

sessing seizure threshold. Formula-based methods use age as the most important predictor of seizure threshold. The effect of anticonvulsants (AC) in determining the seizure threshold has been sparsely studied

Method: ECT records of 521 patients who received bilateral ECT (BLECT) in one calendar year in National Institute of Mental Health and Neurosciences (NIMHANS) were studied. Their demographic, clinical and ECT details were recorded. At NIMHANS, during the first ECT session, seizure threshold is determined by titration method, starting with 30 milli-Coulombs (mC) and increasing in steps of 60mC till generalized seizure is induced. We compared the percentage of patients above and below 40 years of age with different seizure thresholds.

Results: Among those <40 years of age, 330 of 427 (77%) had seizure threshold >120mC; nearly all (90 of 94; 96%) of those over 40 years of age had the threshold >120mC (OR=9; 95% CI=2.127 – 38.1). The figures were similar irrespective whether they were on AC or BZPs or both.

Conclusions: While using titration method of determining seizure threshold with BLECT for those above 40 years of age, one may start at 120mC. This would avoid repeated stimulations at lower doses and chances of failure to elicit seizures during the first session of BLECT. The risk of using higher stimulus dose is about 4% with this approach.

NR7-34 ELECTROCONVULSIVE THERAPY USE IN ADOLESCENTS AT MAYO CLINIC: A 20-YEAR PRACTICE AND OUTCOMES REVIEW

Lead Author: Chad Puffer, D.O.

Co-Author(s): Christopher Wall, MD

Mark Frye, MD

SUMMARY:

Background: Electroconvulsive therapy (ECT) remains a useful, yet infrequently employed treatment option in youth experiencing severe emotional illnesses. At Mayo Clinic, approximately 50 adolescents have been treated with ECT for a range of psychiatric illnesses over a 20-year span.

Methods: This study reports a comprehensive practice and outcomes review of adolescents treated at Mayo Clinic with ECT. Treatment parameters including electrode localization, stimulus dosing, seizure duration and associated treatment complications are reported. Long-term follow-up clinical information regarding post-treatment outcomes as adults are also reported.

Conclusion: ECT use is a viable and appropriate treatment approach in youth experiencing severe, clinically debilitating illnesses that have been recalcitrant to other treatment options. Treatment parameters largely mirror the adult ECT practice, with some notable and important exceptions related to tolerability, seizure duration and variability of clinical outcomes.

NR7-35 EXPERIENCE OF HOSPITALIZATION IN PEOPLE

WITH MENTAL DISORDERS: AN INTERNATIONAL STUDY (THE IDEA PROJECT)

Lead Author: Alexander Nawka, M.D.

Co-Author(s): Estelle Malcolm, Graham Thornicroft, Norman Sartorius, Francesca Lassman, Diane Rose, Nisha Mehta, Nikita Bezborodov, on behalf of the IDEA study group

SUMMARY:

Background

The evaluation of mental health services relies heavily on data recorded in the health service system and on information received from health care personnel. The IDEA project explores ways of ensuring that patients' views and suggestions concerning care become known and are used in the improvement of mental health care. The main aim of the study was to explore the experience of people who have been treated as inpatients in a mental health setting across 9 lower and middle income countries in Europe and Africa.

Methods

Semi-structured in-depth interviews were conducted with 30 patients per institution, usually on the day of discharge. The domains covered included; a) benefit of hospital stay b) satisfaction with the staff; c) harm experienced d) preferences taken into account e) right to confidentiality observed f) main improvements that should be made to this service. Both qualitative (identification of core themes in all domains) and quantitative (visual analogue scale, scores from 0 to 10) approaches were performed to record the responses.

Results

Patients rated their overall satisfaction with hospital stay (8,0±2,3), satisfaction with the staff (8,5±1,8), confidentiality (8,6±2,1) and their individual preferences and rights being taken into account (8,0±2,4) very high (higher scores indicate higher satisfaction). Patients did report low level of harm experienced during their stay in psychiatric institution (1,7±2,7) (lower scores indicate lower level of harm experienced).

Conclusion

Overall patients are showing a relatively high satisfaction in respect to their safety, dignity and confidentiality. Patients also reported very high satisfaction with the staff and mostly viewed their hospital stay as very beneficial. However extreme scores (0 and 10) have been recorded for all the followed domains and therefore there are patients who reported being very dissatisfied with the way they have been treated while in hospital.

NR7-36 FACTORS ASSOCIATED WITH CAREGIVER BURDEN IN PATIENTS WITH ALZHEIMER'S DISEASE

Lead Author: Youngdon Kim

SUMMARY:

Objective: Caregivers for patients with Alzheimer's disease (AD) frequently suffer from psychological and financial bur-