**Table 6** Documentation of individual cases and series

| Author (first) | Sex | Age prst | Age diag | Psych sx yrs | ECT Tx after diag (yrs) | Reason for ECT | Course | Electrode placement | Seizure duration (s) | Outcome |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Brothers 1955 | N/A | N/A | N/A | N/A | N/A | Depression | N/A | N/A | N/A | Resolution |
|  | N/A | N/A | N/A | N/A | N/A | Depression | N/A | N/A | N/A | Resolution |
| Benson 1975 | M | 45 | 49 | N/A | 3 | LMa, manic depression, psychomotor retardation | N/A | N/A | N/A | Temporary recovery |
|  | F | 41 | 41 | N/A | 1 | BUa, manic depression, suicidality, aggression and threatening behaviour | N/A | N/A | N/A | Temporary recovery |
|  | F | 60 | 60 | N/A | 7 | EZa, manic depression, suicidality, chorea | N/A | N/A | N/A | Temporary recovery |
| Folstein 1983 ×2 patients | N/A | N/A | N/A | N/A | N/A | Depression | N/A | N/A | N/A | Clear therapeutic response |
| Evans 1987 | F | 49 | 49 | 1 | 1 | Organic psychosis, suicidality, auditory hallucinations, aggressive intent | 6 | RUL | ~40 | Resolution, slight worsening of chorea |
| Heathfield 1990b | F | 56 | N/A | N/A | N/A | Severe depression and choreiform movements | 3 | N/A | N/A | Good response but relapsed after 3 months; responded to medical treatment, no mention of chorea |
| ×4 patients | N/A | N/A | N/A | N/A | N/A | Recurrent ‘endogenous or reactive depression’ as the ‘commonest psychosis’, suicidality | N/A | N/A | N/A | Some improved, some did not; details lacking |
| Ranen 1994 | M | 40 | 45 | 5 | 1 | Depression, suicidality, apathy, irritability, sleep disturbances | 7 | RUL | 40–120 | Less depression |
|  | F | 48 | 62 | 14 | 0 | Depression, paranoid thoughts, suicidality, insomnia and reduced food intake, refractory catatonia | 13 (10,5,7 over 4 years) | RUL | 20–50 | Resolution |
|  | M | 34 | 38 | 4 | 3 | Depression, attempted suicide | 8 | N/A | 5–35 | Resolution |
|  | M | 43 | 45 | 2 | 8 | Major depression, bipolar disorder, auditory hallucinations, catatonia | 3/2 | RUL/bilateral | 20–55 | Resolution, catatonia resolved, withdrawn |
|  | M | 36 | 44 | 2/12 | 2/12 | Depression, suicide attempt, psychomotor retardation, paranoia | 9 | N/A | 25–45 | Improvement, more social, less paranoid, better sleep and appetite |
|  | F | 40 | 45 | 22 | 17 | Depression from early 40’s, major depression treated with ECT at time, poor appetite, anhedonia, paranoid delusions, aggression (hitting patients), chorea | 8 | N/A | 40–55 | Marked improvement in sleep, mood and appetite, no change in chorea |
| Lewis 1994 | M | 64 | 65 | 1 | 0 | Major depression, sleep disturbances, suicidal, chorea both arms, less independent ADLs | 8 | Bilateral frontotemporal | 24–140 | Improved depression, no suicidality, chorea improved but also on haloperidol, performed ADLs independently |
| Beale 1995 | M | 35 | 56 | 19 | 0 | Chorea, no psychiatric manifestations | 11 | Bilateral (3/week | 19–57 (19 by the end) | Marked improvement initially then moderate every 3 months for a year |
| Merida-Puga 2011 | F | 21 | 26 | 5 | 0 | Acute psychosis following delivery with aggressiveness, visual and auditory hallucinations and prolonged catatonic, bradykinesia and anterocollis (Westphal variant), suspected to have dementia but no scores documented | 13(14/15) | N/A | 42–80 | Multiple relapses on same admission but complete resolution of catatonia after last ECT |
| Nakano 2013 | M | 59 | 59 | 0 | 0 | Auditory hallucinations and delusions of persecution with involuntary movements of the lip, speech retardation | 4 | N/A | N/A | Resolution of hallucinations and delusions, lip movements remained |
| Cusin 2013 | M | 56 | 46 | 0.5 | 10.5 | Depression, psychosis, agitation and self-injury, severely impaired gait, dependent ADLs, inappropriate sexual, racial outbursts | 9 | RUL | N/A | Mood, psychosis improved, reduced suicidality, independent ADLs |
|  | M | 20 | 16 | 0.5 | 4.5 | Psychosis with grandiosity, suicidality, aggressive outbursts, truncal and facial ‘involuntary movement’, catatonia, dysphagia | 7 | RUL | N/A | No suicidal ideation or psychosis; catatonia resolved as did dysphagia |
|  | M | 41 | 38 | 6/52 | 3 | Depression, suicidality, neurovegetative symptoms, dysarthria, mild distal chorea | 5 | RUL | N/A | Mood improved, no suicidal ideation, speech improved, chorea? |
|  | F | 47 | 45 | 3 | 2 | Depression, suicidal ideation, self-injury, dysarthria, dysphagia, unsteady gait (walking with rolling walker) | 4 (3/5 every 5 months) | RUL | N/A | Improved mood, not suicidal, eating, short steps without walker |
|  | F | 38 | 26 | 3/12 | 12 | Severe depression, suicidal ideation, dysarthria and dysphagia, required help with ADLs | 9 (monthly after relapse) | RUL | N/A | Improved mood, cognition, not suicidal, improved eating, mobility with a walker/assist |
|  | F | 47 | 32 | 15 | 0 | Diffuse pain, behavioural disorder, dystonia, dysarthria, occasional chorea | 5 (4 further following partial relapse 3/12) | RUL | N/A | Resolution of pain, improved mood and less likely to fall, impulse to walk without assist |
|  | F | 42 | 30 | 10 | 12 | Depression, paranoia and visual hallucinations, complete inability to perform ADLs | 13 | RUL | N/A | Marked improvement in agitation, minimal paranoia, improved mood, ambulated without assist |
| Magid 2014 | F | 57 | 57 | 7 | 6/12 | Psychosis, failure to thrive, depression, refusing to eat, auditory and visual hallucinations | 3 (monthly for 6/12) | Bitemporal | N/A | Marked resolution of psychiatric/behavioural issues, eating, walking with assistance and auditory/visual hallucinations disappeared, improved cognition |
| Petit 2016 | M | 60 | 59 | 20 | 1 | Major depression with persecutory delusions and 1 year history of choreiform movements, revised from schizoaffective disorder | 18 (first 12 then last 6 over a year) | N/A | N/A | Marked improvement, remained delusional, motor UHDRS dropping from 47 to 37 then 57 |
| Shah 2016 | F | 51 | 36 | 7 | 6/12 | Paranoid, agitation with verbal outbursts, aggression (hitting staff), disinhibited (disrobing), choreoathetosis, incontinent of urine | 5 | Bitemporal | N/A | Marked improvement by fifth treatment, relapsed after 3 months |
| Adrissi 2019 | F | 42 | 45 | 3 | 3 | Depression, delusions, self-injury and chorea started aged 39 | 29 | Bilateral | 25–48 | Improved mood, delusions and no self-injury with stable chorea |
|  | M | 52 | 51 | 0.5 | 1 | Self-injury with depression and anxiety, insomnia, hypersensitive to sounds, poor appetite, mild chorea (for a year prior to presentation) | 27 | RUL | 30–75 | Improved anxiety and depression, mild worsening of chorea requiring olanzapine |
|  | M | 38 | 31 | 6 | 7 | Anxiety, depression, suicidal ideation, dysexecutive syndrome, paranoid delusions, combative, hyper-religiosity, resistant to medication, visual hallucinations, probable chorea since age 30 (abnormal movements) | 41 (3x/week for 4 months) | Bilateral | 21–84 | Improved depression and agitation, reduced psychosis, self-injury, delusions, homicidal and suicidal ideation continued |
|  | M | 52 | 45 | 2 | 1 | Depression, emotional lability, insomnia, psychomotor retardation, reported had psychiatric symptoms longer but not specified | 7 | RUL | 21–42 | Improved mood and energy, less anhedonia |
| This case 2019 | F | 54 | 50 | 7 | 7 | Depressive psychosis, aggression, psychomotor retardation, refusing to eat or drink, falls, mood-congruent delusions and auditory command hallucinations, choreoathetosis | 12(12,12 followed by maintenance) | Bilateral |  | Initial relapse that responded to further ECT, persistence of psychotic symptoms, absent mood, improvement in chorea |

ADLs, activities of daily living; Age diag, age of diagnosis, Age prst, age of presentation; ECT Tx after diag, years from diagnosis to ECT; N/A, not available; Psych sx yrs, years of psychiatric symptoms before diagnosis; RUL right unilateral.

a. Initials for Benson & Blumer under ‘Reason for ECT’ refer to patient initials as documented by the authors.

b. Heathfield’s description of ECT lacks clarity. He lists four patients having received ECT in the table on page 218 of his paper but then goes on to discuss in detail one with depression (listed under psychosis) and a further four treated with ECT for psychosis (hypomania and delusions of grandeur).