- **The DSM-V and ICD classification of mental disorders are:**
- **- DSM 5:** Diagnostic and Statistical Manual of Mental Disorders was developed by the **American** Psychiatric Association in collaboration with other groups of mental health professionals and it was first published in 1922, DSM -5 published in 2013.
- **- ICD:** 10th Edition: International Classification of Diseases (ICD), developed by the World Health Organization(WHO)

ETHIOLOGY OF MENTAL ILLNESS

- **Introduction**
- The exact cause of most mental illnesses is not known; the most widely accepted theory on the cause of mental illness is **Bio psycho social model.**
- **Bio psychosocial model includes**
- Biological factors
- Psychological factors
- Social and environmental factors.
- **Biological factors includes**
- **Genetic factors**
- **Family study**
- Common in first degree relatives
- **Twine study**
- High in monozygotic
- Low in dizigotic

- **Deregulation of neuro chemistry**
- Dopamine
- Serotonin
- Nor Epheneprine
- GABA
- **Psychological factors**
  - Stress in the family
  - Separation
  - Divorce
  - Parental rejection
  - Traumatic and abusive past or current experiences,
  - Significant life events like bereavement

- **Social and environmental cause**
- Natural and manmade disasters Eg- war
- Abuse for example sexual abuse and domestic violence
- Unwanted pregnancies
- Broken marriage, Single parent home
- Bereavement, loss of jobs, property
- Isolation and discrimination
- Change in role and social status

ANXIETY DISORDERS

- **Learning objectives**
- **At the end of this topic the health professionals will be able to:**
  - Define Anxiety disorders
  - List and define each components of anxiety disorders
  - Describe management of anxiety disorders

ANXIETY DISORDERS

- **Introduction**
- **Definition**
- **Anxiety:** is feeling of apprehension caused by anticipation of danger, which can be **internal or external.**
- **Fear:** is anxiety caused by consciously recognized and realistic danger.`

ANXIETY DISORDERS

- **Anxiety disorder** is among the most prevalent mental disorders in the general population. women affected nearly twice as frequently as men. The term anxiety disorder is introduced by the psychiatrist called **Freud**.

ANXIETY DISORDERS

Prevalence

- Each year, Anxiety Disorders impact approximately 18%, or 40 million, adults in the United States. Anxiety disorders have a lifetime prevalence of approximately 30% close to 50% of individuals diagnosed with an Anxiety disorder also meet the criteria for a depressive disorder

ETIOLOGY OF ANXIETY DISORDERS

- **Biological factors**
  - Genetically
  - Neuro transmitters abnormalities
- The 3 most Neurotransmitters involved are:
  1) **Gamma-amino putric acid (GABA decreased activity)**
  2) **Serotonin (decreased activity)**
  3) **Nor epinephrine (increase activity**

ETHIOLOGY-------

- **Psychological factors**
- Stress
- Interpersonal conflict
- External factors
  - Social factors
  - Occupational factors etc.
- **Epidemiology**
- Generally, anxiety disorders are more common in females than in males. Anxiety disorders are by far the **most common mental disorders. Of these specific phobias** are very common.

Classification of anxiety disorders-dsm-iv

A. Generalized Anxiety Disorder (GAD):

B. Panic disorder

C. Phobic disorder

- S. phobia
- Specific phobia
- Agoraphobia

D. Obsessive-compulsive disorder (OCD):

E. PTSD

F. Adjustment disorder with anxiety

GENERALIZED ANXIETY DISORDER (GAD)

Generalized anxiety disorder is characterized by at least six months' duration of persistent and excessive worry, anxiety and tension. None specific persistent fear and worry, the worry is difficult to control and impairment patients important of areas of life.

DSM- IV DIAGNOSTIC CRITERIA OF GENERALIZED ANXIETY DISORDERS.

- A-Excessive worry, anxiety and tension occurring more days for about 6 months.
- B-The person finds it difficult to control the worry.

- C- The anxiety and worry are associated with three (or more) of the following six symptoms for the past 6 months)

1) Restless
2) Being easily fatigue
3) Difficulty in concentrations
4) Irritability
5) Muscle tension

DSM- IV DIAGNOSTIC CRITERIA OF GENERALIZED ANXIETY DISORDERS.

6) Sleep disturbances

D- Other psychiatric disorders excluded

E-Anxiety due to GMC is excluded

F-substance cause anxiety should be excluded..

Management

- **Biological**
  1) Benzodiazepines
  2) Antidepressants eg. SSRI
  3) Buspirone
- **Psychotherapy**
  - Cognitive behavioral therapy
  - Relaxation therapy

2. Panic Disorder

- Recurrent unexpected panic attacks
  - ✓Attacks last 5-20 minutes
  - ✓At least 1 attack followed by 1month of
    - Persistent concern of having another attack
    - Worrying about the implication of the attack
    - Change in behavior related to the attack

Dsm- iv dx CRITERIA

- **a. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four(or more) of the following symptoms occur.**

DSM- IV DX……

1) Palpitations, pounding heart, or accelerated heart rate.
2) Sweating.
3) Trembling or shaking.
4) Sensations of shortness of breath or smothering.
5) Feelings of choking.
6) Chest pain or discomfort.
7) Nausea or abdominal distress.
8) Feeling dizzy, unsteady, light-headed, or faint.

DSM- IV DX……

9-Chills or heat sensations.

10-Paresthesias (numbness or tingling sensations).

11-Derealization (feelings of unreality) or depersonalization (being detached from oneself).

12-Fear of losing control or “going crazy.

13. Fear of dying.

DSM- IV DX……

- **B. At least one of the attacks has been followed by 1 month (or more) of one or both of the following:**
- **1.** Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, “going crazy.
- 2. A significant maladaptive change in behavior related to the attacks.
- **C. The disturbance is not attributable to the physiological effects of a substance**
- **D. The disturbance is not better explained by another mental.**

Management

- **Biological treatments**
  - **Acute panic attack**
    - **Bromazepam**
    - **Diazepam**
    - **chlordiazepoxide**
  - **Maintenance**
- **Tricyclic antidepressants**
  - **Imipramine**
  - **Clomipramine**

. SSRI – Effective for the treatment of panic attack.

  - **Fluoxetine**
  - **Serteraline**

- **Psychotherapy**
  - **Cognitive behavioral therapy**
  - **Psychodynamic psychotherapy**

- **Relaxation therapy**

3. Phobic Disorders

- Persistent and irrational fear of a specific object or situation
- Compelling desire to avoid the dreaded condition – object, situation
- Fear recognized as excessive, and unreasonable - three major types
    1) Agoraphobia
    2) Social Phobia
    3) Specific Phobia

CLINICAL FEATURES

.....

a. Agoraphobia

- Fear Of Market And Open Place

- Fear of being alone, leaving home, being away from home
- Characteristic situations - in crowds, theaters, supermarkets, restaurants, bridges

b. Social phobia

- Fear of acting in embarrassing or humiliating way in public
- Avoid situation where expected to interact with others – e.g. perform a task in front of others like **Speaking, eating, writing in public**

Specific phobia

- Specific phobias are a marked and persistent fear of a specific object or situation.
- **A specific phobia is a strong, persisting fear of an object or situation. Simple phobia is the most common phobia; approximentlly around 700 phobias happen in the world.**

SOME OF S.PHOBIA

Acrophobia	**Fear of height**
Andro phobia	**Fear of men**
Myso phobia	**Fear of dirt**
Pyrophobia	**Fear of fire**
Astro phobia	**Fear of storms, thunder, lightning**
Xeno phobia	**Fear of stranger**
Zoophobia	**Fear of animals**
Iatro phobia	**Fear of doctors.**
Ailuro ph1obia	**Fear of cats**
Hydrophobia	**Fear of water**
Claustrophobia	**Fear of closed place**
Cyno phobia	**Fear of dogs**
Agoraphobia	**fear of open places**

Management specific and social phobia.

- **Behavioral therapy**
- **Systematic desensitization**
- **Flooding - Exposing the individual to the feared object**
- **Medications**
- **MAOI** (monoamine oxidase Inhibiters)
- **SSRIs** – Fluoxetine 20 – 60mg/ day
- **Complication**:
- Alcoholism
- Drug abuse
- Social and occupational disabilities

4. Obsessive-compulsive disorder

- **Obsessive-compulsive disorder (OCD)** is an anxiety disorder characterized by **uncontrollable, unwanted thoughts and repetitive, ritualized behaviors you feel compelled to perform**.
- **Obsession:**
  - **Obsessions** are **recurrent, persistent thoughts, idea, impulses, feeling or images** that are experienced as intrusive and inappropriate and that cause marked anxiety or distress.
- **Common obsessions are**
  - Contamination
  - Unwanted impulse

Compulsion

» **Compulsion** is a repetitive behavior or mental acts that the person feels driven to perform in response to an obsession. Specifically, a compulsion is a conscious, standardized, recurrent behavior such as

- **washing**
- **Ordering**
- **Checking, or avoiding. (Recurrent and intrusive action)**

Compulsion

- **Mental acting such as**
  - Praying
  - Counting
- Obsession and compulsion which interfere with one's normal social or occupational functioning.

Management

- **Biological**
- ***Clomipramine* 250 mg/day**
- **Fluoxetine 80 mg/day**
- **Psychotherapy**
  - **Behavioral therapy**
    - **Exposure with response prevention**
    - **thought stopping**
  - **Psychodynamic psychotherapy**
  - **Family therapy**

5. Posttraumatic stress disorder - PTSD

- Post Traumatic Stress Disorder is trauma and stress related symptoms present over one month.
- Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after experiencing or witnessing a traumatic event, or learning that a traumatic event has happened to a loved one. DSM-5 defines a traumatic event as exposure to actual or threatened death, serious injury, or sexual violence.

DSM -5 Diagnostic criteria for PTSD

- **A. Exposed to traumatic event**
  - The person experienced, witnessed, or was confronted with an event involving actual or threatened death, serious injury or a threat to physical integrity of self or others
  - The person's response involved intense fear, helplessness or horror

- **B. The traumatic event is re experienced in one or more of the following ways.**
  - Recurrent images, thoughts or perceptions
  - Recurrent distressing dreams of the event or night mares.
  - Acting or feeling as if the event was recurring, flash backs,
  - Intense psychological distress or physiologic reactivity at exposure to cues that symbolize or resemble an aspect of the event.

- **C. Persistent avoidance of stimuli associated with trauma and numbing as indicated by 3 or more:**
  - Avoiding thoughts, feelings, or discussion, activities, places or people that bring back recollections; sense of foreshortened future
  - Inability to recall; restricted affect
  - Diminished interest or participation
  - Feeling detached or estranged
  - Guard

- **D. Persistent symptoms of increased arousal by 2 or more:**
  - Difficulty falling or staying asleep
  - Irritability or outbursts of anger
  - Difficulty concentrating
  - Hypervegilliance
  - Exaggerated startle response
- **E. Duration for more than 1 month**
- **F. Clinically significant impairment in functioning**

- **Sub types**
  1) **Acute** symptom may be present >3 month
  2) **Chronic** symptom may be present <grater than3 month
  3) **Delayed** onset symptom may be present > 6 month

- **Treatment**
- Medications have shown benefit in reducing PTSD symptoms, but rarely achieve complete remission. Standard medication therapy useful in treating PTSD includes **SSRIs (selective serotonin reuptake inhibitors) and TCAs (**tricyclic antidepressants).
- **Psychotherapy**
  - Cognitive behavior therapy systematic desensitization
  - Relaxation training.

6. Adjustment disorder with anxiety

- Anxiety symptoms secondary to stressor - occurring with in 3 months of stressor
- Clinically significant symptoms with
  - ✓Marked distress, and Significant impairment in functioning
- Symptoms do not meet criteria for major anxiety disorders
- Symptoms do not represent bereavement
- Once stressors has terminated, symptoms do not persist for **greater than 6 months**

Treatment

- Psychotherapy
- Crisis intervention
- Family and group therapies
- Support groups specific to the stressor
- Cognitive-behavioral therapy (CBT)
- Interpersonal psychotherapy
- **Pharmacotherapy**
  - » Benzodiazepines (eg, Lorazepam and clorazepate)
- SSRI

Mood disorder

- Objective:
- Definition of mood disorders
- Prevalence of mood disorders
- Etiology of mood disorders
- Classifications of mood disorders
- DSM IV criteria to diagnose mood disorders
- Management of mood disorders

Definition of Mood Disorder

- Mood disorders are heterogeneous groups of psychiatric disorders in which :
  - ✓ Pathological mood disturbance,
  - ✓ Vegetative symptoms &

Magnitude of mood disorders.

- Mood disorders are one of the most common man kind illnesses.
- World Health Organization has ranked major depression the fourth among the list of the most urgent health problems worldwide.
- Depressive disorder affects one out of five women & one out of ten men during their lives.

- Bipolar disorders constitute at least 5% in general population.
- People affected by mood disorders are at high risk for suicide & no less than 15% of them completed suicide.
- Furthermore, many people with mood disorders are disabled.
- Thus, mood disorders are truly public health problems

Etiology

- **Biological Factors**

- Monoamine neurotransmitters nor epinephrine, dopamine, & serotonin were the main focus of theories and research about the etiology of these disorders;
  - ✓ serotonin and
  - ✓ nor epinephrine being the most implicated.

Alterations of Hormonal Regulation

- Alterations in neuro-endocrine and behavioral responses can result from severe early stress. Animal studies indicate that even transient periods of maternal deprivation can alter

Genetic Factors

- Numerous family, adoption, and twin studies have long documented the heritability of mood disorders. Recently, however, the primary focus of genetic studies has been to identify specific susceptibility genes using molecular genetics methods.

Psychosocial Factors

- ***Life Events and Environmental Stresses***
- ***The most compelling data indicate that the life event most often associated with development of depression is losing a parent before age 11.***

- The environmental stressor most often associated with the onset of an episode of depression is the loss of a spouse.
- Another risk factor is unemployment; persons out of work are three times more likely to report symptoms of an episode of major

- **Classification of Mood Disorders(DSM -4)**
- . Depressive disorder(Unipolar mood disorders)

1) **Major depressive disorder**
2) **Dysthymia/Persistant depression/**
3) **Depressive disorders not other specified**

e.g. Premenstrual Dysphoric Disorder (PDD)

II. Bipolar mood disorders

1) Bipolar I disorder
2) Bipolar II disorder
3) Cyclothymia
4) Bipolar mood disorders not otherwise specified_

- **Define depression**
- **Depression** is psychopathological feeling of sadness & self dislike. Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest.
- **Depression** is the commonest psychiatric disorder and affects about_15 per cent of us in our lifetime**.** The World Health Organization ranks it second to heart disease as a cause of lifelong disability worldwide.It is an emotional state that most people experience some time during their life. Depression is a mental state in which a person has feeling of a great unhappiness and hopelessness.

- Depression is a serious mental illness which negatively changes how you feel, act and think. It affects over 250 million people worldwide, making it the most common mental illness. Yet, Depression is often overlooked and untreated, due to stigma, fear and lack of awareness.

- **Depressive disorders affect one out of five women and one out of ten men at some time during their lives.**
- **Depression is three times more common in women than men. It is much more common in:**
- Those living in poverty
- Those who are unemployed
- Live alone
- Have few friends or who have painful or disabling physical illnesses.

- Major depressive disorder
- Also called (unipolar depression) and reported to be the most common mood disorder. It may manifest as a single episode or as recurrent episodes. A person with a diagnosis of major depressive episode also experience at least symptoms from appetite and weight, changes in sleep and activity, lack of energy, feeling of guilt, problems of thinking and making decisions, and recurrent thoughts of death or suicide. duration at least two weeks

DSM IV DIAGNOSTIC criteria OF MDD

a) Five or more of the following symptoms (at least one of which is either (1) or (2)

1. Depressed mood
2. Diminished interest in activities
3. Significant weight loss or gain
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness/inappropriate guilt
8. Diminished ability to think or concentrate/indecisiveness
9. Suicidal ideation or suicide attempt

Dysthymia

- Is low grade, intermittent & protracted depression
- The essential features of such primary dysthymic disorder include:
  - ✓ Habitual gloom/brooding(METEKEZE, MAZEN),
  - ✓ Lack of joy in life, and
  - ✓ Preoccupation with inadequacy.

- Dysthymic disorder then is best characterized as:
  - ✓ Long-standing,
  - ✓ Fluctuating,
  - ✓ Low-grade depression,
  - ✓ Experienced as part of the habitual self and
  - ✓ Representing an accentuation of traits observed in the depressive temperament

- **DSM-IV-TR Diagnostic Criteria for Dysthymic Disorder**
- A. Depressed mood for most of the day, for more days than not for at least 2 years.
  Note: In children and adolescents, mood can be irritable and duration must be at least 1 year.

B. Presence, while depressed, of two (or more) of the following:

1. Poor appetite or overeating

2. Insomnia or Hypersomania

3. Low energy or fatigue

4. Low self-esteem

5. Poor concentration or difficulty making decisions

6. Feelings of hopelessness.

C. During the 2-year period (1 year for children or adolescents) of the disturbance, the person has never been without the symptoms in Criteria A and B for more than 2 months at a time.

D. No major depressive episode has been present during the first 2 years of the disturbance

E. There has never been a manic episode, a mixed episode, or a hypomanic episode, and criteria have never been met for cyclothymic disorder.

F. The disturbance does not occur exclusively during the course of a chronic psychotic disorder, such as schizophrenia or delusional disorder.

G. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

H. The symptoms cause clinically significant distress or impairment in social, occupational, ‘or other important areas of functioning.

- **Treatment**
- MDD is very sever, 50% recover, 30% partial recover, 20% has chronic recover, 70-80% treatable.
- **Drugs**

- **SSRIs**
- **TCADs**
- **MAOIs**

- 1- SSRIS – first line drugs
- S/Effect – Sexual dysfunction, insomnia. Agitation, dizziness
- EG. Flouxteine
- Serteraline
- 2- TCAS - Second line drugs

EG. Amitriptyline

- **Clomipramine (Anafranil)**
- **Imipramine (Tofranil)**
- **Preparations:** 10, 25, 50 mg tablets
- **Electroconvulsive therapy (ECT)**: May improve mood in people with severe
- **Treatment(Dysthymia)**
  - Psychotherapy
  - Pharmacotherapy or a combination of both.

- **Bipolar I Disorder**
- Is characterized by alternation b/n manic & major depressive disorders, though minority of pts experience manic episode alone.
- **DSM-IV-TR Criteria for Manic Episode**

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only

2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
3. More talkative than usual or pressure to keep talking
4. Flight of ideas or subjective experience that thoughts are racing
5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
7. Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

❖Bipolar II Disorders

Diagnostic Criteria for Bipolar II Disorder

A. Presence (or history) of one or more major depressive episodes.

B. Presence (or history) of at least one hypomanic episode.

C. There has never been a manic episode or a mixed episode.

D. The symptoms cause clinically significant distress or

- **DSM-IV-TR Criteria for Hypomanic Episode.**

A. A distinct period of persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable)

1. Inflated self-esteem or grandiosity

2. Decreased need for sleep

3. More talkative than usual or pressure to keep talking

4. Flight of ideas or subjective experience that thoughts are racing

5. Distractibility

6. Increase in goal-directed activity

7. Excessive involvement in pleasurable activities

C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic

D. The disturbance in mood and the change in functioning are observable by others.

E. The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features.

❖Cyclothymic Disorder

DSM-IV-TR Diagnostic Criteria for Cyclothymic Disorder

A. For at least 2 years, the presence of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms that do not meet criteria for a major depressive episode.

B. During the above 2-year period, the person has not been without the symptoms in Criterion A for more than 2 months at a time.

C. No major depressive episode, manic episode, or mixed episode has

D. The symptoms in Criterion ‘A’ are not better accounted for by schizoaffective disorder and are not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or psychotic disorder not otherwise specified.

E. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism).

F. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

- **Mania**
- A distinct period of abnormally and persistently elevated, expansive, or irritable mood lasting at least 1 week.
- **Clinical features of mania**
- Restlessness
- Over -talking
- Irritability
- Inflated self esteem (grandiosity)
- Decreased need for sleep
- Expansiveness
- The speech is very loud, rapid and difficult to understand, often it is full of jokes,
- If the mood is more irritable, than expansive the person may become
- Flight of idea which is incoherent
- Excessive energy loss.

- **DSM-5 Diagnostic criteria of Manic Episode**
- A- A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week.
- During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable)

1) Inflated self-esteem or grandiosity
2) Decreased need for sleep
3) More talkative than usual or pressure to keep talking
4) Flight of ideas or subjective experience that thoughts are racing
5) Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
6) Increase in goal-directed activity
7) Excessive involvement in pleasurable activities that have a high potential for painful consequences.

- **B- The symptoms do not meet criteria for a mixed episode.**
- **C- The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning**.

- **Treatment of bipolar disorders**
- **1- Hospitalization**
- **Indications for Hospitalization**
- Aggressive patients
- Suicidal behavior patients
- Helpless patient
- 2- **Biological Treatments**
- The types of medications generally used to treat bipolar disorder include mood stabilizers, atypical antipsychotic, and antidepressants.
- **Acute Phase**
- **Antipsychotic**
    - Haloperidol 5 mg - 30 mg/day
    - Chlorpromazine 100 - 800 mg po/day in divided dose
    - Thioridazine (melleril) 100 - 800 mg po/day in divided dose

- **Mood Stabilizers**1`
- **1- Lithium 600 mg po/day**
- 2- sodium valporate
- - s/e – boldness, tubal defect ,
- 3- Carbamazepine
- s/e ski rash
- **Cognitive behavioral therapy (CBT)**, which helps people with bipolar disorder learn to change harmful or negative thought patterns and behaviors.
- **Family-focused therapy**: It helps enhance family coping strategies, such as recognizing new episodes early and helping their loved one. This therapy also improves communication among family members, as well as problem-solving.
- **Interpersonal and social rhythm therapy**, which helps people with bipolar disorder improve their relationships with others and manage their daily routines. Regular daily routines and sleep schedules may help protect against manic episodes

- **Electroconvulsive Therapy (ECT):**
- For cases in which medication and psychotherapy do not work, electroconvulsive therapy (ECT) may be useful.ECT, formerly known as "shock therapy," once had a bad reputation. Before ECT is administered, a patient takes a muscle relaxant and is put under brief anesthesia.

- He or she does not consciously feel the electrical impulse administered in ECT. On average, ECT treatments last from 30–90 seconds. People who have ECT usually recover after 5–15 minutes and are able to go home the same day. Sometimes ECT is used for bipolar symptoms when other medical conditions, including pregnancy, make the use of medications too risky. ECT is a highly effective treatment for severely depressive, manic, or mixed episodes. But it is generally not used as a first-line treatment. ECT may cause some short-term side effects, including confusion, disorientation, and memory loss.