



ECT stands for Electroconvulsive Therapy. It is a treatment mainly used for depression, though it has been used for other psychiatric disorders. It has been given to thousands of people with depression since it was first used in 1938.

Many improvements have been made in the method of treatment with greater success in helping people since the introduction of this treatment. Comparing ECT today with that depicted in the film "One Flew over the Cuckoo's Nest", is like comparing today's Mercedes car with a "T" model Ford.

This booklet will try to answer some of the questions you may have about ECT. 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.

WHY IS ECT USED?

Most people who have ECT are suffering from depression. Although antidepressant medications can help, some people do not recover completely with antidepressants while others take a long time to recover. ECT may be helpful for people who can't take antidepressant medications because of the side effects. ECT can be used if a person has responded well to this form of treatment in the past, if a person feels so overwhelmed by depression that it's difficult to function at all, or the person is at risk. ECT may be used infrequently in other psychiatric conditions such as Bipolar Mood Disorder or Schizophrenia.

WHY HAS ECT BEEN RECOMMENDED FOR ME?

The decision to recommend ECT is based on a comprehensive evaluation of the individual patient, taking into account the person's current illness, the past history of the illness, response and the preferences of the patient and their family. ECT is offered on the recommendation of the treating psychiatrist. If you or your family are unsure why ECT has been recommended for you, don't be afraid to ask your doctor.

WHAT IS REQUIRED OF PATIENTS HAVING ECT?

Pre-ECT medical review may include a physical examination, an electrocardiogram (ECG), a chest x-ray and the taking of blood. Your doctor will arrange for any tests that are necessary. Prior to your first ECT treatment, the treating anaesthetist will review your physical health and any tests performed.

WHAT WILL HAPPEN IMMEDIATELY BEFORE ECT?

An ECT treatment includes having an anaesthetic. You will need to fast (that is having nothing to eat or drink) for six hours prior to your treatment. This is extremely important as not fasting increases the risk of aspiration of the stomach fluid into the lungs. This can be a very serious condition. You may be instructed

by medical/nursing staff to take some prescribed medications prior to the anaesthetic with just a sip of water. For example, heart, blood pressure, respiratory, ulcer, reflux or headache tablets. Take as directed by your doctor.

On the morning of your treatment, nursing staff will take your blood pressure, pulse and temperature. They will place small monitoring leads behind your ears and on your chest. These leads enable your heart and brain to be monitored during the treatment. Staff will ask you if you have emptied your bladder prior to the anaesthetic.

It is recommended that you wear loose fitting clothing, preferably a shirt/blouse that has a button opening down the front (this allows ease of access to place the heart leads on). People who wear dentures, glasses or a hearing aid are encouraged to wear these to the ECT suite.

It is recommended that smokers cease smoking from midnight prior to treatment. Remove any fingernail polish; this is important as a special monitor will be put on your finger to ensure you have plenty of oxygen. Nail polish interferes with this monitoring. Ensure your hair is washed and dry. Do not use conditioner or hairspray; this is important as it affects the passage of electricity.

HOW IS IT DONE?

ECT treatments at Perth Clinic are usually given every other morning after fasting overnight and before breakfast, in a specially equipped treatment suite. The anaesthetist places a needle in a vein in the back of your hand. You will be asked to breathe on a mask to fill your body with oxygen before the anaesthetic is injected through the needle. You will become drowsy and fall asleep. Another medicine is then given through the needle to relax your muscles. The anaesthetist will continue to help your breathing by giving you further oxygen.

The ECT treatment is then given while you are asleep. A brief electric current is passed through electrodes (metal discs) placed on your scalp by the psychiatrist to stimulate the brain.

When the brain is stimulated a seizure occurs during which there are muscular contractions in your fingers and toes for up to a minute, but with proper muscle relaxation the contractions are barely visible. The whole treatment takes only a few minutes.

You will then be moved to the recovery room where you will gradually wake up, after a deep sleep. You will wake up in the recovery area with a nurse looking after you. The nurse will monitor your blood pressure, pulse and level of consciousness. You will have an oxygen mask on your face and a blood pressure cuff on your arm. When nursing staff feel your condition is stable you will be taken back to your room in a wheelchair.

TECHNICAL MATTERS IN ECT

Your psychiatrist will determine various technical aspects of ECT, including the various placements for the ECT electrodes, each with advantages and disadvantages. They will make a decision about these matters and will require your specific consent in this. ECT can be delivered at different charges ("doses"). You may wish to discuss this further with your psychiatrist.

HOW WILL I FEEL IMMEDIATELY AFTER ECT?

You may feel groggy after your treatment and may have some muscular aches similar to those experienced after a lot of exercise. You may have a headache. Some people wake up with no side effects and just feel relaxed. Nursing staff will be with you to reassure you and make you feel as comfortable as possible.

You will usually return to your room within an hour of the treatment. You will then be given breakfast and you will spend the next few hours on the ward with a nurse in attendance.

HOW WELL DOES ECT WORK?

For those who have not had previous antidepressant treatment, eight out of ten people who have ECT respond well to treatment. The success rate is lower in people who have not responded to prior antidepressant medication.

HOW MANY TREATMENTS ARE NEEDED?

Many people report a significant improvement in mood after four to six treatments. The usual course is six to twelve treatments. The decision as to how many treatments, is made by your psychiatrist in collaboration with you and your family.

People usually commence having treatments as an in-patient at Perth Clinic. Some patients are discharged and return as day patients to continue treatment. The day patient option can be attractive as it keeps you involved, in contact with your home and family, and avoids prolonged hospital stays.

ARE THERE ANY COMPLICATIONS?

The following may be side effects of an anaesthetic and/or an ECT treatment:

- Muscular aches and/or pain are not uncommon after the first or second ECT treatment. Patients can feel like they have been

exercising heavily. This is the body's response to the muscle relaxant Scoline, which is part of the anaesthetic. Patients sometimes report stiffness in their neck and/or shoulders, these aches and pains usually resolve in 24 hours and are usually not found at subsequent treatments. There are sometimes other causes for neck pain, which will require review by the psychiatrist.

- Nausea and / or vomiting may be a side effect of the anaesthetic. These symptoms are usually only mild and respond well to symptomatic treatments.
- Bruising can occur at the site where the needle is placed into the vein, usually at the back of the hand. Bruising usually resolves within several days. However if painful, nursing staff can apply a simple cream e.g. Lasonil.
- Dental problems may occur. The anaesthetist must be informed of any pre-existing dental problems/crowns/caps/dentures.
- Headache is not uncommon after ECT, usually settling with simple analgesia.
- People can become confused and may not know where they are when they awaken after ECT. This may be frightening, however, the recovery nurse will try to reassure you. The confusion usually disappears within a few minutes but may take longer. Confusion and disorientation are also more common after a few ECT treatments.
- Memory problems: Most patients complain of memory loss of events usually before, as well as during or after a course of ECT. The extent of this "autobiographical" memory loss can vary depending on a range of factors including

the number of ECT treatments received. ECT affects the laying down of memory and events during, as well as for a time before and after ECT, which will not be remembered. Some patients are unaware of memory difficulties, and some report an improvement in memory function after ECT. In most people, the memory difficulty (called amnesia) is gone within a few weeks of completing the treatment, but in some people the problem may remain for months and sometimes years.

- There are infrequent side effects such as reflux, aspiration, strokes, heart attacks, allergic reactions and the like, but attempts are made to identify risk factors for these and minimise the risk of such complications.
- Rarely, people die from complications arising in ECT, but the mortality rate is very low (one in 25,000 ECT treatments) and comparable to childbirth or other procedures associated with brief anaesthetics.

ARE THERE ANY CONTRAINDICATIONS TO ECT?

Some people have an increased medical risk. These include:

- People with a cerebral lesion.
- People who have unstable cardiac function.
- People who have retinal detachment.
- People with a substantial anaesthetic risk.
- You must tell your psychiatrist and anaesthetist if you have a pacemaker, or have had brain surgery.

It is important to tell your psychiatrist and anaesthetist about any medical condition you have suffered.

WHAT ECT CANNOT DO

The effects of ECT will hopefully relieve 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 work. These problems may still be present after your treatment and you may need further help. Hopefully, with your depression treated, you will be able to deal with these problems more effectively.

WHAT OTHER TREATMENTS COULD I HAVE?

Antidepressant drugs and/or psychotherapy may be available to treat your depression, and it is possible that some of them may work as well as ECT. Your doctor can discuss the pros and cons of these treatments with you.

WILL I HAVE TO GIVE MY CONSENT? CAN I REFUSE TO HAVE ECT?

The psychiatrist discusses the reasons for ECT with you (and your family); i.e. the procedures and the risks. When you understand these, you are asked to sign a consent form if you agree to have ECT. The opinion of a second psychiatrist can be sought to help this process.

The signed consent usually covers a certain number of treatments but you may discontinue the treatment at any time. However, people are encouraged to continue until an adequate course is completed. If a new series of treatments is to be commenced, you will be asked to sign another consent form.

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

ARE THERE ANY RISKS IN NOT HAVING ECT AS RECOMMENDED?

If you choose not to accept your doctor's recommendation to have ECT, you may experience a longer and more severe period of illness and disability than might otherwise

have been the case. There may be an increased risk of suicide, associated with such prolonged illness. It is important that you and / or your family discuss your treatment options with your doctor.

WHAT ABOUT OUTPATIENT ECT?

After you have read the information, discussed any concerns with your psychiatrist, and given your written consent for ECT, you may have part or all of your ECT treatment as an outpatient. You will be given a day and time to come to the hospital for your treatment. You will need to fast from midnight the night before your treatment. That is you may not have anything to eat or drink until after your treatment. You may be instructed by your doctor to take some prescribed medications before your arrival at the hospital, with just a sip of water e.g. heart, blood pressure, ulcer, reflux or respiratory medications.

IF YOU ARE HAVING DAY PATIENT / OUTPATIENT ECT YOU ARE ADVISED TO:

1. Fast from midnight prior to treatment.
2. Cease smoking from midnight prior to treatment.
3. Limit the amount of money/ valuables that you bring with you to hospital.
4. Remain in the Clinic for 2 to 3 hours after your treatment. The length of your stay post treatment will be determined by nursing staff and your recovery pathway.
5. Have eaten and/or passed urine before being discharged.
6. Have a responsible person transport you home in a suitable vehicle (a train or a bus is not suitable).
7. Have a responsible person stay with you at least overnight following discharge from the Clinic. This person must be physically and mentally able to make decisions for your welfare when necessary.

8. You must have ready access to a telephone in the post procedure dwelling and be within one hour of medical attention.
9. Avoid driving, using dangerous machinery, or making important (including legal) decisions for the period of time you are having ECT. You must ask your psychiatrist as to when you should resume such activities.

You are encouraged to ring Perth Clinic (9481 4888) if you have any concerns regarding your ECT treatment.

If you disregard the above you do so at your own risk, and should discuss such issues with your treating psychiatrist.

RESOURCES

You and your family are encouraged to tour the ECT suite and Recovery area prior to the course of your treatment. Magazine and journal resources on ECT and memory are available at each nursing station.

COSTS ASSOCIATED WITH ECT

There are 3 sets of costs associated with ECT, namely, psychiatrist fees, anaesthetist fees and hospital fees.

Under most circumstances, there is no out of pocket expenses for privately insured patients having ECT. However, as health funds vary in the cover they provide, you should ring Perth Clinic Administration Services Manager on 9481 4888 to check what your health fund covers.

If your health fund doesn't fully cover costs for ECT or if you are uninsured, you will need to find out costs associated with your Perth Clinic stay from the Perth Clinic Administration Services Manager, and find out the fees associated with both the anaesthetist and psychiatrist services. The doctors involved have their cards available at Perth Clinic reception. Your psychiatrist may be able to guide you in this regard.

USEFUL WEBSITES

www.bluepages.anu.edu.au

www.sane.org

www.blackdoginstitute.org.au

This patient information brochure is produced by Perth Clinic as a service. No person should rely on the contents of this publication without first obtaining advice from a qualified medical person.

The publication is provided on the understanding that the authors and the Clinic are not responsible for the results of any action taken on the basis of the information in this publication nor for any error in or omissions from this publication.



perth Clinic

Empowering you on the journey to mental health recovery

29 Havelock Street West Perth Western Australia 6005

Telephone (08) 9481 4888 | Facsimile (08) 9481 4454

www.perthclinic.com.au

PERTH CLINIC

Private inpatient and day patient hospital care.

For twenty four hour information on admissions please telephone (08) 9481 4888.