

A COMPARATIVE STUDY TO EVALUATE THE EFFICACY OF SPACED V/S DAILY ELECTROCONVULSIVE THERAPY IN SCHIZOPHRENIA

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In spite of the continuing advances in the pharmacotherapy ECT remains an extremely useful and often indispensable treatment for the so-called functional psychoses. It was noted in J. J. Hospital, Bombay that a large number of patients come to O.P.D. from far-off places and have to be admitted for the course of ECTs even if they could otherwise be managed as out-door patients. It was, therefore, imperative to find a way whereby we could cut short the duration of hospitalisation, without compromising the quality of treatment. One way of doing this was administering ECTs at a more frequent pace (daily).

Consequently a study was undertaken to compare the results of daily ECTs with the traditional spaced ECTs in two matched groups of Schizophrenics with the following aims :

- (1) To determine the efficacy of daily ECT programme vis-a-vis traditional spaced ECT programme.
- (2) To find out whether the confusion resulting from daily ECTs hampers the patient's ability to look after his simple daily routine and if so to what extent and in what percentage of cases.

MATERIAL AND METHODS

30 successive schizophrenics admitted to the J. J. Hospital were selected for the trial (Gr. A). The diagnosis was made

by 2 consultant psychiatrists independently. These patients were next matched with another Group (B) of 30 patients for,

- (1) Subtype of schizophrenia, (2) Duration of illness, (3) Severity of illness, (4) Age and (5) Sex.

The therapeutic regimen for each of the two groups was standardised as follows :

Chlorpromazine	..	50 mgs × tds.
Trifluoperazine	..	5 mgs × tds.
Trihexyphenidyl	..	2 mgs × tds.
Phenobarbitone	..	60 mg HS.

Thus the spacing of ECTs or the lack of it was the only variable. Group A received 8 ECTs in succession at daily intervals. Group B received again the same number of ECTs at a frequency of 3 times a week, i.e. on conventional lines. Patients from both the groups were assessed on a scale for psychotics by Rocklands and Pollit at the commencement of the trial, and three weeks later. This ensured that both groups had received benefit of the same medication for equal length of time and an equal period of hospitalization, in addition to equal number of ECTs.

RESULTS

The findings on Rocklands and Pollit scale for psychotics are given in the Table below. The mean value of the scale in the two groups both at the initial and final stage were not significantly different from each other.

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Rockland's Scale

	Daily ECT (N=30)	Spaced ECT (N=30)
Initial Value		
Mean±s.d.	69.1±16.4	73.4±17.0
Final Value		
Mean±s.d.	5.0±5.7	5.9±4.6

There was only 1 patient in the study belonging to Gr. A who showed memory loss incapacitating for simple daily routine. Even this patient recovered within 4 days after the last ECT sufficiently to manage the simple daily routine.

DISCUSSION AND CONCLUSION

We found in our study that the outcome was not significantly different in the two groups as long as the number of ECT remained unchanged. It is also noteworthy

that there was only one solitary case in the present study where the degree of confusion was high enough to interfere with patient's simple daily routine and that too for a brief period only.

This suggests that patients in trial group (Gr. A) were fit for discharge immediately on completion of ECTs though they were kept longer in hospital in order to rule out other variables.

If these results are substantiated by further trials with a larger population of patients, this method of administering ECT daily, would be of greater use in case of hospitalised patients.

REFERENCES

- ROCKLANDS, L. H., POLLIT, W., (1965) Quantification of Psychiatric Mental Status. *Arch. Gen. Psychiat.* 12, 23.