

INTRODUCTION

Recently statistics show that psychotic disorders become one of the common medical diseases e.g. Mental Depression affects 2-4% of the adult population. The prevalence of psychotic disorders increase the likelihood that such disorders will be present as co-existing problems in patients requiring anesthesia. Psychotropic drugs are important in the treatment of schizophrenia, mania, and severe depression and play an essential role in the practice of medicine. Hence, prior intake of these drugs is an important consideration in the management of the surgical patient. (*Bertelsen*, 2002).

It is now accepted that anesthesia can be safely administered to patients being treated with drugs used to treat mental illness. There appears to be growing acceptance that the problem of drug interactions between psychopharmacologic drugs and drugs administered in the perioperative period is less than previously perceived and that past recommendations for discontinuation of antidepressant therapy are not justified. Nevertheless, it remains important to remain alert for potential drug interactions. This is particularly true in elderly patients, who constitute the majority of patients on antidepressant drugs(*Xia et al.*, 2000).

Through the years, abuse of illicit substances has been escalating despite efforts in health education, prevention and different detoxification or rehabilitation treatment

approaches. Even though as anesthesiologists we are generally not the primary care physicians of these patients, we encounter these patients as we administer anesthesia to them for emergency or trauma situations, obstetrics and even for regular elective surgeries. As anesthesiologists we need to be aware of the use of illicit drugs because of the long-term negative consequences that it may have on health and how it impacts on anesthetic care (*Greydanus DE*, *Patel DR*, *2003*).

This essay will include a review of some psychotic disorders, the drugs used in treatment of psychotic disorders in relation to anaesthesia, the anaethetic management for these disorders and a review of electroconvulsive therapy (ECT).