

Is Electroconvulsive treatment (ECT) more effective in major depression than anti-depressant medication, or psychotherapy in adults above 65 years of age?

Introduction:

Major depression is the most common psychiatric disorder among the elderly (Glaser, 2000). Elderly are most likely to suffer from the physical complications of major depression requiring a treatment that works quickly (Alao, 2003).

Electroconvulsive Treatment (ECT)

- ECT is effective, with positive responses seen in treatment as early as after one treatment (Driscoll, Karp, Dew, & Reynolds, 2007).
- In spite of increased cognitive impairment and physical illnesses, elderly with severe depression tolerated ECT similar to younger patients and indicating a similar or greater acute response (Driscoll et al., 2007).

- The only main contraindication is raised intracranial pressure (Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines Team for Depression [RANZCPCPGTD], 2004).
- This treatment requires careful evaluation beforehand by the medical team (RANZCPCPGTD, 2004).

Anti-depressant Medication

- Most convenient approach to treating major depression, depending on :
⇒ administration, patient education, monitoring of side effects, dosing, tapering of dosage prior to discontinuation, adherence, and duration of treatment (Glaser, 2000).

- Elderly are more sensitive to side effects while taking this medication (Alao, 2003).
- Can take more than 8 weeks for elderly to feel less depressed after beginning the medication (Glaser, 2000).
- Poor compliance with this medication has implications with poly-pharmacy (Glaser, 2000).

Psychotherapy

- Cognitive behavioural therapy is the most evaluated psychological approach for major depression (as cited in Anderson, 2001).
- It's a time limited, active therapy aiming to change the behaviour and thinking (Frazer, Christensen, & Griffiths, 2005).

- Psychotherapy is not sufficient to be given alone for major depression (Glaser, 2000).
- Anti-depressants would be prescribed or ECT given as well as the psychotherapy (Glaser, 2000).

Recommendations and Conclusion:

- ECT should be used more in the elderly when showing signs and symptoms associated with major depression, because ECT is seen to work much faster than anti-depressants, and have fewer known side effects (Alao, 2003).
- Poly-pharmacy is hugely related to anti-depressants; ECT does not interact with other drugs (Glaser, 2000).
- Cognitive behavioural therapy should be introduced and used in conjunction with ECT, due to psychotherapies lack of effectiveness as a standalone treatment (Glaser, 2000).
- In conclusion ECT is seen as a more effective treatment in major depression than anti-depressant medication, and psychotherapy in adults above 65

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PECOT TABLE:

<i>PECOT category</i>	<i>Information relating to question</i>	<i>Explanation</i>
<i>Population</i>	Older adults above 65 years of age, with major depression.	Most of the developed world countries today, have defined the chronological age of an 'elderly' or older person being 65 years and above (World Health Organisation, 2014).
<i>Exposure (Intervention)</i>	Older adults above 65 years of age, with major depression, who get ECT to treat their mental illness.	ECT has been used widely and seen as effective in older adults to treat severe depression (Frazer, Christensen, & Griffiths, 2005).
<i>Comparison / Control</i>	Older Adults above 65 years of age, with major depression, who use anti-depressant medication and psychotherapy to treat their mental illness.	Psychotherapy, anti-depressant medication, and ECT are all three different types of treatment for major depression in older adults above 65 years of age (Kuruvilla, Fenwick, Haque, & Vassilas, 2006).
<i>Outcome</i>	Being aware if ECT is more effective in major depression than anti-depressant medication and psychotherapy in older adults above 65 years old.	We need to collect evidence for the effectiveness of a range of possible treatments for major depression in older adults above 65 years of age (Frazer et al., 2005).
<i>Time</i>	No time frame needed for this question.	Each individual's timeframe can be different for how fast and effective the treatment is (Anderson, 2001).

Rod Jackson created PECOT, which is as an acronym that describes elements of a well formed clinical question. The 5 letter acronym stands for Population, Exposure (Intervention), Comparison / Control, Outcome, and Time (Not always used). The main purpose of this model is to break down basic research questions into specific keywords under these headings to make a more formal structured question. After creating the question, it will enable a focus on more relevant and specific literature based on the topic (Schneider & Whitehead, 2013).

Using the PECOT model has helped develop my research question to be more in-depth and effective by narrowing down the key area I want to find literature on. The final question developed using the PECOT model is: 'Is Electroconvulsive treatment (ECT) more effective in major depression than anti-depressant medication, or psychotherapy in adults above 65 years of age?'

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