

Where can I find out more information on ECT?

Please do not hesitate to ask a member of staff for more information. The staff at the ECT departments are more than happy to meet with you or your family before you make your decision regarding treatment or at any point during your treatment course. For further reading we would recommend reputable internet sites such as:-

Royal College of Psychiatrists patient leaflet

<http://www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/ect.aspx>

Mind Leaflet

<http://www.mind.org.uk/information-support/drugs-and-treatments/electroconvulsive-therapy-ect/about-about-ect/>

NICE guidance on ECT

<http://www.nice.org.uk/guidance/ta59>

Can I be sure that I receive a good standard of ECT care?

The Electroconvulsive Therapy Accreditation Service (ECTAS) which is supported by the Royal College of Psychiatrists, the Royal College of Nursing and the Royal College Anaesthetic, maintains and monitors ECT clinic standards throughout the UK. More information can be found on the ECTAS website

<https://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/ectas.aspx>

Currently, ECTAS standards are comprehensive and cover all aspects of ECT treatment and care, including facilities, staffing and training, assessments and preparation, consent, anaesthetic practice, administration of ECT, recovery and monitoring and special precautions.

Aneurin Bevan University Health Board



Information about Electro-Convulsive Therapy (ECT)

Introduction

This booklet aims to answer questions about ECT. Inside you will find information about how it work, why it is used, its effects and side effects and alternative treatments.

What is ECT?

ECT is a treatment for some severe mental illnesses, but principally for Depression. ECT is used where medication has been used but has not been effective, as a life saving measure, or where a previous course of ECT has been effective.

ECT was originally developed in the 1930s and continues to be widely used throughout the world. ECT involves the passing of a small electrical current through the brain of an anaesthetised person to produce a seizure. It is used less than it once was, but continues to have an important place in modern mental health services.

Who is ECT for?

The National Institute for Health and Care Excellence (NICE) has published guidance on the treatment of Depression in adults. They suggest:

- ECT can be used for acute treatment of severe Depression as a life saving measure and when a rapid response is required, or when other treatments have failed.

Responsible Adult

- If you are going home after ECT, you must have someone to collect you, take you home and stay with you for 24 hours. If this is a problem, please let staff know.
- Remember, you must not drink alcohol, operate machinery, have sole responsibility for children or sign legal financial documents for 24 hours following ECT. You should not drive a vehicle for the duration of your course of ECT.
- For driving advice while you are unwell, speak to your psychiatrist.

Smoking

- We ask that if you smoke, you try to avoid smoking on the morning of ECT. There is no smoking allowed whilst you are in this department.

Pregnancy

Is there a possibility that you could be pregnant? If so, speak to a member of staff about this before having treatment.

Medication

We will let you know what medication you should take on the morning of ECT and what medication you should not take before ECT. If you are not sure, don't take the medication and speak to staff in the ECT department for advice.

Don't have anything to eat and drink

It is very important that you don't have anything to eat from midnight on the night before your treatment. You can take medication with a mouthful of **water** only. You can have **water only** to drink (no more than 1 glass) up to 6am. If you forget, it is very important that you tell staff and cancel your treatment as this can potentially cause a serious risk to your health during treatment.

Squash, pop, juice, sweets and chewing gum are all counted as food and must not be taken from midnight.

Dentures need to be removed just before treatment and a pot to put them in will be given to you in the treatment room.

- It can be used when Depression has not responded to multiple drug treatments and psychological treatment.
- Where someone's depression has not responded well to a previous course of ECT, a repeat trial of ECT can be considered when the doctor has reviewed the treatment given, considered other options and discussed it fully with the patient.
- Information about the risks and benefits have been discussed, and the decision to have ECT made jointly with the patient
- NICE advises doctors to start antidepressants or continue them for patients during ECT and sometimes consider adding medication to help prevent relapse after ECT.

The Royal College of psychiatrists also advises doctors about prescribing ECT and they suggest:

- Choosing ECT as a treatment for people who have severe Depression, particularly if they have thoughts of ending their life or are not eating and drinking enough.
- Where depressed people find their thinking and action slowed down or they have distressing ideas or beliefs, about themselves or the world, which may not be real.
- Where someone with Depression has not responded well enough to antidepressants, or when the person is unable to engage in their activities in their usual activities at home or work.

- More rarely, it can be considered for people who have a diagnosis of Mania or Schizophrenia.
- It can be considered as a maintenance therapy (ECT that is ongoing to prevent relapse).

How does ECT work?

ECT produces similar chemical changes in the brain to those produced by antidepressants. It also increases certain other chemicals in the brain; there is ongoing research into the significance of these.

Is ECT effective?

Patients with major depressive symptoms, who are treatment resistant to antidepressants, generally respond well, making ECT the most effective treatment for severe depression.

What are the side effects and risks of ECT?

Sometimes people have a headache, feel nauseous or have some muscle ache immediately after ECT. Occasionally people may feel a little disorientated or tearful when they wake up from the anaesthetic. There is a small risk associated with receiving an anaesthetic. There is a small risk associated with receiving an anaesthetic. There is a leaflet on anaesthesia which describes these risks – please ask for a copy. There is a minor risk of dental damage. Short time following completion of the treatment. Very rarely,

How do I prepare for ECT?

Arrive in the ECT department at your allotted appointment time.

The ECT nurses will go through the checklist previously completed by your escort nurse, check to see how you are feeling, ask if you have any question and confirm your consent to proceed with treatment that day. The ECT department operates on Monday and Thursday morning and you will usually be discharged from the department about an hour after your treatment.

Wear comfortable clothes, sensible shoes, bring a change of clothes and always empty your bladder before treatment.

In case you are unsteady on your feet after treatment and so you are comfortable on the bed.

Sometimes people having ECT can be incontinent; emptying your bladder before treatment makes this unlikely.

Leave your jewellery and valuables at home

This is to keep your valuables safe. Earrings, necklaces/chains, hair grips, slides and clips need to be removed prior to treatment.

Don't wear make-up, nail varnish or contact lenses

This is for safety, and so that the anaesthetist can properly monitor your health and oxygen levels while you are asleep.

What is Bilateral and Unilateral ECT?

How often is ECT given?

ECT is given twice per week. We recommend Bilateral ECT for most patients as this is known to be more effective than Unilateral treatment, although memory loss can potentially be greater. We may suggest Unilateral treatment if there have been concerns with your memory during a previous course or during the current treatment course. This should be discussed with you by your psychiatrist when they are explaining ECT.

The nurses will speak to you and your family on the ward if you are in hospital, to let you know when your treatments are arranged. Speak to the nurses or doctors in the ECT department if you have questions about your treatment that your ward or community team cannot answer.

The usual course of treatment would be considered to be up to 12 treatments but this varies from one individual to another, and sometimes people will feel a bit better immediately after an ECT treatment but this may only last for a few hours initially. Most people start to notice a difference in how they feel after 4 or 5 treatments and feel noticeably better after 7 or 8 treatments but, again, this is a very individual thing. Unusually, people around you will start to notice improvements in you before you do.

people have complained of more severe memory loss, including things that have happened in the past. However, for most people, things seem to return to normal within a couple of months after treatment is completed. Many people actually report an improvement in memory and concentration after treatment, as these can also be affected by severe depression.

We try to assess everyone's memory prior to the start of a course of treatment and there will be regular checks whilst the course is ongoing and 6 weeks after the completion of the treatment. In this way we can monitor any changes.

All patients will have a heart tracing (ECG), blood tests, a physical examination and an assessment by an anaesthetist prior to ECT commencing. This will allow the doctors to be aware of any particular physical health issues you may have and enable them to come to a decision regarding your fitness for an anaesthetic.

What does ECT involve and what should I expect?

ECT involves passing a small electric current through the brain while you are under a general anaesthetic. This is carried out by a doctor who has training and experience in administering this treatment. The treatment is given using a special machine. During the treatment your heart tracing (ECG), blood pressure, oxygen levels and brain waves (EEG) will be monitored to ensure your safety. An Anaesthetic and an Operating Department Practitioner will care

for you whilst you are asleep and monitor your physical health. Specialist ECT nurses will be with you for your treatment and will be looking after you while you wake up. You will also have another nurse who accompanies you to the department providing you with support throughout the process.

You will need to have a small cannula inserted into a vein in the back of your hand or arm through which the anaesthetist for the treatment. You will be given oxygen to breath prior to the administration of the anaesthetic.

You will be reviewed by your Consultant Psychiatrist every week, and ECT doctors and nurses will also talk to you to assess your progress.

Consent to ECT

Before you attend the ECT Department for assessment and treatment you will be given information and offered time to ask questions about ECT and your treatment choices with your psychiatrist and will have the benefits and risk explained.

If your doctor feels that you have the capacity to understand and make a decision, you will be asked to sign a consent form; however you can change your mind and withdraw your consent at any point.

Patients who are detained under the Mental Health Act, and can understand and make a decision about ECT, will also be asked to sign a consent form after ECT has been explained, and can also change their mind and withdraw consent to treatment.

If you are detained under the Mental Health Act and your doctor thinks you are very unwell and are unable to make decisions about your treatment, then you will see an independent second opinion doctor who will speak to you, review your care with your doctor and two other professionals involved in your care and then make a decision in your best interests. This decision will also take into account any advanced decisions made by you before you became unwell.

Rarely, in special circumstances, if you are detained under the Mental Health Act and your consultant Psychiatrist feels that your life is at risk, maybe through you not eating and drinking, or you are deteriorating severely, then emergency ECT can be given to you while awaiting a second opinion doctor to assess you. Usually, as you get better, your ability to make decisions improves. This will be assessed before each ECT and if you are then able to make this decision for yourself, you will be offered the opportunity to do so.