Electroconvulsive Therapy (ECT)

Outpatient

Patient Information Leaflet
Electroconvulsive Therapy (ECT) is mainly used to treat severe depression, it can also be used to treat mania and catatonia.

During ECT a brief, carefully calculated, electrical stimulus is delivered to the brain via electrodes, triggering an epileptic like seizure.

The treatment is given under a general anaesthetic, a muscle relaxant is also given.

ECT is most commonly used to treat severe depression. You may have been unwell for some time and a number of drug treatments have been tried without success.

You may have tried several anti-depressants but have experienced unwanted side effects.

You have responded well to ECT in the past.
- Your life is in danger because you are not eating or drinking enough to keep you physically well.
- Your life is in danger because of overwhelming suicidal thoughts.

**Misconceptions and Truths about ECT**

Despite its safety & effectiveness, ECT has sustained a negative image in the general community, mainly due to the origins of its use. It is important to know that ECT today is seen as a valid & beneficial medical procedure.  

Some of the main benefits of ECT treatment include:

- ECT has a very high success rate in the treatment of severe depression
- Clinical evidence shows that ECT will produce a substantial improvement in around 80% of patients with severe major depression.
- ECT can be given safely to clients who are pregnant or elderly.
- ECT can be given safely when other medical conditions exist.
- ECT can show clinical effect after a few treatments, compared to medication which can take up to three weeks or longer to take effect.

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<tr>
<th>Misconceptions about ECT</th>
<th>Truths about ECT</th>
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<td><strong>ECT does not work</strong></td>
<td>ECT is arguably the safest &amp; most effective medical treatment for depression, &amp; has shown to have very positive treatment outcomes for a number of other mental disorders</td>
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<td><strong>ECT is painful</strong></td>
<td>ECT is not painful as the person is administered a general anaesthetic &amp; muscle relaxant prior to the treatment. Where the person experiences a headache after the procedure, paracetamol is prescribed.</td>
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<td><strong>ECT is a dangerous procedure</strong></td>
<td>ECT has no more complications than any other procedure that uses a general anaesthetic. It has a very low risk of complications &amp; may be perceived as more safe in some situations due to its rapid treatment effect.</td>
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<td><strong>ECT short term memory</strong></td>
<td>Immediately after ECT, many people have a headache and some aching in their muscles. They may feel muzzy-headed and generally out of sorts, or even a bit sick. Some become distressed after the treatment and may be tearful or frightened during recovery. For most people, however, these effects settle within a few hours, particularly with help and support from nursing staff, simple pain killers and some light refreshment. There may be some temporary loss of memory for the time immediately before and after the ECT. An older person may be</td>
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confused for two or three hours after a treatment. This can be reduced by changing the way the ECT is given (such as passing the current over only one side of the brain rather than across the whole brain). There is a small physical risk from having a general anaesthetic – death or serious injury occurs in about 1 in 80,000 treatments, about the same as if you have an anaesthetic for dental treatment. However, as ECT is given in a course of treatments, the risk per course of treatment will be around 1 in 10 000.

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<th>ECT long term</th>
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<td>Memory problems can be a longer-term side effect. Surveys conducted by doctors and clinical staff usually find a low level of severe side-effects, maybe around 1 in 10. Patient-led surveys have found much more, maybe in half of those having ECT. Some surveys conducted by those strongly against ECT say there are severe side-effects in everyone. Some memory problems are probably present in everyone receiving ECT. Most people feel better after the course of ECT has finished and a few weeks have passed. However, some people do complain that their memory has been permanently affected, that their memories never come back. It is not clear how much of this is due to the ECT, and how much is due to the depressive illness or other factors. Some people have complained of more distressing experiences, such as feeling that their personalities have changed, that they have lost skills or that they are no longer the person they were before ECT. They say that they have never</td>
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got over the experience and feel permanently harmed. What seems to be generally agreed is that the more ECT someone is given, the more it is likely to affect their memory.

What will happen if I have ECT?

ECT is only given under a general anaesthetic with drugs to relax your muscles. Because of this you will be asked not to eat for approximately 6 hours prior to treatment. A small amount of clear fluids, no more than 250mls can be consumed up to 2 hours prior to treatment.

The treatment takes place in Forth Valley Royal Hospital.

A nurse who is known to you will carry out a pre-check list, which will involve taking observations such as taking your blood pressure and pulse.

A nurse will accompany you to theatre. The anaesthetist (a doctor who specialises in putting you to sleep) will deliver an injection into the back of your hand to administer an anaesthetic and a muscle relaxant. This will put you to sleep and relax your muscles.
You will be given oxygen to breathe as you go off to sleep.

The anaesthetic nurse will put a few sticky electrodes around your chest area to ensure that you are monitored throughout the procedure; a small monitor will also be put on your finger to monitor your pulse.

Before you go off to sleep the ECT nurse will place a few small electrodes across your forehead and behind your ears, this will monitor your seizure. Unlike normal epileptic seizure there is little movement of your body because of the relaxant injection that you have been given.

When you wake up you will be in the recovery room and there will be nursing staff looking after you to make sure that you feel as comfortable as possible. When recovered you will be returned to the Mental Health unit and offered something to eat and drink.

How will I feel immediately following ECT?

Some people wake up with no side effects at all but others feel drowsy, initially confused and or have a headache. A nurse will always be available to offer assistance.

How many treatments will I need?
ECT is given twice weekly. It is not possible at the beginning of the therapy to predict how many treatments you will require. You will be reviewed by your own medical team following each session.

The normal range is between 6-12 treatments.

What are the side effects of ECT?

Some people experience some confusion just after they wake up but this generally clears up within a few hours of your treatment. Memory of recent events may be affected as well as things like the names of friends, addresses and telephone numbers. In the majority of cases this improves within a few days however a small number of people experience memory problems for longer.

What risks are involved from the treatment?

ECT is amongst the safest medical treatment given under general anaesthetic. Death or serious injury with ECT is rare and occurs in only 1 in 50 000 treatments. All patients are required to have a full medical examination to exclude any problems with your physical health; your doctor will refer you to an appropriate specialist if there are any concerns.

What about consent?
At some point before your treatment you will be asked to sign a consent form. Your medical team/nursing team will fully explain the procedure and reason for recommending ECT as an appropriate treatment for you. Staff will be on hand to discuss any concerns that you have throughout the period of your treatments.

You can refuse to have ECT and you may withdraw your consent at any time during your treatment. The consent form is a record that an explanation has been given to you and that you understand what the treatment involves. If you do not wish to continue with the ECT appropriate alternative treatments will be offered to you. Refusing to consent to ECT does not mean appropriate alternative treatments will be withdrawn. You will be able to discuss these with your medical team.

**Compulsory Treatment Order (CTO)**

Very occasionally a person’s mental health may deteriorate to the extent that their ability to function is seriously affected and their decision making ability becomes impaired. Under these circumstances ECT may be considered following consultation with an independent psychiatrist appointed by the Mental Welfare Commission. If
the independent psychiatrist is in agreement ECT may be given without your consent.

Very occasionally a person may present as seriously unwell which effects their ability to function and impairs their ability to make decisions. Under these circumstances ECT may be considered following consultation with an independent psychiatrist appointed by the mental welfare commission.

**Are there any risks in not having ECT?**

If you do not undergo ECT you may experience a longer and more severe period of illness and disability than if you had done so. Alternative treatments e.g. medication, may also carry risks of side effects or complications.

Your doctor will only recommend ECT following consultation with yourself usually after trying other treatments and having a poor response.

**Additional Information for receiving ECT as an outpatient**

This Fact Sheet provides additional information for patients receiving ECT therapy as an outpatient. It
should be read in conjunction with the general Fact Sheet.

If you are having the treatment as an outpatient, there are some rules and guidelines to follow. You

1. You must not have anything to eat for at least 6 hours prior to treatment. You can consume up to 250mls of water up to 2 hours prior to treatment,

2. If you are prescribed cardiac or diabetic medication, a decision as to whether this is appropriate to take prior to ECT treatment shall be medically reviewed/agreed and must be adhered too. Please bring your regular medications on the morning of your treatment, and your nurse will give them to you at an appropriate time.

3. If you develop a severe head cold or any other medical problems during the period of your treatment, treatment may not be able to proceed. Please telephone the ward (tel: ..................) for advice.

4. You must not drive for ECT appointment.

5. You must not travel unaccompanied either to or from the hospital, a friend or relative must accompany you to and from your home.
6 Driving whilst receiving ECT is actively discouraged – you must advice the DVLA.

7 Additional information and guidance is supported within Royal College of Psychiatrist guidance leaflet for Driving and ECT.

8 You should arrive at the ward at 8.00am to allow time for the necessary checks to be made and should be ready to return home approximately 4 hours after treatment.

9 Please arrange for a friend or relative to stay with you for at least 24 hours at home as you may experience a little confusion or disorientation for a short time after your treatment.

10 You will be allocated a Named Nurse on arrival at the ward and they will discuss any problems you may have regarding treatments.
The treatment may not have an immediate effect, so do not be worried if you do not feel better after the first few treatments. This is common. If you wish to discuss your progress, consent or further treatments, your Named Nurse will arrange this for you.

ECT and Driving

Whilst receiving ECT treatment as an out-patient, you must not drive. You should contact the DVLA about your diagnosis and current ECT treatment. Please review additional information for guidelines.

Any questions / concerns?

If you have any questions or concerns about ECT speak to your named nurse or a member of the ECT team.