

COMBATIVE HF-rTMS TREATMENT, FOR A BIPOLAR I PATIENT, FOLLOWING UNSUCCESSFUL ECT

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SUMMARY

We aimed to Examine the safety and effectiveness of HF-rTMS in a treatment-refractory bipolar I patient in a mixed affective episode. Our case illustrates that “combative” HF-rTMS therapy could be a safe and valid treatment alternative for refractory bipolar I patients in mixed episode, not successfully treated with ECT.

Key words: mixed affective episode - high frequency repetitive transcranial magnetic stimulation

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Introduction

A number of bipolar I patients in a mixed affective state are resistant to psychopharmacological interventions. When confronted with electroconvulsive therapy (ECT) non-response, treatment options are limited and guidelines are lacking. We report on a high frequency repetitive transcranial magnetic stimulation (HF-rTMS) therapy in a treatment-resistant bipolar I patient during a mixed episode. Well carried-out last resort ECT was found to be unsuccessful prior to the HF-rTMS trial.

Aim

We aimed to Examine the safety and effectiveness of HF-rTMS in a treatment-refractory bipolar I patient in a mixed episode.

Method

This female patient received 20 HF-rTMS (20 Hz) sessions delivered on the left dorsolateral prefrontal cortex (DLPFC) spread over 4 days (5/day) at 120 % of the subject’s motor threshold (Peleman et al. 2009).

Results

Hamilton Depression Rating Scale dropped from 20 to 9 after 1 day of HF-rTMS treatment. Visual analogue scales (VAS), assessed directly before and after each HF-rTMS session confirmed the immediate decrease in depression scores after one day of stimulation. As

depressed mood might switch into mania during left-sided HF-rTMS treatment (Erfurth et al. 2000, Sakkas et al. 2003), manic symptoms were rated with the Young Mania Rating Scale (YMRS) which showed no switch into mania. Psychomotor symptoms assessed using the Depressive Retardation Rating Scale (DRRS), showed no significant clinical changes during or after HF-rTMS treatment.

Conclusion

Our case illustrates that “combative” HF-rTMS therapy could be a safe and valid treatment alternative for refractory bipolar I patients in mixed episode, not successfully treated with ECT. Larger samples of medication resistant bipolar I patients in a mixed state are needed to substantiate our case findings.

References

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