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### CONTINUATION AND MAINTENANCE ECT: AN UPDATE

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The efficacy of electroconvulsive therapy (ECT) is widely recognized and indications are well defined for acute treatments. Surprisingly, the use of continuation and maintenance ECT (M-ECT) is uncommon after acute remission. This is partly because of the scarcity of scientific evidence. Indications are poorly defined and the practice is based on case reports and small open studies. Recent data suggest that M-ECT is a viable treatment option in severe affective and psychotic illnesses, especially in recurring, drug-resistant or medically compromised patients who suffer toxic effects with psychotropics.

Studies regarding the duration and frequency of treatment sessions are lacking. The time interval between sessions and duration of treatment vary according to clinical requirements, and should be individualized. The length of treatment and deciding when to stop it are still uncertain. Controversial data about the relation between the frequency of sessions and diagnosis is found. An inverse relation between good prognostic factors for each patient and the frequency of M-ECT was described. During continuation and maintenance ECT, seizure threshold increases until a plateau not being clear when the plateau is reached and if it depends on other treatment variables.

The risk of cognitive dysfunction following M-ECT is one major concern. A transient memory and attention dysfunction are described after acute ECT. Recent studies seem to suggest that M-ECT is cognitively safe.