



Birmingham and Solihull **NHS**
Mental Health NHS Foundation Trust

Electro-Convulsive Therapy (ECT)

PATIENT FACT SHEET

Patient's Name:

Leaflet Given By:.....

Date:

ECT Suite Contact Details

**ECT Treatment Suite
The Oleaster
6 Mindlesohn Crescent
Edgbaston
Birmingham
B15 2SY**

0121 301 2096

For more information

You can consult your doctor or you can contact the ECT suite staff.

Alternatively, you can gather information on the Internet via:

www.nice.org.uk

A nurse will walk with you to the Treatment Suite, and remain with you throughout the procedure. A nurse will be there when you wake up in the recovery area and will offer you a cup of tea or a drink of your choice.

Finally, a nurse will escort you back to the ward, where you may wish to have breakfast, and you will receive any medication usually due.

Information for patients receiving outpatients ECT

- Do not have anything to eat or drink, including chewing gum, after midnight on the day before your treatment.
- If you are taking tablets for a medical condition e.g. Asthma, High blood pressure, Heart problems, Gastric problems, etc, seek advice from ECT staff. If you are a diabetic who takes insulin or diabetic tablets in the mornings, who takes insulin or diabetic tablets in the mornings, DO NOT take them on the morning of your ECT treatment.

Bring your medication with you so that you can take them after treatment.

- If you develop a severe head cold during the course of your treatment you may need to miss a few treatments. Please ask someone to telephone the ECT Treatment Suite for advice.
- You MUST NOT drive a car or any motor vehicle on the day of your treatment.

In special circumstances hospital transport can be arranged, but it would be best if a relative or friend can drive you to the hospital and take you home again.

- Similarly, you must not operate any machinery, which could cause any harm to you on the day of your treatment.
- You should not return to an empty house. A friend or relative should remain with you for 24 hours after treatment.

A tight band is put around your arm and a needle is put in a vein in your hand or arm. The needle is removed leaving a small plastic tube in place to administer a muscle relaxant.

We then ask you to breathe oxygen that we blow onto your face through a rubber mask. Then the anaesthetic is injected through the plastic tube in your arm.

There are two injections; the first will send you to sleep, so there is no possibility of your being awake during the treatment. The next injection will make all your muscles relax. Both drugs last for only a short length of time, but long enough for you to have treatment.

During this time you are given oxygen to assist your breathing. When the anaesthetist is happy that you are breathing well, and starting to wake up, you are taken into the recovery room and given oxygen to breathe until you are awake.

How will I feel immediately after ECT?

After the treatment you will be moved from the treatment room to the recovery room. Some people wake up with no side effects at all and simply feel very relaxed. Others may feel somewhat confused or have a headache.

There will be a nurse with you when you wake up after the treatment to offer you reassurance and make you feel as comfortable as possible.

The small plastic tube that was inserted into your arm will be removed and a small dressing applied, which can be removed later.

ECT does not have an immediate effect so do not be worried if you don't feel better after the first few treatments.

Please discuss any concerns you may have with your consultant or the Treatment suite staff.

Preparation for ECT

If you are an inpatient, the nurses on the ward will check your blood pressure, temperature and pulse (and your blood sugar if diabetic) and will also ask if you are still willing to receive the treatment. These same checks will be undertaken if you are receiving treatment as an outpatient.

Outpatients receiving ECT

The treatment and care you receive as an out-patient is exactly the same as in-patients, the only difference is, that you return home on the same day that you have your treatment whereas an in-patient remains in hospital.

Part of your treatment includes a brief anaesthetic and therefore for your safety you must comply with a few simple instructions.

Please see additional notes on page 10.

Allergies

Please inform the doctor and nursing staff of any known allergies you must have including allergies to adhesive tape.

What will happen immediately before the treatment?

An ECT treatment involves having an anaesthetic. You will need to fast (have nothing to eat and drink, including chewing gum) from about midnight the night before each treatment. This will involve having no breakfast on the morning that you have ECT.

What will actually happen when I have ECT?

The treatment takes place in a well-equipped suite

For the treatment you should wear loose clothes. You may be asked to remove any jewellery, hair slides or false teeth if you have them.

Anaesthetics and ECT

In the ECT room you will find an anaesthetist, [who is a doctor], a psychiatrist [also a doctor], and supporting staff. When you come into the ECT room we ask you to take off your shoes and lie down on the trolley. A peg is put on your finger, which will tell us about your heart rate and the amount of oxygen in your blood.

Introduction

This leaflet will try to answer some of the questions you may have about ECT. You may wish to know what ECT is? What it is like to have ECT and what the risks, benefits and alternatives may be?

When you are depressed, it is often quite difficult to concentrate. Don't be concerned if you can't read through the entire leaflet. Just pick out the sections that seem important at the time, and come back to it later. You may wish to use it to help you ask questions of the staff or your relatives/carers.

Why is ECT used?

Most people who have ECT are suffering from depression. Although we have tablets for depression some people do not recover completely and others take a long time. ECT is often used for these patients. In severe cases of depression, ECT may be the best treatment.

Why has ECT been recommended for me?

ECT is given for many reasons. Some of the commoner ones are listed below. If you are not sure why you are being given ECT, don't be afraid to ask.

Its sometimes difficult to remember things when you are depressed, so you may need to ask several times.

- ECT is most commonly used to treat severe depression.
- It may be helpful if you did not get better with anti-depressant drugs.
- It may help if you can't take anti-depressant drugs because of their side effects.
- It may help if you have responded well to ECT in the past.
- It may help if you feel so overwhelmed by your depression that it is difficult to function at all.

How does ECT work?

During ECT a small amount of electric current is sent to the brain.

This current produces a seizure, which affects the entire brain, including the centres, which control thinking, mood, appetite and sleep.

Repeated treatments help and you begin to recover from your illness.

Will I have to give my consent? Can I refuse to have ECT?

At some stage before the treatment, you will be asked by your Doctor to sign a consent form for ECT. Before you sign the form, your Doctor will explain what the treatment involves, and why you are having it, and will be available to answer any questions you may have about the treatment.

You can refuse to have ECT and you may withdraw your consent at any time, even before the first treatment has been given. The consent form is not a legal document and does not commit you to have the treatment. It is a record that an explanation has been given to you and that you understand to your satisfaction what is going to happen to you.

Withdrawal of your consent to ECT will not in any way alter your right to continued treatment with the best alternative methods available.

Very occasionally, ECT may be given to patients who are unable to consent under Section (2) or Section (3) of the Mental Health Act. Even so, an independent Psychiatrist sent by the Mental Health Act Commission must agree that the treatment is necessary. In this case, the independent Psychiatrist should decide on the maximum number of authorised treatment sessions.

Very occasionally whilst waiting for an independent psychiatrist's opinion in emergency situations requiring urgent ECT, treatment is initiated using provision under the current Mental Health Act (section 62).

Does ECT cause brain damage?

The straightforward answer is 'NO'.

Brain damage can be of two types:

- 1. Shrinkage of the brain or loss of particular groups of cells.**
 - There are many studies using brain scans which have shown ECT does not cause such damage.
- 2. Impairment function**
 - This might not show up on brain scans
 - It might be detected by tests of memory, concentration or ability to plan.
 - Most studies show that these abilities improve in patients who had had ECT. This is because ECT reverses depression and not because of a direct positive effect on brain function.
 - This emphasises that depression itself has profound effects on mental tasks.

Are there any alternative treatments?

Anti-depressant drugs and psychological therapies may be available to treat your particular condition and it is possible that some of them may work just as well as ECT.

The advantages and disadvantages of alternative treatments should be discussed with you by your Doctor.

How well does ECT work?

Over 8 out of 10 depressed patients who receive ECT respond well making ECT the most effective treatment for severe depression. People have said that ECT makes them feel “like themselves again” and, “as their life was worth living again”.

Severely depressed patients who respond to treatment will become more optimistic and less suicidal.

Most patients return to their normal level of functioning with a course of ECT.

What is a course of ECT?

ECT is usually given two times a week. Some people get better with as few as two or three treatment sessions, others may need as many as twelve and very occasionally more.

What ECT cannot do?

The effects of ECT will relieve the symptoms of your depression but will not help all your problems.

An episode of depression may produce problems with relationships, or problems at home or at work.

Hopefully, because the symptoms of your depression have improved, you will be able to deal with these other problems more effectively.

What are the side effects of ECT?

A patient may have no side effects at all, but some may have a headache or feel confused for a while or experience nausea, muscle aches or weakness.

Some patients may be confused just after they awaken from the treatment. This generally clears up within an hour or two.

Your memory of recent events may be upset and dates, names of friends, public events, addresses and telephone numbers may be temporarily forgotten. In most cases this memory loss goes away within a few days or weeks, although sometimes patients continue to experience memory problems for several months (rarely permanent).

Are there serious risks from the treatment?

ECT is amongst the safest of medical treatments given under general anaesthetic and the risk of death or serious injury with ECT is rare occurring in about once in 50,000 treatments.

By comparison, this is much lower than that reported for Childbirth. Very rarely deaths do occur and these are usually because of heart problems.

If you do have heart disease, it may still be possible for you to have ECT safely with special precautions such as heart monitoring. Your Doctor will ask another specialist to advise if there are grounds for concern .

Memory Impairment and ECT

- Memory impairment following ECT is common.
- Memory impairment can be associated with severe depression and can be marked even when patients have not had ECT.
- Some studies have shown that ECT does not increase the memory impairment already caused by severe depression.
- Despite this there is no doubt that short term memory impairment around the course of ECT and the few weeks afterwards is very common (60-70% of patients).
- Past memories can also be affected. It is difficult to know how much of this is caused by ECT and how much by severe depression.
- Memory impairment due to ECT recovers gradually over the six months following treatment though some patients only very slowly recover past memories and some have permanent gaps in their memory for some past events.