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Community at Bedside: Navigating Old Order Amish Cultural Values in a Patient Undergoing Electroconvulsive Therapy

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A **71-year-old Old Order Amish male** with history of depression was transferred from an outside hospital for surgery following a **suicide attempt via cutting left hand off** with a saw.

CL Psychiatry was consulted on Hospital Day 2 when patient was status post amputation revision and debridement, admitted to trauma service.

Background

The Old Order Amish & Medical System

- Older Order Amish are **fastest growing** religious subpopulation in the US:
  - Approximately 340,000 in 2020.[2]
  - Expected to double over next two decades.[2]
- Amish patients have distinct vulnerabilities and present **unique ethical challenges** in healthcare due to cultural differences and historic misunderstandings.[2]
- Amish community utilizes **Amish Hospital Aid (AHA)** instead of traditional insurance.
  - Supplements coverage through congregation donations (alms).[3]
  - $125 per person paid monthly.[3]
  - Only covers major medical costs.[3]
  - Member first pays health care provider and later contacts district treasurer for reimbursement.[3]
- If the cost of care surpasses alms funds, the community **Deacon** may request to utilize collections of alms from other congregations.[3]

Electroconvulsive Therapy (ECT) and Parkinson's Disease (PD)[4]

- PD is characterized by motor symptoms (tremor, rigidity, bradykinesia); however, **depression** and/or **psychosis** may also develop (35% and 60%)
- Psychiatric symptoms can be treated with antidepressants and antipsychotics.
- Some medications may worsen motor PD symptoms (dopamine-blocking effect of antipsychotics)
- ECT may be a preferred treatment for **rapid effects on motor and non-motor** symptoms, anti-suicidal effect.
- ECT is safe and effective for older patients.

Figure 1: Art Therapy painting of his farm fence created by patient after initiating ECT treatment.

Case

Initial Presentation:

- Patient was profoundly dysphoric and with active suicidal ideation (SI).
- Endorsed 15-year history of depression, worsening in past month following tapering of psychiatric medications (Lexapro, Seroquel, trazodone, Klonopin) due to fear of side effects.
- Had profound and continuous SI for 1 month.
- No previous suicide attempts; one previous inpatient admission and saw an outpatient psychiatrist. However, stopped seeing his psychiatrist one year prior.
- Multiple family members at bedside expressed strong desire to remain with patient during treatment, which posed a barrier to their acceptance of standard psychiatric hospitalization.
- The Deacon and patient's family expressed interest in ECT. Given preferences and parkinsonian features, the community offered to ***fund admission to hospital medical floor for ECT.***

Treatment Course:

- Patient started on Klonopin 0.25mg nightly + Seroquel 50mg nightly with additional 25mg TID PRN, should patient become agitated.
- ECT initiated on hospital day 9 using bifrontal approach.

Case (continued)

- **Dramatic improvement after 2-3 ECT sessions**, with patient remaining on medical floor.
- Nine ECT sessions completed (3 days/week) with final session on hospital day 28.
- On day of discharge (day 31) patient denied active SI, was consistently dressing self, eating, smiling and joking at times, and more engageable.
- Voice was more readily intelligible/of greater volume.
- Patient discharged to community with wife, outpatient maintenance ECT, and psychiatry follow up.

Discussion & Conclusion

- As mental health stigma exists in some Amish communities, individuals should be asked whether they want to utilize community support systems.[1]
- Appreciation of our patient's cultural background and **collaboration with community leadership** allowed for creative implementation of Electroconvulsive Therapy (ECT).
- **Social support** has a positive effect on mental health outcomes and psychological wellbeing; therapists and providers should consider relying on the built-in social support network of Amish Community.[2]
- ECT significantly improves **Parkinson's** motor manifestations, in addition to depression and psychosis, without worsening cognitive function.[4]
- CL psychiatrists should provide culturally competent care within a biopsychosocial framework and avoid stereotyping to increase willingness to engage in mental health treatment.

Through collaboration with community leaders and family, we were able to provide unique, effective care by following **cultural priorities**, treating the patient with **ECT on the medical floor** surrounded by family support.

References

1. Cates, J. A. (2011). Of Course It's Confidential—Only the Community Knows: Mental Health Services With the Old Order Amish. In *Ethical Conundrums, Quandaries and Predicaments in Mental Health Practice: A Casebook from the Files of Experts* (pp. 309–316). online edn, Oxford Academic. Retrieved March 3, 2024,.
2. Conlin, W. E. (2020) Ethical Considerations for Treating the Old Order Amish. Ethics Behav. 31(6):419-432. doi: 10.1080/10508422.2020.1805614
3. Rohrer, K., & Dundes, L. (2016). Sharing the Load: Amish Healthcare Financing. *Healthcare (Basel, Switzerland)*, *4*(4), 92. https://doi.org/10.3390/healthcare4040092
4. Takamiya, A., Seki, M., Kudo, S., Yoshizaki, T., Nakahara, J., Mimura, M., & Kishimoto, T. (2020). Electroconvulsive therapy for Parkinson's Disease: A systematic review and meta-analysis. *Movement Disorders*, *36*(1), 50–58. https://doi.org/10.1002/mds.28335

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