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AN EVALUATION OF THE COGNITIVE OUTCOMES OF ELECTROCONVULSIVE THERAPY: A RETROSPECTIVE STUDY

A thesis presented in partial fulfilment of the requirements for the degree of Doctorate

in

Clinical Psychology

at Massey University, Wellington New Zealand.

Kiri M Luther, BA(Hons) Psychology 2012

THESIS EMBARGO

Appendix D

MASSEY UNIVERSITY
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(Pursuant to AC98/168 (Revised 2), Approved by Academic Board 17/02/99)

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Degree: DClinPsychDept/Institute/School: School of Psychology
Thesis title: An Evaluation of the Cognitive Outcomes of Electroconvulsive Therapy: A Retrospective Study
Name of Chief Supervisor: Janet LeathemTelephone Ext: 62035
As author of the above named thesis, I request that my thesis be embargoed from public access until (date): March 2013
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ABSTRACT

The aim of the current study detailed in the following pages was to investigate the cognitive functioning from quantitative and qualitative perspectives of a group of 19 people who had received ECT two or more years previously. Reviews of the literature conducted prior to the study suggested the domains most commonly reported affected by ECT were verbal learning and memory, visual learning and memory, global cognitive functioning, subjective complaints, retrograde amnesia/memory, attention, retrieval, autobiographical memory, anterograde amnesia/memory and aspects of executive functioning. The most commonly used objective measures for these domains were the Rey Auditory Verbal Learning Test, the Rey Complex Figure Test, the Mini Mental State Examination and the Autobiographical Memory Inventory. Qualitative assessment most often utilised subjective measures such as the Cognitive Failures Questionnaire or the Squire Subjective Memory Questionnaire. The current study planned to extend qualitative assessment using Interpretative Phenomenological Analysis.

Specific hypothesis were that 1) scores on the RCFT, RAVLT and AMI for patients who received their last ECT two or more years ago would be below the age-matched norms (cut-off ranges in the case of the AMI) for each test, 2) the MoCA would identify more participants with Global Cognitive deficits than the MMSE and 3) participants would *report* a higher degree of difficulty with their memory and cognition than what was identified by the objective assessment measures.

Findings did not confirm hypothesis 1) with the exception of scores on the RCFT. Hypothesis 2) was confirmed, with the MoCA identifying more participants with deficits than the MMSE. Hypothesis 3) was confirmed, with participants reporting subjective complaints that were not identified by the objective measures. The study was limited by small sample size for quantitative analysis and further research utilising a larger sample which assesses at baseline, during and immediately after ECT and the development of a qualitative assessment measure is also recommended.

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