More preceding electroconvulsive P2.021 therapy (ECT)-induced seizures predict slower postictal EEG recovery

Introduction









Postictal state may result from vasoconstriction-mediated hypoperfusion/hypoxia

Complex relationship

between seizure duration

and postictal state



More cognitive problems follow longer seizures

Methods





30 ECT Patients with depression

290 postictal EEGs



Multiple measures Temporal brain symmetry index

Frequency (Hz)

õ 10⁻



Bayesian mixed model



Figure 1. Three 5 sec EEG segments of two patients (P2 and P17). A eyes-closed baseline, B generalized seizure, and C postictal slow waves (t = 25 minutes). Patient P2 shows a slower postictal EEG recovery compared to patient P17 (D). A schematic representation of different scenarios of speed (τ) and extent (ΔBSI) of postictal EEG recovery are presented on the right.

Table 1. Patient characteristics [Mean and range or % and n]

Female	53% [16]
Age	50 yrs [24-82]
BL electrode	70% [21; 7 RUL,2 LUL]
placement	
Seizure duration	52 sec [6.4-266]
# ECT-sessions	12 [7-100]
Postictal medication	45% [10]
Speed of postictal	6.13 min [0.5-138]
EEG recovery [τ]	
Extent of postictal	0.29 [0.03-0.98]
EEG recovery [ΔBSI]	



Figure 2. More previous seizures were related to slower EEG recovery (τ) but not extent of recovery (Δ BSI) (1.029 [1.000, 1.064] CI95 and 1.000 [0.976, 1.027], respectively). When excluding patients receiving benzodiazepines and UL-ECT, seizure duration was related to both τ and Δ BSI.





Julia C. M. Pottkämper^{1,2,3}

J. P. A. J. Verdijk^{1,2}, S. Stuiver^{1,2},
E. Aalbregt³, M. Schmettow¹,
J. Hofmeijer^{1,2}, M. J. A. M. van Putten¹,
J. A. van Waarde²

University of Twente, The Netherlands
 Rijnstate Hospital, The Netherlands
 Amsterdam UMC location Vumc, The Netherlands



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j.c.m.pottkaemper@utwente.nl





