

Electroconvulsive Therapy (ECT)

- • • Information
- • • Booklet for Service
Users & Carers



Introduction

This booklet is designed to provide you with information about Electroconvulsive Therapy (ECT) and help answer any questions you may have. If ECT is being proposed as a treatment for you, this information will help you decide whether to consent to the treatment. You will usually have at least 24 hours to make your decision. If you need help understanding the information, please ask the nursing or medical staff. We can also help arrange an Advocate or Representative to assist you.

What is ECT?

ECT has been used for over 70 years to treat mental illness. It involves sending a brief, controlled electrical impulse through the brain to cause a seizure. Before the treatment, you will be put to sleep for about 5 minutes with a general anaesthetic and given a muscle relaxant to ensure the seizure is very mild.

What is a Course of ECT?

A course of ECT can consist of up to 12 treatments. The number of treatments needed varies; some people improve with as few as three or four sessions, while others may need the full course. Treatments are usually given twice a week.

Why is ECT Recommended for Me?

ECT is commonly recommended for severe depression that hasn't responded to other treatments or if other treatments can't be tolerated. It can also be used for treatment-resistant mania or schizophrenia, or when rapid improvement is needed to ensure physical health or safety. Sometimes, ECT is used early in treatment if it has worked well in the past for the patient.



Do I Have to Give My Consent?

Your consultant psychiatrist will seek your fully informed consent before you receive ECT. Prior to the initial treatment, your Consultant Psychiatrist will discuss the contents of this Information Booklet and will ask you to sign a consent form for a course of ECT. This form is to record that you understand to your satisfaction what is going to happen to you. You will also be asked to confirm your consent by signing for each subsequent treatment.

The Anaesthetist will also discuss the information about the anaesthetic and will ask you to sign a consent form for it.

You may refuse ECT and withhold consent at any time. Refusal or withdrawal of your consent to ECT will not in any way alter your right to ongoing treatment with the best alternative methods available.

On rare occasions, ECT can be given without consent to a person who is detained involuntarily in hospital under the Mental Health Act 2001 and who is very seriously mentally ill – suicidal, delusional, or physically at risk as a result of not eating or drinking. This requires a second opinion from an independent Consultant Psychiatrist who must authorise the ECT treatment before it can be given.





Benefits of ECT

ECT is highly effective, with 70%-80% of people with severe depression making a good recovery after a full course. It works faster than antidepressant medications and can be crucial for patients with severe symptoms.

Alternatives to ECT

Before recommending ECT, other treatments such as medications and psychological therapies are usually tried. Discuss with your treatment team if there are other options available for you.

Possible Consequences of Not Having ECT

Alternative treatments may not be as effective as ECT in achieving recovery from your illness and will also have their own potential risks and complications. You may experience a longer or more severe episode of illness. However, not having ECT will not affect your relationship with your treatment team or the hospital.

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Side Effects of ECT

Although ECT is generally safe, there are known risks and side effects:

- **Confusion:** Immediately after the ECT treatment, you may experience a brief period of confusion, generally lasting a few minutes but on occasion for a couple of hours. This typically goes away when the course of treatment is over.
- **Memory Loss:** Sometimes people having ECT treatment experience short-term memory loss, which usually fully resolves shortly after the course of ECT. Some may report longer-term memory difficulties, but this is uncommon.
- **Seizure Complications:** Most seizures last less than a minute. Occasionally, a seizure can be prolonged (over 2 minutes), and medication is given to stop it.
- **Other Side Effects:** On the days you have ECT treatment, you may experience nausea, headache, muscle ache, or jaw pain. These are common and generally last only a couple of hours and can be treated effectively with medications.





Anaesthetic Complications

Anaesthesia can occasionally give rise to complications, but these are rare and usually self-limiting. The pre-ECT medical evaluation helps identify medical conditions that may put you at increased risk, enabling the doctors to take special precautions:

- **Nausea and Vomiting:** Rare and why fasting is required.
- **Sore Throat:** Usually mild and transient.
- **Dizziness or Blurred Vision:** Transient and made better by lying down.
- **Headache:** Can be due to the anaesthetic or the treatment but is always transient and easily treated with analgesic medication.
- **Aches, Pains, and Backache:** May occur after treatment but usually gone within 24 hours.
- **Bruising and Soreness:** Around the injection site, normally settles without treatment.
- **Confusion or Memory Loss:** Usually short-lived.





Very Uncommon Complications

- **Chest Infection:** This is more common if you smoke. On rare occasions, it may be due to stomach contents going into your chest should you start to vomit during treatment. This is why it is important to be fasting from food and liquids prior to the treatment.
- **Damage to Teeth, Lips, or Tongue:** This can occur during a seizure or when the anaesthetist places the mouth-guard to protect your teeth, or an airway into your mouth during the treatment.
- **Allergy to Drugs:** An allergy to drugs used during anaesthesia is extremely rare, but it is important to tell the doctor about any allergy that you or a close member of your family may have.

Serious Risks

ECT is very safe, but each treatment and anaesthetic carries a slight risk. The risk of dying from ECT is estimated to be 1 in 80,000 treatments. This risk is getting smaller due to modern drugs and monitors. Rare deaths are usually due to physical complications such as heart or breathing problems, allergic reactions, or stroke. Your doctor will consult the anaesthetist if there are any concerns.



Preparation for ECT

A full physical check-up is done before starting a course of ECT treatments. This includes blood and urine tests, an ECG, and possibly a chest x-ray. Your psychiatrists and anaesthetist need to be aware of:

- Any past health problems
- All medications you take (prescribed or not)
- Smoking and alcohol habits
- Any allergies, especially to medications
- Previous dental procedures or problems with your teeth
- Any past anaesthetic issues

You will be asked to fast from midnight the night before each ECT treatment. A nurse from your unit will assist you in preparing for the procedure, including the removal of dentures, glasses, watches, and safekeeping of any valuables. This nurse will remain with you throughout the procedure to offer help and answer any questions you may still have.

The ECT Suite

The treatment is given in a suite with three areas:

- **Waiting Area:** You will wait here briefly with your assigned nurse before treatment.
- **Treatment Room:** This is where the anaesthetic medication and ECT are administered. You will be monitored until you are awake and breathing normally again after the treatment.
- **Recovery Room:** You will rest here following treatment, under the supervision of your assigned nurse and the ECT recovery nurse. You will remain here until sufficiently alert to return to the ward.



What Will Happen During ECT?

1. Preparation:

- Wear loose, comfortable clothes and remove nail varnish from at least one hand.
- A nurse will walk you to the ECT suite where you will lie on a hospital trolley.
- An IV catheter will be inserted by the anaesthetist to administer anaesthetic and muscle relaxant.

2. Monitors:

- Stickers will be placed on your chest to monitor heart activity (ECG) and on your forehead to monitor brain waves (EEG).
- Blood pressure will be monitored before and after the procedure.

3. Procedure:

- You will receive anaesthetic and muscle relaxant to ensure you are asleep and your muscles are relaxed.
- A controlled electrical impulse will be passed through your brain to induce a seizure lasting about 30-40 seconds. You will move very little due to the muscle relaxant.





4. Recovery:

- After the procedure, you will wake up in the recovery room under nurse supervision.
- You may feel disoriented initially, but this will pass.
- Once fully awake, you will be taken back to your ward for rest and provided with a light breakfast.

After ECT

- Nearly everyone feels sleepy and confused after ECT but this usually clears up within 15 minutes.
- You may not remember the day of the treatment or that morning.
- Avoid driving, operating machinery, or making significant decisions for 24 hours post-treatment.

Making Your Decision

Deciding on ECT involves understanding the benefits, risks, and alternatives. Discuss all concerns with your healthcare team to make an informed choice. ECT has been shown to be effective, and understanding its role in your treatment is crucial.

For further questions, please contact your medical and nursing staff. We are here to support you through every step of your treatment.

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