ECT in Russia

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ECT in the former Soviet Union

- Corazol therapy (Meduna L.)
- First implication – 1939 (Moscow, Kiev)
- First publications: Sereisky M, Rotshtein G, Kronfield A
- Guide to ECT – 1940
- Rapid implementation (1948: used in 41 from 76 hospitals; 6,5% patients in hospital got ECT)
- Use of anesthesia (1955)

ECT former Soviet Union/Russia

- Growth of negative attitude toward ECT in 50th
- Imperfection of first devices and large number of cognitive side effect
- Low effectiveness in schizophrenia in contrast to insuline treatment
- Substantial restriction of application
- 70th: gradual ”reabilitation” of method (publication of researches data etc)

ECT in Russia in actual time

- Low availability and high demand
- Mostly in University clinics
- Moscow - 4 sites provide ECT + 2 in Moscow region (Naro-Fominsk, Podolsk)
- StPetersburg - 3 clinics
- Regions - 12 do actively, another 10 - there is an opportunity, but use not regulary
- ECT in Private psychiatric care – not exceed 4 in Russia
- No ECT register

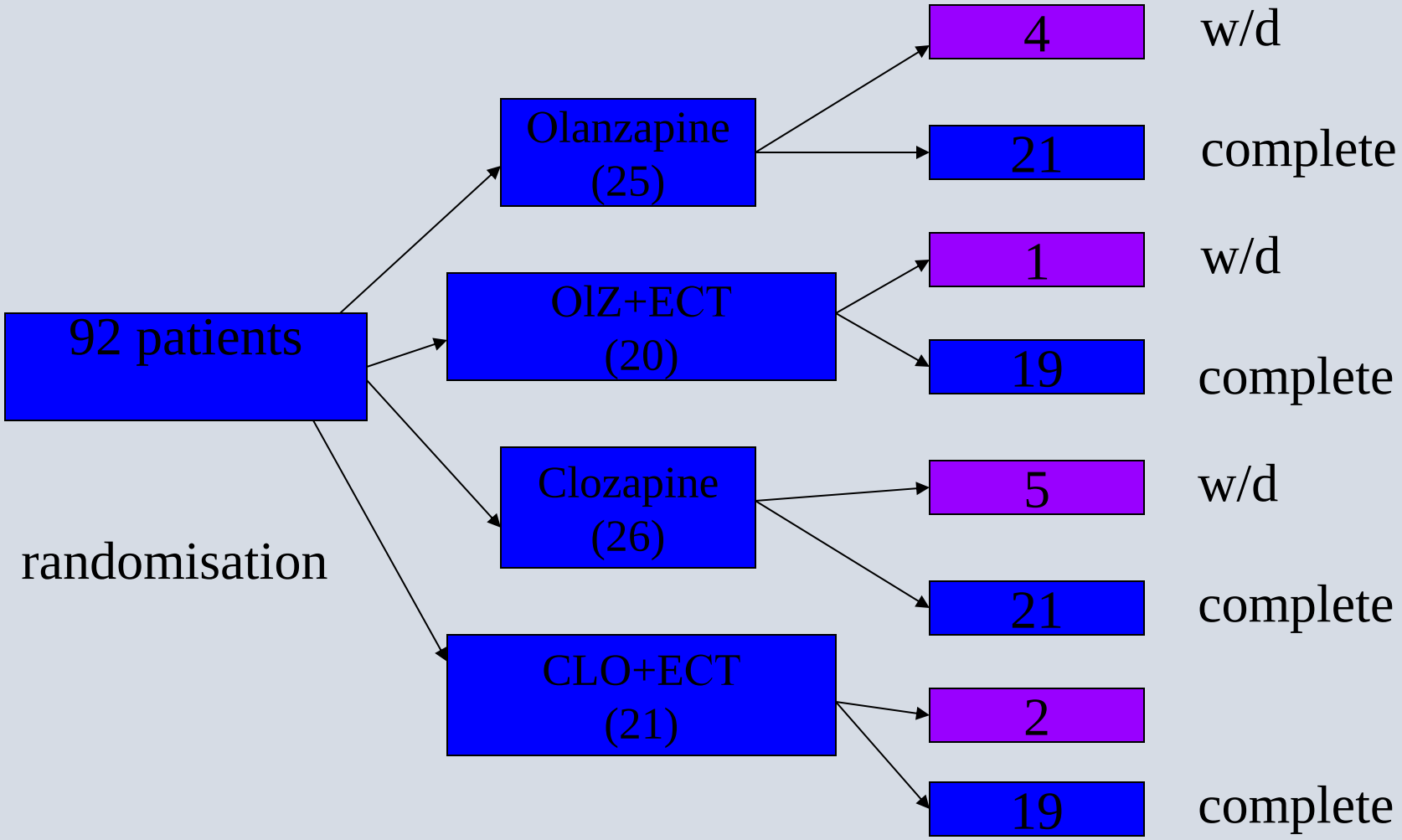
ECT in Russia in actual time

- Devices: ESTER (Russia), Elikon (Ukraine), Timatron,
- MST - not yet,
- Unilateral is less frequent than bilateral
- ”Brief” impulses (higher than 0,2ms, not exceed 0,5)
- Dose titration – not everywhere
- Anesthesia - Propofol, Ketamine less often (resistant depression)
- Outpatient ECT – rarely

ECT in Russia in actual time: clinical implication

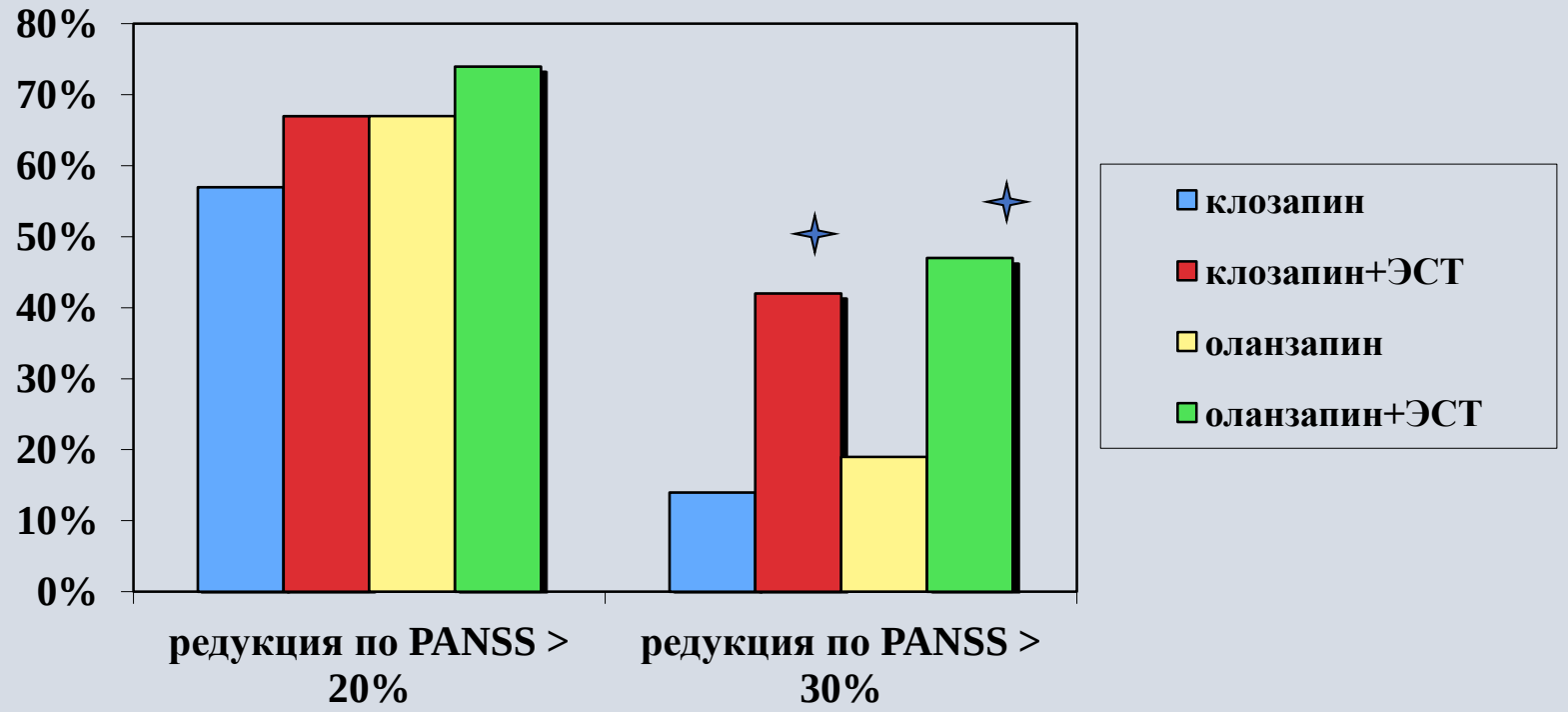
- Russians Guidelines and therapy algorithms not differs from other countries
- Clinical practice is more conservative…
- Mostly sites use in catatonia, severe and psychotic depression only
- Slow growth of interest in resistant depression
- Resistant schizophrenia (closapine+ECT)

ECT combined clozapine/olanzapine in resistant schizophrenia (Oleneva E, Tsukarzi E, Mosolov S, 2016, in russian)



Responders rate in terapeutics groups.

(Oleneva E, Tsukarzi E, Mosolov S, 2016, in russian)



Combined therapy vs Mono-

p<0,05

Predictive signs of the effectiveness of combined therapy (multiple step regression model) (Oleneva E, Tsukarzi E, Mosolov S, 2016, in russian)

	Beta Ratio	Standart deviation Beta Ratio	P
Agitation	0,521	0,128	<0,001
Emotional withdrawal	0,406	0,132	<0,01
Mannerisms & posturing	0,326	0,127	<0,05

Multiple step regression model:

Y= 0,521x (Agitation) + 0,406x (Emotional withdrawal) + 0,326 x (Mannerism)

This model showed predictive characteristic values in 69% of cases and explained 44% of the observed variance.

Future of ECT in Russia

- Growing interest in practice
- Limit of new researches on ECT in Russia
- Mostly interest focused on TMS and others brain stimulation technics
- Needs for novel devices (MST etc) and biomarkers of treatment efficacy

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