

**Regional Variations in ECT Use in Europe**

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*Introduction:* Large variations in worldwide ECT utilization have been described (Leiknes et al. 2012) and concerns have been raised that ECT is being underused in some countries (with some patients being deprived of the most effective treatments available) While overused in certain locations (Smith et al. 1985).

*Objectives and aims:* To describe ECT utilization rates in European countries and to examine barriers difficulting its accesibility to ECT in Europe

*Methods:* A systematic review was conducted of studies which reported on ECT utilization rates in european countries in the last 25 years

*Results:*

Author & year	Location	ECT rate (10.000 inhabitants)	Author & year	Location	ECT rate (10.000 inhabitants)
Sienaert 2006	Bélgica	4,70	Golenkov 2010	Rusia: Chuvash	0,80
Sienaert 2005	Bélgica	4,37	Bertolín-Guillén 2006	España	0,61
Pippard 1992	Inglaterra	3,70	Nelson 2005	Rusia	0,54
Socialstyrelsen 2010	Suecia	3,67	Lookene 2014	Lituania	0,37
Andersson 2002	Dinamarca	3,00	Gazdag 2004	Hungría	0,31
Dragasek 2002	Eslovaquia	2,92	Muller 1998	Alemania	0,26
Lookene 2014	Estonia	2,78	Hranov 2012	Bulgaria	0,16
Schweder 2011	Noruega	2,40	Gazdag 2009	Polonia	0,11
Duffett 1999	Gales	2,20	Hranov 2012	Bulgaria	0,16
UK Department Health 2007	Reino Unido	1,84	Baudis 1992	República Checa	0,08
Enríquez 2010	Irlanda	1,70	Spiric 2014	Serbia	0,05
Martínez-Amorós 2014	España: Cataluña	1,15	*****		

Wide variations in the use of ECT have also been reported among

neighbouring countries and even among different regions within the same country. Lack of human and material resources, economic and legal restrictions, lack of agreement between psychiatrists and social prejudices against ECT might be behind these variations.

*Conclusions:* Action is needed that ensures a more uniform access to ECT. Health education campaigns, clinical practice guidelines development and implementation and ECT training courses promotion could contribute toward this.