Electroconvulsive therapy in the General Hospital: A New Challenge for C-L Psychiatry Teams? Review of three patients treated at the Intensive Care Unit.

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BACKGROUND AND SIGNIFICANCE:

- Electroconvulsive therapy (ECT) has been shown to be an effective treatment for catatonic symptoms as stupor, mutism, withdrawal, catalepsy, among others. Indeed, including catatonia due to general medical conditions.
- Delirium might have catatonic symptoms among its clinical course. Furthermore, delirium might be refractory to treatment and lead to protracted delirium.
- The use of ECT in patients suffering from persistent or protracted and refractory delirium is still controversial.
- There are some clinical reports showing its effectivity and safety where the usual treatment for delirium has failed.

OBJECTIVES:

- We describe three clinical cases where ECT was used in patients with prolonged delirium that developed catatonic symptoms and did not respond to usual treatment.

	PATIENT 1	PATIENT 2	PATIENT 3
Age	36 year-old	58 year-old	62 year-old
Past medical history	None	None	Psychotic depression
Admission cause	Respiratory failure due to Sars-Cov-2 pneumonia	Respiratory failure due to Sars-Cov-2 pneumonia	Viral pneumonia due to Sars-Cov-2 infection
Medical complications	Intercurrent infections	Intercurrent infections	Acute Kidney Injury
Neuropsychiatric complications	Delirium Catatonic symptoms	Hyperactive Delirium Malignant catatonia	Hyperactive Delirium Catatonic symptoms
Medication	Corticoids Neuroleptics Benzodiazepines Antibiotics Antipyretics	Dexmedetomidine Clonidine Propofol Benzodiazepines Opioids Neuroleptics Memantine	Neuroleptics Benzodiazepines
Diagnostic tests	Electroencephalogram (EEG): generalized diffuse slowness Total creatine kinase: 400mg/dL MRI: old frontal and occipital periventricular microbleeds Blood cultures: Enterobacter cloacae	Lumbar puncture: non-inflammatory, negative cultures.	Encephalic Magnetic Resonance: left sellar meningioma of 9mm. EEG: generalized continuous slowness Lumbar puncture: mirror oligoclonal bands, encephalitis autoimmune and meningitis panel (-),
Bush Francis Catatonic Rate Scale (BFCRS) pre-ECT	38	29	38
ECT total sessions	3	6	10
BFCRS post-ECT	4	10	12

TAKE HOME MESSAGES:

- Prolonged delirium with catatonic symptoms is associated with major mortality, cognitive impairment and other severe long term morbidities.
- ECT is a useful treatment for prolonged delirium and catatonic symptoms, it could be a life-saving treatment.
- Consultant-Liaison Psychiatry teams should be aware and able to implement ECT as soon as possible.

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