


Unilateral electroconvulsive therapy

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A lot of people asked me why I chose to take my college courses online. I told them the same thing every time, "I had medical problems and I couldn't handle classes on campus at the time. "What I didn't tell them, though, was that those "medical problems" were months of paralyzing depression for which I was treated with electroconvulsive therapy (ECT) sessions every three weeks. Because of the stigma, I used to avoid talking about my experience with ECT for fear of being judged. Now, because of the stigma, I use my experience to educate those who still think that CETT is a mirror image of what they see in "American Horror Story" or "A Flight Over the Cuckoo". If you're like most people who have heard of CETT but don't know much about it, you probably don't know much about it. Are you shocked or disturbed that the CECT still exists, or are you sympathetic that I had to face such a "traumatic" ordeal. While I really appreciate the concern of those who don't know the reality behind ECT, I always assure them that I voluntarily underwent the procedure and that if I hadn't, I probably would have died already. It's usually a moment of stunned silence after that particular piece, so I take a second to let the words sink. Then I talk about the three months I spent receiving ECT treatments every Monday, Wednesday and Friday, and how they saved my life.The first thing you need to know about CECT is that it's a treatment of last resort. This is a procedure for which you will only qualify if you have exhausted all other options. When I first heard about CETT, I had just graduated. I had been treated for my depression since I was 14 years old and, during the last months of my senior year, it suddenly became overwhelming and unbearable. Just two months before graduation, I took a whole bottle of Prozac hoping to die in my sleep. Fortunately, a friend of mine alerted my parents and took me to the nearest hospital where I spent the night stuck to an IV that made the toxins come out of my body. After that, I was involuntarily dissected, which means I was sent to a psychiatric facility, where I spent five days in a behavior center before being released to return home. It was 2012.Since I had already earned enough credits to graduate, my high school principal told me not to come back before the ceremony. Instead of spending days in class where the other students would no doubt whisper to each other about my suicide attempt, I was allowed to stay at home and, hopefully, work for the healing.Unfortunately it was not so and I became weaker and less motivated with the passage of time. Shortly after graduation, I to deteriorate rapidly, both physically and mentally. I slept up to 15 hours a day. I didn't eat, I didn't shower, I didn't change my clothes, and the only time I got out of bed was I had to use the bathroom. Emotively, I was everywhere and my suicidal ideas became increasingly difficult to control. I remember crying hysterically while I told one of my relatives that if I hadn't had a serious help, I didn't really think I'd live. For me it was the rock bottom. Now the only good thing about the fund is that once you are there, the only place you can go is up. That said, I first discovered ECT when I was looking for the Internet for treatment options of the last resort. The conversation therapy had been useless, the drugs had only worked until a certain point, and concepts such as exercise and adherence to a regular sleep program were not proving to be fruitful. It was when I landed on the site for McLean Hospital that I realized there was still a treatment available for people like me. There, I read everything about ECT, noting which disorders it might treat and which its success rate was. I compiled all the information and brought it with my mother who, fortunately, was on board with the idea. The next time I saw my psychiatrist, I told him, too, and he said I would definitely be a good candidate. It was then that I realized I had the chance to escape the rock bottom. After meeting a doctor and doing blood tasks, I was given the official OK to start ECT. I was told that I would go to therapy three times a week and that I would need one of my parents there with me to take me home after every session. The doctor explained the risks that were involved, what I expected from the procedure, and what side effects I could view later. I was shocked (without pun intended) to find that the procedure itself required only a couple of minutes and that most of my time would be spent recovering from anesthesia in the next room. Still restless about the concept of suffering medically induced seizures, I asked if I would feel any pain, to which the doctor said no. If anything, he told me I'd have some headaches for which I could have taken Tylenol. While I experienced frequent headaches immediately after my ECT sessions, as well as some temporary memory losses, it was worth it in the long term. I would rather have ECT headaches every day of the year than spend a day in the state where I was before looking for treatment. Unlike the movies, I didn't convulse on the table or had burn marks on my head. I was given a muscle relaxant via IV, it was said to recite my name, date of birth, and the current date before the anesthesia was administered and soon I woke up in the recovery room. A little disoriented after waking up, a nurse would help me walk from my hospital bed to awhere I would sit for another hour and have something to eat and drink à I usually opted for oats and ginger beer. Most of the time, there were a couple of other ECT patients recovering in the room at the same time as me. We didn't talk often because the process was rather rather The silence was never embarrassing, but it was only a little waited. In a way, it was very similar to what I experience when I take public transportation in Boston: everyone just lies their business and it's nothing out of the ordinary. I admit I didn't see any improvement until I had my fourth treatment. However, I was told it was normal and I begged to see some progress ink in the near future. Gradually, my doctor allowed me to undergo slightly more potent ECT sessions and for treatment 6, I felt a little better. While the few months I received treatment are, overall, still a little lost due to memory loss, I will say that all the other side effects I experienced had disappeared completely after about three or four months after my last session. All that remained was a young woman who had gone from near death to neutral in terms of being able to live with her disorder. That said, I think it is extremely important to be as transparent as possible, so I will be simple and say that ECT did not cure me of my depression and did not make me magically happy, too. What he did was bring me to the brink of death and bring me back to zero. I went from suicide to neutral. A few months before my treatment, I was forced to bed because my depression was so debilitating, but ECT made me functional again. For me, this was more than I could ever hope for à it was really a second chance at life. ECT was a reset button if ever there was one and I really think I owe my life to all those morning procedures. Since then, I have been able to manage my depression through the medication alone, but I know that if I ever hit the rock bottom again, I can count on ECT to get me back to a checkpoint. Hospital photos available from Shutterstock Before we go any further, we need to clarify that a small number of people with really serious mental illnesses receive ECTs. About 100,000 Americans experience ECT every year, while nearly 14.8 million Americans report depression every year [source: Networks, NIMH]. Although the therapy was once used for a variety of mental disorders, it is now used almost exclusively for severe depression or some symptoms of mania [source: NAMI]. While treatment has always been controversial, its popularity has passed somewhat with the introduction (as well as enhancement and variety) of antidepressants and other medications for mental illnesses on the market. For example, in England between 1985 and 2002, the use of ECT more than halved [source: Royal College of Psychiatrists]. In fact, one of the main instances when doctors turn to ECT is after many different drugs have been shown to be ineffective in treating severe depression of a Until recently, there has never been evidence of how exactly the kidnapping works to improve mental health. Some theories have to do with brain physiology. It is possible that seizures can change blood flow through the brain or brain. brain.in some areas [source: Royal College of Psychiatrists]. Since depression is often treated by chemical means, it is also possible that ECT causes a release (or an improvement in the functioning) of some chemicals in the brain. Further research also indicates that the ECT can stimulate cell growth and nervous ways, which could link to mood improvement [source: Royal College of Psychiatrists]. A study published in 2012 suggested that a hypercommunicative brain could be a problem in depression. According to one of the authors of the study, shaking the brain could work as lowering a stereo, allowing a seriously depressed patient to think a little more clearly [source: Rettner]. There have also been several studies conducted with the placebo, which emphasize the effectiveness of the ECT. Essentially, patients receive the same identical treatment – anesthesia and muscle relaxants included – and it is said that they had the shock, but they do not. Patients with actual ECT treatment recovered from their disease much faster. However, even some patients with fake treatment recovered, perhaps due to additional clinical attention [source: Royal College of Psychiatrists]. In severe depression, treatments seem to be more effective than drugs [source: Royal College of Psychiatrists]. As we said before, also side effects have improved a lot with modern practice. They were reported headaches as well as muscle pain. There are still memory problems, as well. From a quarter to two-thirds of patients report memory problems after ECT [source: NAMI]. Some patients report that they have difficulty forming memories after treatment, while others say they have difficulty remembering some events before therapy. Moreover, after the intervention there may be some confusion, which is not unusual to exit the sedation in general, but this does not mean that it does not yet have its right share of controversy. It is not difficult to find groups that oppose practice. Some are categorically anti-psychiatry in general, while others claim that lasting damage is caused to cognition and memory, as well as being generally ineffective [source: Wilson]. Wilson.

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