Author’s response to reviews

Title: ECT for manic state with mixed and psychotic features in a teenager with bipolar disorder and comorbid episodic OCD

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Version: 2 Date: 22 Oct 2017

Author’s response to reviews:

Thank you for your additional comments. We have addressed each one separately below.

Reviewer 1: Accept.

Reviewer 2: Minor revision.

1) The statement that "mood stabilizers such as lithium show marginal efficacy in treating OCD symptoms" require citation(s) to back up the claim.

Thank you for your comment. Fineberg et al. provide a useful overview of the pharmacological evidence-base for the treatment of OCD, which now has been added as a reference. Lithium showed marginal efficacy in the cited studies.

2) Regarding her self-harm behaviour, “including self-harm by cutting her ankles”, was there any suicidal intent? Note the adoption of the term nonsuicidal self-injury (NSSI) as a new diagnostic entity in section three of the fifth edition of the diagnostic and statistical manual.

Thank you for your question. We agree that further specification of previous self-harm behaviour would be interesting, but in retrospect this is unfortunately not feasible. We have previously addressed a question regarding "previous suicide thoughts or behaviours" and added a comment to the revised manuscript. We also point out to the reader that our patient had difficulties to give a detailed account for the psychiatric history.
3) Please insert missing comma: "At the ward[, ] compulsive behavior was noted".

We have inserted a missing comma, as suggested.

4) Please change "She was disinclined to further treatment with lithium" to "She did not wish to continue treatment with lithium".

The revised manuscript has been changed, as suggested.

5) Please change "depressive ideations" to "depressive mood".

The revised manuscript has been changed, as suggested.

6) Please change "further tapering of neuroleptics" to "further tapering of antipsychotics".

The revised manuscript has been changed, as suggested.

7) Please change "was reconnected with the specialized outpatient care unit" to "was reviewed by the specialized outpatient care unit".

The revised manuscript has been changed, as suggested.

8) "If a patient's symptoms continue to worsen while taking a specific mood stabilizer, it is advisable to consider an alternative treatment strategy, e.g. ECT." I agree that ECT is probably underutilized and often relegated as a last resort in this patient-group. However, there have been reports of ECT-induced mania or hypomania, and this should be at least briefly mentioned. See Saactioglu O, Guduk M. Electroconvulsive therapy-induced mania: a case report. Journal of medical case reports. 2009 Nov 2;3(1):94; and Angst J, Angst K, Baruffol I, Meinherz-Surbeck R. ECT-Induced and Drug-Induced Hypomania. The Journal of ECT. 1992 Sep 1;8(3):179-85.

Thank you for your comment. In the quoted paragraph we suggest that an alternative treatment strategy should be considered if a patient's symptoms continue to worsen while taking a specific mood stabilizer, without explicitly specifying risks and benefits of such alternative strategies.

We agree that ECT, like most antidepressants, can precipitate switches from depression into hypomania or mania. In the section of the discussion specifically addressing the use of ECT (p 11), we give references to the efficacy and safety of this therapy. Kellner and co-workers (ref 10) point out that a switch, when ECT is used for treating depression, is uncommon in clinical practice and may even be treated by the mood stabilizing effect of ECT, whereas Medda and co-workers (ref 11) conclude that "ECT should be considered the treatment of choice in mixed state patients who are not responding to conventional pharmacologic management". As our case report
concern the use of ECT in an adolescent patient because of severe mania, we believe these references provide sufficient information to the reader on the use of ECT also for other indications.

9) Apart from concluding that there are "potential benefits in considering ECT in adolescent patients with severe mania where first-line treatment options have failed", the authors should add that more experience with ECT and research in this patient group is necessary and would help advance current knowledge of ECT.

Thank you for your suggestion. In the background section we point out that further studies are needed about treatment strategies, including ECT (p 5), and in the discussion we state that it remains to be established whether ECT could be particularly effective for certain subgroups (p 11). We will update the revised manuscript to also include your comment and avoid any ambiguity for the reader.

List of changes:

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<th>Page</th>
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<tr>
<td>4</td>
<td>8</td>
<td>Added reference regarding treatment for OCD</td>
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<td>7</td>
<td>9</td>
<td>Added a comma</td>
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<td>7</td>
<td>11</td>
<td>Changed “was disinclined” to “did not wish”</td>
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<td>15</td>
<td>Changed “ideations” to “mood”</td>
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<td>5</td>
<td>Changed “neuroleptics&quot; to &quot;antipsychotics&quot;.</td>
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<td>9</td>
<td>7</td>
<td>Changed “reconnected with” to &quot;reviewed by”</td>
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<tr>
<td>12</td>
<td>1-2</td>
<td>Added comment regarding need for more research</td>
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