

# Efficacy and memory problems following electroconvulsive therapy

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruiting
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON27490

### Source

NTR

### Brief title

N/A

### Health condition

depression, memory problems, electroconvulsive therapy, pulsewidth

## Sponsors and support

**Primary sponsor:** Parnassia

GGZ Delfland

**Source(s) of monetary or material Support:** Parnassia

GGZ Delfland

## Intervention

## Outcome measures

### Primary outcome

Depression scores assessed by the Montgomery Åsberg Depression Rating Scale (MADRS)

### Secondary outcome

Memory score assessed by the Autobiographical Memory Interview (AMI)

## Study description

### Background summary

The most important adverse effect of ECT is the occurrence of retrograde amnesia. This is a major obstacle for the more widespread use of the most efficacious treatment of depression.

Studies suggest that clinicians can manipulate the efficacy and amnesic effects of ECT to a certain degree by using different ECT techniques. In general the most efficacious forms of ECT also show more serious amnesic effects. A comparison of several ECT techniques is useful to confirm the findings from previous studies in different clinical settings.

In this study patients are randomised in two groups. In group one patients receive treatment with unilateral, ultra-briefpulse (=pulsewidth 0.3 msec) ECT, in group two patients receive treatment with unilateral, briefpulse (=pulsewidth 1 msec) ECT. The antidepressive action is assessed using depression rating scales and adverse cognitive effects are assessed using a neuropsychological test battery. Assessments are done single-blind.

### Study objective

Ultra-briefpulse (=pulsewidth 0.3 msec) ECT is equally efficacious as briefpulse (=pulsewidth 1 msec) ECT in its antidepressive action but causes less retrograde amnesia.

### Study design

Depression score: baseline, weekly for six weeks, end point after six weeks

Memory score: baseline, three weeks, end point after six weeks

### Intervention

Ultra-briefpulse ECT (=pulsewidth 0.3 msec) vs. briefpulse ECT (=pulsewidth 1 msec)

## Contacts

### Public

Parnassia  
Psycho-Medisch Centrum  
Prins Bernhardlaan 177

A. Vrijburg  
[default] 2273 DP  
The Netherlands  
+31 (0)70 391 8666

**Scientific**

Parnassia  
Psycho-Medisch Centrum  
Prins Bernhardlaan 177

A. Vrijburg  
[default] 2273 DP  
The Netherlands  
+31 (0)70 391 8666

## Eligibility criteria

### Inclusion criteria

1. 18 years or older
2. Major depression according to DSM IV criteria (APA, 1994) diagnosed with the (M.I.N.I.) Mini-international Neuropsychiatric Interview (Sheenan, Lecrubier, 1998)
3. Able to give informed consent

### Exclusion criteria

1. History of alcohol or drugs abuse or dependence
2. History of head injury
3. Dementia according to CBO guidelines (NVKG, 2005)
4. Exclusion criteria according to the ECT-guidelines (NVvP, 2000)

## Study design

## Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

## Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-04-2007
Enrollment:	130
Type:	Anticipated

## Ethics review

Positive opinion	
Date:	30-04-2008
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL1258

**Register**

NTR-old

Other

ISRCTN

**ID**

NTR1304

Assigned by the METiGG : METiGG no.: 6232

ISRCTN wordt niet meer aangevraagd

## Study results

**Summary results**

N/A