

## Electroconvulsive therapy in adolescents with mood disorder: patients' and parents' attitudes

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### Abstract

The aim of the study was to assess retrospectively patients' and parents' experiences and attitudes towards the use of electroconvulsive therapy (ECT) in adolescence. The experiences of subjects ( $n = 10$ ) who were administered ECT in adolescence for a severe mood disorder and their parents ( $n = 18$ ) were assessed using a semi-structured interview after a mean of 4.5 years (range, 19 months to 9 years). Their attitudes were mostly positive and ECT was considered a helpful treatment. Concerns were frequently expressed, probably because ECT was not fully understood by the patients and their families. Most complaints were of transitory memory impairment. The parents were satisfied with the consent procedure, while all but one patient did not remember the consent procedure. We concluded that, despite negative views about ECT in public opinion, adolescent recipients and their parents shared overall positive attitudes towards the use of ECT in this age range. © 2001 Elsevier Science Ireland Ltd. All rights reserved.

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## 1. Introduction

Despite the occasional use of electroconvulsive therapy (ECT) in adolescent psychiatric practice, few studies have been conducted to assess its efficacy and safety for individuals aged 13–19 years (Rey and Walter, 1997). Indications, technical characteristics, side effects and outcome are still uncertain. Several case reports showed that ECT can be a safe and effective treatment for adolescents with intractable mood disorder, in particular when patients exhibit catatonic or psychotic symptoms (Schneekloth et al., 1993; Kutcher and Robertson, 1995; Moise and Petrides, 1996; Ghaziuddin et al., 1996; Cohen et al., 1997; Walter and Rey, 1997; Strober et al., 1998). However, some authors (Baker, 1995a,b) have raised ethical concerns and alleged unknown cognitive secondary effects to ban ECT in adolescents. This negative point of view towards the use of ECT in this age group is also codified in State legislation (Fink and Coffey, 1998). Legislation in California (1974), Tennessee (1976), Colorado (1977) and more recently Texas (1993) prohibits the use of ECT in minors under 12, 14, 16 and 18 years of age, respectively. However, the American Psychiatric Association (APA) did not consider age as a contraindication (American Psychiatric Association, 2001). In France, the use of ECT in teens is not codified, and guidelines are very similar to those formulated by the APA (Agence Nationale d'Accréditation et d'Evaluation en Santé, 1998).

Although the question is still controversial, a Medline search revealed only one study in the adolescent psychiatric literature regarding patients' experiences and attitudes towards ECT at this age (Walter et al., 1999a). In that study, adolescents' opinions about ECT were generally positive; most of the subjects considered ECT a legitimate treatment and would have ECT again if necessary; memory impairment was the most frequent secondary effect reported. However, more data are needed, as the sample was small and the survey only administrated by telephone. The same group assessed the experience, knowledge and attitudes of parents of adolescents who were treated with ECT (Walter et al., 1999b).

Overall, their opinions about ECT were favorable. The vast majority of parents would make a decision for their child to have the treatment again if necessary.

The aim of the present study was to assess retrospectively, several years after treatment, the opinions of subjects who had received ECT for a severe mood disorder during adolescence and the opinion of their parents regarding their experience of ECT and subsequent feelings on the use of this treatment.

## 2. Methods

### 2.1. Subjects

We searched, from chart review and staff report, for all adolescents who had been treated with ECT for a mood disorder before 19 years of age in three adolescent psychiatry departments and two adult psychiatry departments, all located in the Paris area. During a 10-year period from 1987 to 1996, 20 adolescent inpatients were found to meet those criteria and were searched for in a follow-up investigation. Among them, one had died from suicide, one could not be traced and six declined to participate in the study. The remaining 12 subjects were approached to evaluate their current clinical and cognitive status, and to assess their experiences and attitudes towards ECT. One subject was too ill at the time of the study to complete the full evaluation and one was not judged to be able to because of mental retardation (IQ = 65) due to neonatal anoxia. Thus, 10 patients (6 women and 4 men) could be included in the current study, after written informed consent was obtained. Details on the clinical description of the study group at both index episode and follow-up are available in Taieb et al. (in press).

At the time of the index episode, patients' mean age was 17.6 years (range, 15–19 years). Bilateral ECT was performed in all cases for a severe (all Clinical Global Impression severity scores were = 7) mood disorder refractory to pharmacotherapy. DSM-III-R diagnoses were: major depressive episode with psychotic features

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