

Electroconvulsive therapy (ECT): a comprehensive overview.

Maria Oliveira*

Research Fellow in Cognitive Psychology, University of São Paulo, Brazil

Introduction

Electroconvulsive therapy (ECT) is a medical treatment that involves applying electrical currents to the brain to treat certain mental health conditions. Despite its controversial history, ECT has evolved into a well-regulated and effective intervention for patients with severe psychiatric disorders, particularly when other treatments have failed. This article delves into the history, mechanism of action, clinical applications, benefits, risks, and the evolving public perception of ECT.

The history of electroconvulsive therapy

The origins of electroconvulsive therapy date back to the early 20th century. The first significant development occurred in 1938 when Italian neurologist Ugo Cerletti and his colleague Lucio Bini discovered that electrical currents could be used to induce seizures in psychiatric patients. This technique was based on earlier findings showing that seizures could have therapeutic effects in people with certain mental health conditions. Cerletti and Bini's discovery initially focused on the use of electrical shock for treating schizophrenia, and the method quickly gained popularity.

However, early ECT practices were often crude, lacking the safety protocols seen today. Patients were sometimes subjected to high voltage shocks without anesthesia or muscle relaxants, which could cause serious physical injuries and severe side effects, including memory loss and fractures. Over time, improvements in anesthesiology, muscle relaxants, and careful monitoring during procedures have made ECT much safer and more effective.

How electroconvulsive therapy works

ECT involves the application of a brief electrical pulse to the brain, which induces a seizure. The procedure typically lasts less than a minute, with the electrical current lasting around 0.5 seconds. This seizure activity is believed to cause changes in the brain's chemistry that help alleviate symptoms of certain mental health conditions.

Before the procedure, patients are given general anesthesia and muscle relaxants to ensure their comfort and safety during the treatment. Electrodes are placed on the patient's scalp, typically on both sides of the head. The electrical current is delivered in a controlled manner, and the resulting seizure is monitored closely.

The exact mechanism by which ECT works remains unclear, but it is believed that the induced seizure activity causes

neurochemical changes in the brain. These changes may help to normalize brain activity, improving the symptoms of mental health disorders such as depression, bipolar disorder, and schizophrenia. Additionally, research suggests that ECT may promote neurogenesis (the growth of new brain cells) and increase the brain's responsiveness to other treatments.

Public perception and ethical considerations

Despite its established efficacy, ECT has often been met with controversy and negative public perception. This can be attributed to its association with early practices, where the procedure was done without anesthesia or muscle relaxants, leading to widespread abuse and physical trauma. Furthermore, depictions of ECT in popular media, often exaggerated or sensationalized, have perpetuated fears and misconceptions about the treatment.

In recent decades, however, the safety and effectiveness of ECT have been well-documented, and many healthcare professionals view it as a valuable tool for managing severe psychiatric conditions. Ethical concerns about ECT focus primarily on informed consent, especially in cases where patients may not fully understand the procedure due to the severity of their illness. Modern protocols emphasize patient autonomy, requiring thorough discussion and consent before treatment is administered.

Conclusion

Electroconvulsive therapy (ECT) remains an important treatment option for patients with severe, treatment-resistant psychiatric conditions. Although the procedure has a controversial history, advancements in medical practice have made it a safe and effective intervention for conditions such as severe depression, bipolar disorder, schizophrenia, and catatonia. The benefits of ECT, including its rapid effects and ability to provide relief when other treatments fail, outweigh the potential risks for many patients. As scientific understanding and societal attitudes toward mental health evolve, it is likely that ECT will continue to play a crucial role in the management of serious psychiatric illnesses.

References

1. Baronov D. The African transformation of western medicine and the dynamics of global cultural exchange. Temple University Press; 2010.

*Correspondence to: Maria Oliveira *, Research Fellow in Cognitive Psychology, University of São Paulo, Brazil. Email: maria.oliveira@usp.br

Received: 27-Jul-2024, Manuscript No. AACPCP-24-158976; Editor assigned: 01-Aug-2024, PreQC No. AACPCP-24-158976 (PQ); Reviewed: 15-Aug-2024, QC No. AACPCP-24-158976; Revised: 22-Aug-2024, Manuscript No. AACPCP-24-158976 (R); Published: 29-Aug-2024, DOI:10.35841/AACPCP-8.3.193

2. Chehregosha H, Khamseh ME, Malek M, et al. A view beyond HbA1c: role of continuous glucose monitoring. *Diabetes Therapy*. 2019;10:853-63.
3. Gill AY, Saeed A, Rasool S, et al. Revolutionizing Healthcare: How Machine Learning is Transforming Patient Diagnoses-a Comprehensive Review of AI's Impact on Medical Diagnosis. *Sci. World J.*. 2023;2(10):1638-52.
4. Gore MO, McGuire DK. A test in context: hemoglobin A1c and cardiovascular disease. *J Am Coll Cardiol*. 2016;68(22):2479-86.
5. Lin EC, Chiang YC, Lin HY, et al. Unraveling the Link between Periodontitis and Coronavirus Disease 2019: Exploring Pathogenic Pathways and Clinical Implications. *Biomedicines*. 2023;11(10):2789.
6. Little RR, Rohlfing CL. The long and winding road to optimal HbA1c measurement. *Clinica chimica acta*. 2013;418:63-71.
7. Omar A, Beydoun G, Win KT, et al. Cultivating Expertise: Unravelling Type 2 Diabetes Associations through Incremental Knowledge-Based System Development: Ripple Down Rules or Machine Learning.
8. Patil N, Howe O, Cahill P, et al. Monitoring and modelling the dynamics of the cellular glycolysis pathway: A review and future perspectives. *Mol. Metab*. 2022:101635.
9. Sacks DB. Hemoglobin A1c in diabetes: panacea or pointless?. *Diabetes*. 2013;62(1):41-3.
10. Schnell O, Crocker JB, Weng J. Impact of HbA1c testing at point of care on diabetes management. *J Sci Technol*. 2017;11(3):611-7.

Citation: Oliveira M. *Electroconvulsive therapy (ECT): a comprehensive overview*. *Cogn Psychol*. 2024; 8(3):193