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ID:44365 - Patients with Autism Spectrum Disorder treated with Electroconvulsive Therapy

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Extended Abstract:

Objectives There is a growing recognition that a select number of patients diagnosed with developmental delays may benefit from electroconvulsive therapy (ECT).

Methods This study presents an IRB approved retrospective chart review of patients with autism spectrum disorders (ASD), who were treated with ECT at an academic center, between 2001 and 2020. Descriptive statistics were utilized to assess clinical outcomes and duration of ECT treatment.

Results A total of 54 patients diagnosed with ASD who received ECT were reviewed (male = 30; female = 24; Caucasian = 42; mean age = 16.79 ± 4.9). Comorbid diagnoses included mood disorder (n = 39) and catatonia with a mood disorder (n= 21). Intellectual disability was present in 33 patients (61.11%). Regarding ECT, bilateral electrode placement was used for 50 patients (92.5). Mean number of treatments in index course was 57.12 (SD = \pm 66.7) with a mean number of maintenance treatments of 24.9 (SD = 46.5). Eight (n = 8) patients received ongoing ECT. The overall mean duration of treatment in days was 300.5 (SD = 322.3). Pre- and post-assessment were

completed prior to starting ECT, at 3 months and at 12 months (irrespective if receiving maintenance ECT). Relative to baseline, mean global function scores improved (baseline = 23.7 ± 10.0 ; 3 months = 41.8 ± 14.3 ; 12 months = 47.2 ± 15.0), Bush Francis Catatonia scores were reduced (baseline = 14 ± 7.0 ; 3 months = 11.4 ± 10.2 ; 12 months = 9.1 ± 5.7); improved food intake was noted [difficulty with food intake at baseline identified among = 5 (9.6); at 3 months = 3 (6.1); at 12 months = 2 (4.3)]; fewer patients displayed suicidality [pre-ECT baseline = 19 (36.5); 3 months = 12 (25.5); 12 months = 12 (19.4)]; and also fewer patients displayed self-injurious behaviors [pre-ECT baseline = 12 (26.6); 12 months = 12 (19.5)].

Conclusions Patients with a diagnosis of ASD predominantly received bilateral ECT for mood disorder and/or catatonia; index and maintenance courses of ECT were relatively long. Clinical improvement was progressive and noted in multiple areas.

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No

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Pediatric Catatonia: Recent Updates, Trends and Treatment Strategies

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