Anterograde amnesia with electroconvulsive therapy; severety and course; a prospective controled cohort study

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This study aims at the questions about anterograde amnesia. How often does it occur in patients being treated with bilateral ECT for a depressive disorder, how does anterograde amnesia develop during the treatment course and how does it subside...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Mood disorders and disturbances NEC
Study type	Observational non invasive

Summary

ID

NL-OMON34702

Source
ToetsingOnline

Brief title
AAWE

Condition

- Mood disorders and disturbances NEC

Synonym
depression, depressive disorder

Research involving
Human

Sponsors and support

Primary sponsor: Erasmus MC, Universitair Medisch Centrum Rotterdam

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: anterograde amnesia, ECT, electroconvulsive therapy, memory, post-ictal delirium, side-effects

Outcome measures

Primary outcome

Primary outcome measure is the test for anterograde amnesia: the verbal

learning test.

Secondary outcome

Secondary outcome measures are the visual association test for anterograde

amnesia and post ictal confusion.

Study description

Background summary

The most important side-effect of electroconvulsive therapy (ECT) is retrograde- and anterograde amnesia. Retrograde amnesia is a form of amnesia where someone will be unable to recall events that occured before the development of amnesia. Anterograde amnesia is a loss of the ability tot create memories after the event that caused the amnesia occurs. A lot is known about retrograde amnesia. After ECT some patients will still have trouble remembering episodes during their treatment. Less is known about anterograde amnesia and ECT.
Anterograde amnesia can occur during the ECT course and usually subsides in a couple of weeks after cessation of the ECT. At least this is what usually occurs and is known by the professionals.

Study objective

This study aims at the questions about anterograde amnesia. How often does it occur in patients being treated with bilateral ECT for a depressive disorder, how does anterograde amnesia develop during the treatment course and how does it subside after termination af the treatment. Moreover, how does the prevalence, development during and after the treatment compare to patients on

antidepressants for depressive disorder? Is anterograde amnesia influenced by cognitive disorders prior to ECT and how is it influenced by post ictal delirium after ECT treatment?

Study design

Prior to ECT patients will be screened with the depression part of the Schedule for Affective Disorders and schizophrenia, Hammilton Rating Scale for Depression and the Minimal Mental State Examination. After inclusion 20 consecutive patients will be tested for anterograde amnesia with the verbal learning test and the visual association test. During ECT the tests will be done after 2 and 4 weeks. ALso after each treatment post ictal confusion will be tested. Response to ECT will be monitored using the Hammilton Depression Rating Scale weekly.
After the ECT course both the verbal learning test and the visual association test will be repeated.

The comparison group of 20 patients being treated with antidepressants will be tested with the same scales before and after the treatment with the antidepressant.

A total of 40 patients is included in the study of wich 20 are being treated with pharmacotherapy and 20 with ECT.

Study burden and risks

Burden will be minimal, the results of this research will be of benefit for future patients to be treated with ECT. Hopefully this research improves our knowledge of anterograde amnesia and will it improve our information for those undergoing this treatment in the future.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Depressive disorder according to DSM IV criteria, at least a score of 18 on the Hammilton depression rating scale, informed consent

Exclusion criteria

Dementia, neurological of other severe somatic conditions, drug or alcohol abuse

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Other

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	02-06-2010
Enrollment:	40
Type:	Actual

Ethics review

Approved WMO

Date:	20-05-2010
Application type:	First submission
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

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
CCMO	NL31680.078.10