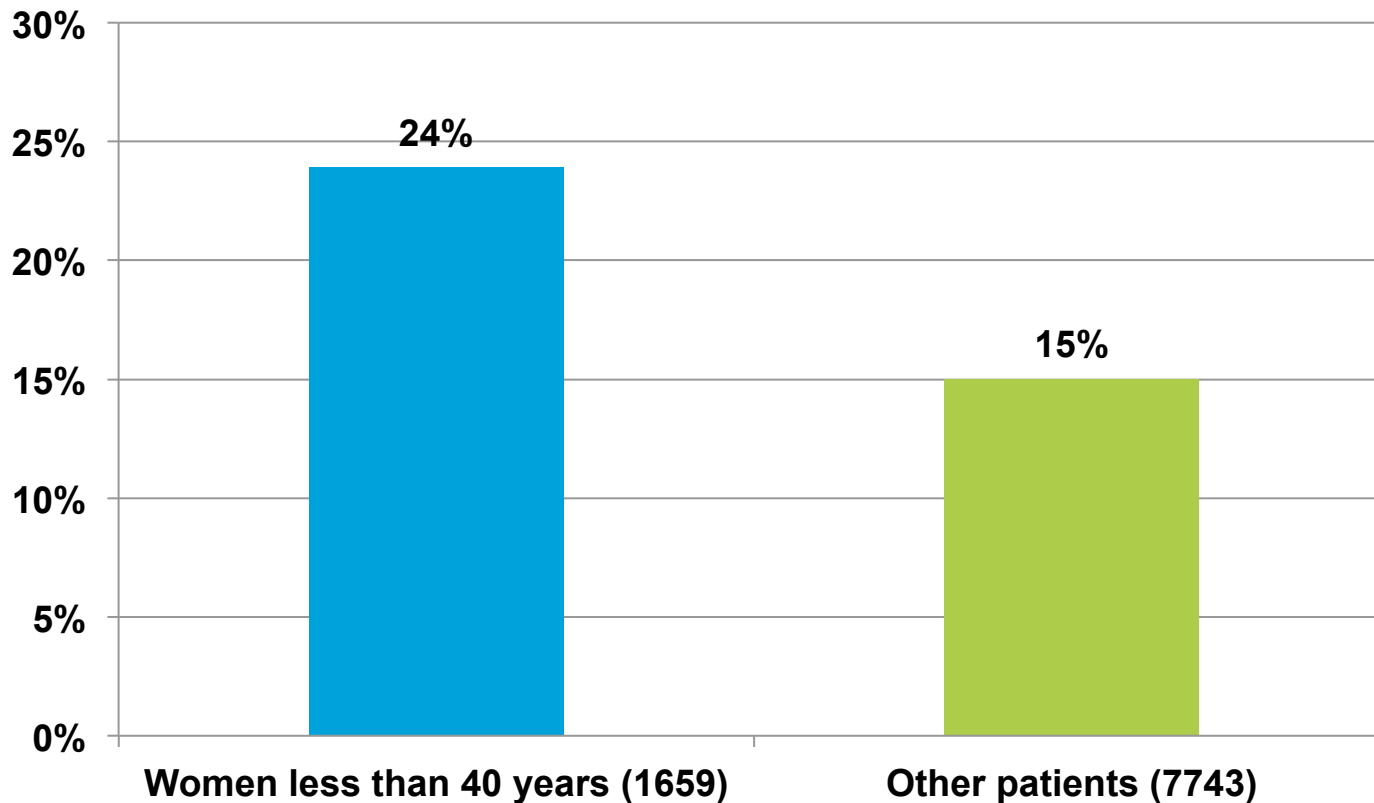
Subjective memory disturbances before and within one week after ECT



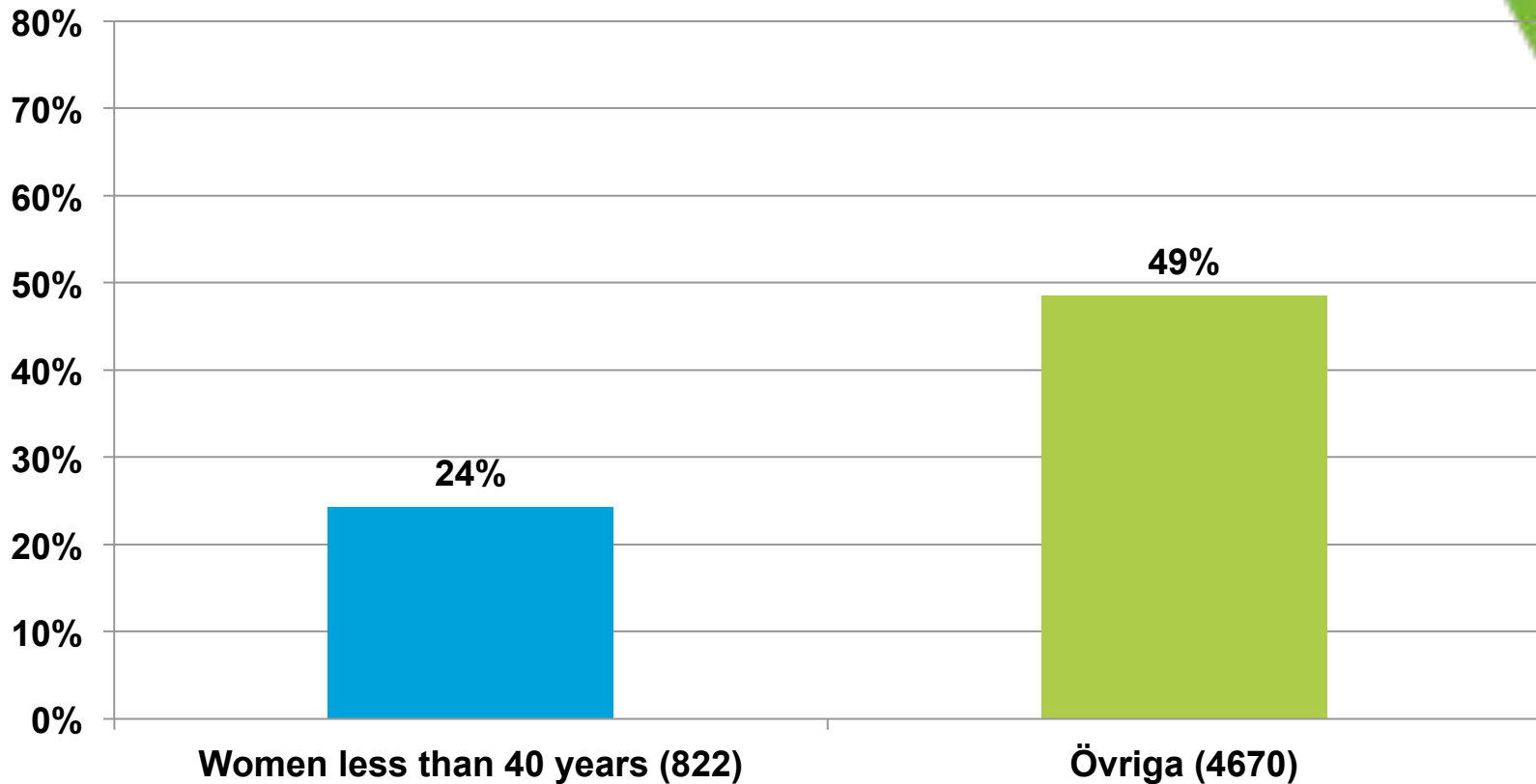
■ before ECT
■ after ECT

- 0 - memory as usual
- 1 -
- 2 - occasional increased lapses of memory
- 3 -
- 4 - reports of socially inconvenient or disturbing loss of memory
- 5 -
- 6 - complaints of complete inability to remember

Subjective memory worsening among women <40 as compared to other patients



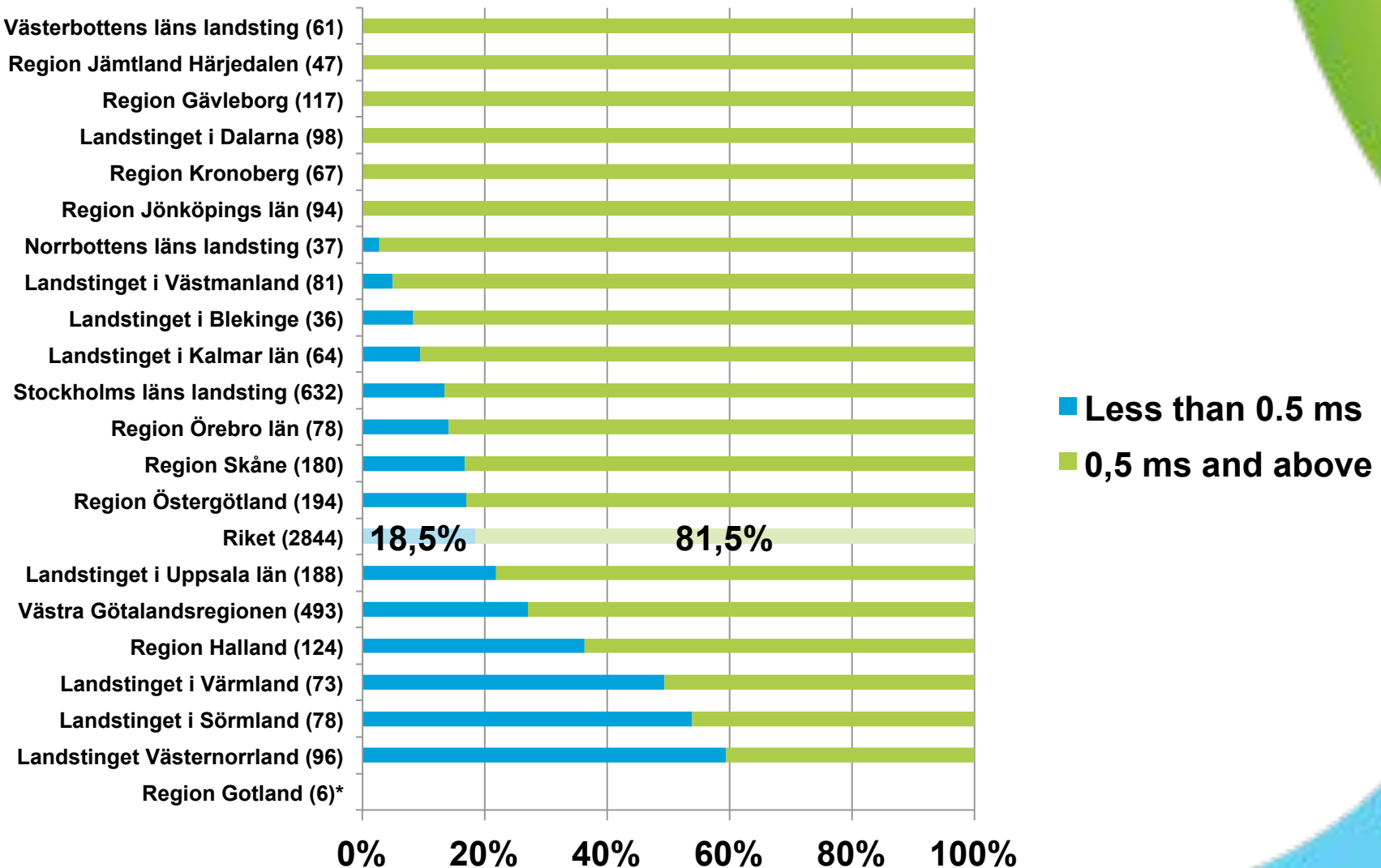
Remission among women less than 40 years as compared to other patients



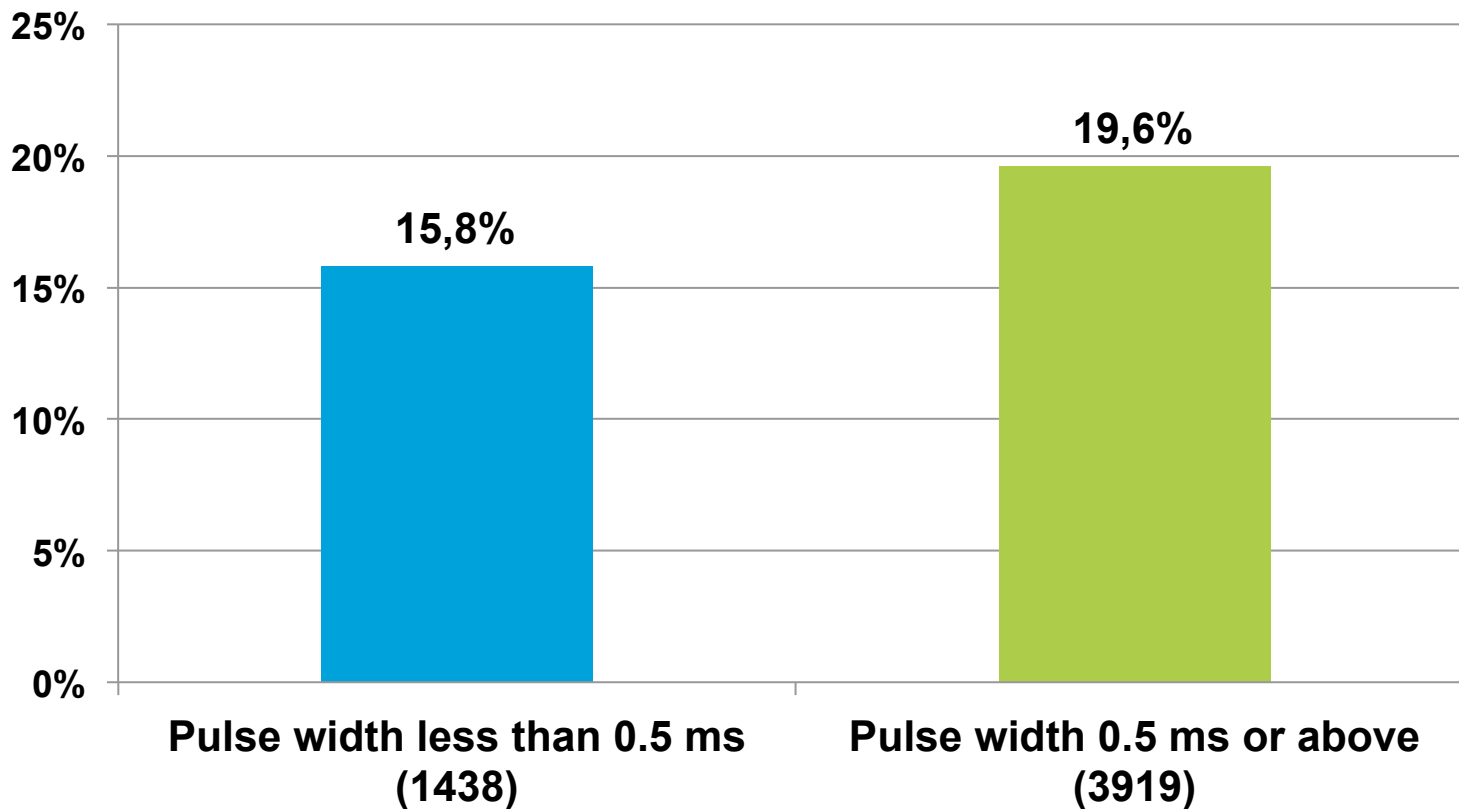
Take home messages

- The remission rate in clinical practice needs to increase
- Be liberal to use ECT among
 - Older patients
 - Psychotically depressed patients
- **Young women are at risk for subjective memory disturbances**

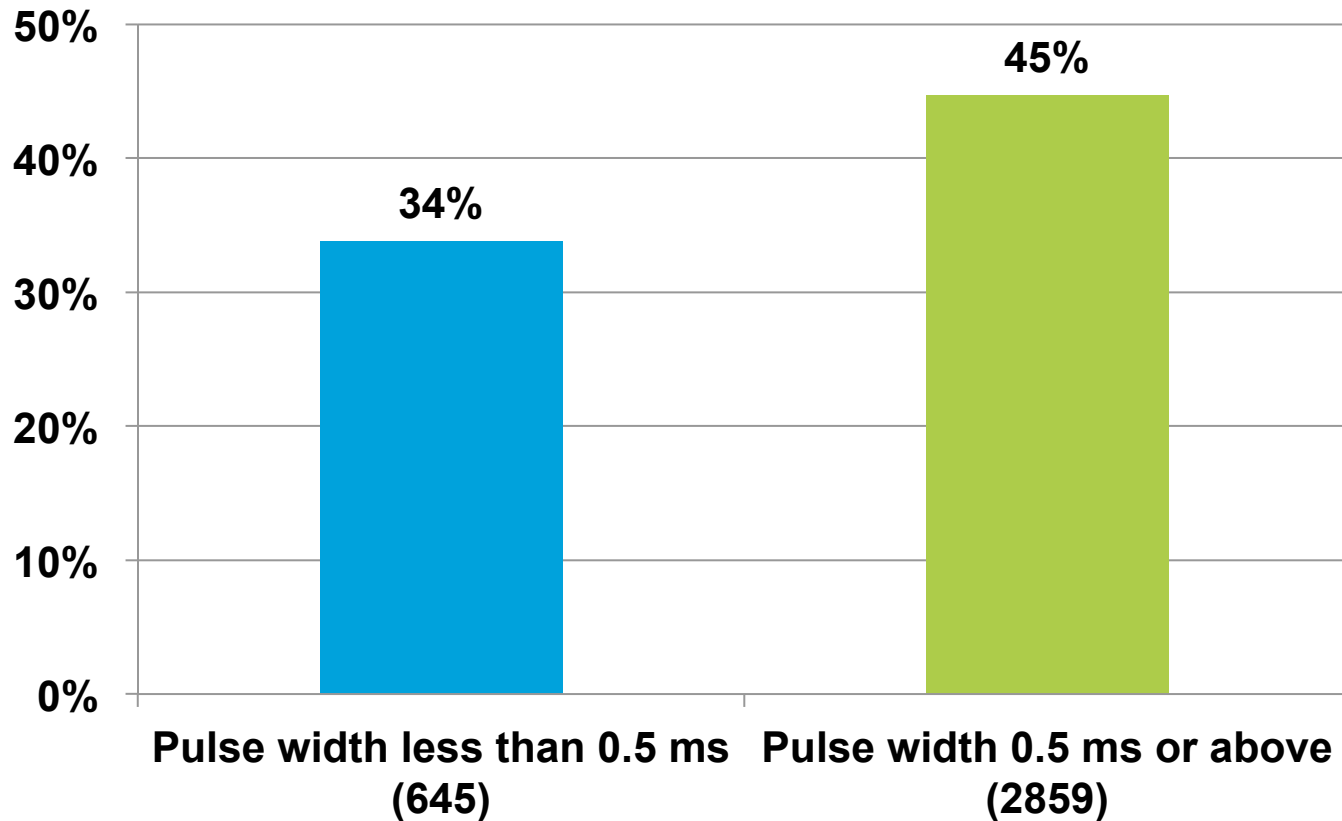
Pulse width at last ECT-session



Proportion with subjective memory worsening after unilateral ECT with different pulse widths



Remission from depression after unilateral ECT with different pulse widths



Take home messages

- The remission rate in clinical practice needs to increase
- Aim for remission, dont stop at respons

- Be liberal to use ECT among
 - Older patients
 - Psychotically depressed patients

- Young women are at risk for subjective memory disturbances

- **Less than 0.5 ms pulse width should not be standard treatment**