Electro-convulsive Therapy (ECT)

Your questions answered
This leaflet aims to answer some of the questions you may have about Electro-convulsive Therapy (ECT). You may wish to know why ECT is used, what ECT is, what it is like to have ECT and what the side-effects and benefits may be.

Most people who have ECT prescribed for them suffer from severe depression or, more rarely, some other major mental disorder. Although there is medication to help with depression and other mental illnesses, some people do not recover completely and others take a long time to recover. ECT is often used for these patients. In some cases of depression, ECT may be the best choice of treatment and it might even be life saving.
How ECT might help you

It may be helpful if you:
• Have not improved with anti-depressant medication
• Can’t take anti-depressant drugs because of the side effects
• Have responded well to ECT in the past
• Feel so overwhelmed by your depression that it’s difficult for you to carry out your daily activities
• Feel so unwell that you may have contemplated suicide

ECT and NICE Guidelines

The National Institute for Health and Clinical Excellence (NICE) in 2003 recommended that ECT should be used for:
• Severe and moderate depression (if not responded to multiple drug treatments and psychological therapies)
• Prolonged or severe mania
• Catatonia

NICE does not recommend the use of ECT in the treatment of schizophrenia or the use of maintenance ECT. If your consultant recommends the use of ECT outside of NICE guidelines, then a discussion will take place between you and your consultant. This will be documented in your notes and your consultant will clearly inform you why ECT is being recommended. It is your decision as to whether you accept the advice and clinical decision of your consultant. If you do accept the advice given, please remember that you can withdraw your consent to treatment at any time.

The full NICE guidelines can be found at: www.nice.org.uk/CG90fullguideline
What is ECT?

Electro-convulsive Therapy (ECT) is a physical treatment carried out under a general anaesthetic. A small amount of electric current is passed across the brain for a few seconds. This produces an artificial epileptic fit which affects the entire brain, including the parts that control thinking, mood, appetite and sleep. It is thought that severe depression is caused by problems with certain brain chemicals. ECT causes the release of these chemicals and also makes them more likely to work and so helps recovery.

A special machine is used to precisely control the amount of electric current used. This ensures that the current is as low as possible. ECT is only administered by a competent psychiatrist or a trainee psychiatrist under the supervision of a competent psychiatrist.

ECT does not have an impact on your intelligence, judgements or your ability to learn new information.

There are two types of ECT; bilateral and unilateral. Bilateral ECT generally works more quickly but has the potential side effect of memory loss which for most people is short term. Unilateral ECT has a lower risk of memory loss but you may need more treatments and it may take longer to recover from your illness. Your consultant psychiatrist will discuss treatment options with you and if you have a preferred treatment option please inform and discuss this with your psychiatrist.
What is a course of ECT?

ECT is normally given twice a week. It is not possible to say exactly how many treatments an individual patient will need. Some people get better with as few as two or three treatment sessions, while others may need as many as 12 and very occasionally more. Your doctor will review your treatment regularly and you will not be offered more treatments than you require as an individual.

Are there any side-effects?

ECT is one of the safest medical treatments given under general anaesthetic. The risk of any problems developing is one in 50,000 treatments. Your psychiatrist or ECT nurse will be able to fully discuss this likelihood with you.

**Common side-effects:**

- Feeling confused just after waking from treatment. This normally clears within an hour or so
- Feeling sick after treatment. Your anaesthetist can give you some medication to help with this

**Less common side-effects:**

- Headache or aching muscles after treatment. Your ECT nurse will let you know how to avoid these side-effects
- Some temporary memory loss about events, telephone numbers etc. This memory loss normally goes away in a few days or weeks, although some patients experience some loss of memory for a few months.
What will happen when I have ECT?

A few days before treatment:
The ECT clinic nurse will come and visit you at least a few days before you are scheduled to have treatment. This is to ensure you understand as much as you can about the treatment and also have a familiar face to greet you when you attend the ECT clinic. The ECT nurse will also explain any tests that you will need to take.

The ECT team will need to know if you have any heart problems or are fitted with a pacemaker. It is still possible to have ECT safely with a heart problem, but the ECT team will need to take special precautions.

The night before ECT:
You will be requested to have nothing to eat or drink from midnight the night prior to ECT. This is because you are having a general anaesthetic. You will also be advised which medication you can take and what to avoid if necessary.

The day of treatment:
If you are an inpatient, a nurse from your ward will take you to the clinic and remain with you throughout your treatment.

At the clinic, you will be connected to monitoring equipment to check your heart and blood pressure during treatment. The Anaesthetist will put a needle in the back of your hand to give you medication. You will be given oxygen through a mask and will slowly drift off to sleep for a few minutes while the treatment is administered.

Adhesive electrodes will be attached to your forehead by the psychiatrist to record your brain waves during the treatment. A small amount of electric current will be passed across your brain for a few seconds. This is a painless procedure.
When you wake up after treatment you will be in a recovery room with trained staff to monitor your recovery. Most patients wake up within ten minutes. Once you are fully awake and fit to get up you will be able to relax in the ECT lounge and have some refreshments.

Some people wake up with no side effects at all and simply feel relaxed. Others may feel somewhat confused; this is common after receiving a general anaesthetic and generally lasts for a short period of time. You may wake up with a headache and if this happens you will be offered medication to relieve the pain.

**Practical points to remember when attending the ECT Clinic**
- Wear loose clothing
- Remove jewellery, hairslides, make-up and nail varnish
- Don’t chew gum
- Do not smoke
- Dentures, hearing aids and spectacles can be removed when you are in the clinic, just prior to treatment
- Your personal belongings will be stored in a box which will stay with you whilst you are in the clinic
- Don’t sign any legal documents on the day you have treatment
- Avoid strenuous exercise for at least 24 hours after each treatment

**Out-patient ECT treatment**
You can choose to have ECT without being admitted to hospital provided there is a responsible adult to stay with you on the night of treatment. You will be required to remain in the ECT clinic for at least three hours post treatment. The ECT nurse will only allow you to leave the clinic when you are fully recovered from your treatment.
How do I know that ECT is carried out properly as recommended?

The Royal College of Psychiatrists has set up the ECT Accreditation Service (ECTAS) to provide an independent assessment of the quality of ECT services. ECTAS sets very high standards for ECT and visits all the clinics that are registered with them. The CNWL ECT clinics are fully accredited by ECTAS. For further information please see the ECTAS website at www.ectas.org.uk.

Will I have to give my consent and can I refuse to have ECT?

Before the treatment can be given, you will be asked to sign a consent form for ECT by the psychiatrist responsible for your treatment. Before you sign this form, the psychiatrist will explain what the treatment involves and why this type of treatment is being recommended for you. The psychiatrist will answer any questions you have. If you sign the form, you are agreeing to have a course of treatment and you will be offered a copy of the consent form you have signed. Each time you come for treatment you will be asked if you are still consenting to treatment. Remember, you can refuse to have ECT and withdraw your consent at any time.
What will happen if I lack the capacity to give consent?

If you are too ill to give your consent, your psychiatrist will inform the Care Quality Commission (CQC). The CQC will arrange for an independent doctor to visit you to give a second opinion.

Very occasionally an individual may become particularly seriously ill with depression. They may become suicidal, refuse food or fluids, become convinced they are a bad person or don’t deserve treatment. In these rare circumstances, psychiatrists may consider giving ECT as an emergency without consent. To do this, the psychiatrist must comply with the safeguards set out in the Mental Health Act and the Mental Capacity Act.

**Remember** – if you have any concerns about ECT please don’t hesitate to raise them with a member of staff. They will be only too happy to answer any questions you have so that you are fully informed about the treatment.

Advocacy

If you are detained under the Mental Health Act you are eligible for support from an independent mental health advocate (IMHA). Please ask a member of staff if you are unsure how to obtain the help of an IMHA.
Alternative treatment options

Depending on the severity of your illness other treatment options may include:

• Anti-depressant medication
• Cognitive Behavioural Therapy
• Psychotherapy or another type of counselling

Please ask your psychiatrist about alternative treatment options. Your psychiatrist will be able to discuss the advantages and disadvantages of these treatments with you. This will help you to choose which treatment option you wish to try. Please look at our other information leaflets available that also explain the different drug treatments available.

ECT and driving regulations

People receiving ECT should not drive at all during their course of ECT treatment. This is applicable to all patients whether you are having treatment as an inpatient or as an outpatient. By law you must not drive for three months after the course of treatment has finished. This is because of the nature of depression, not because of ECT.

Your consultant psychiatrist will be able to give you advice on driving related to your level of depression. If you have any questions about driving and ECT then ask your psychiatrist or contact the DVLA for advice (www.dvla.gov.uk).
How to contact us

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Patient Advice and Liaison Service (PALS)

The Trust’s Patient Advice and Liaison Service (PALS) is here to give you further information and help solve any problems you may have with our services. If you would like a copy of this leaflet in large print, audio, Braille, or in a different language, please contact PALS and we will seek to arrange this for you.

PALS can be contacted on:
Phone: 020 3214 5773
Email: pals.cnwl@nhs.net
Sipas kërkesës, ky dokument gjithashtu gjendet edhe në gjuhën e tjera, me shkrim të madh dhe në formë dëgjimore.

Докуметтен исти обновлен так же в иных языковых, в большом тексте, в алфавите Брайла и в формате аудио.

Mediante solicitação, este documento encontra-se também disponível noutras linguas, num formato de impressão maior, em Braille e em áudio.

Dokumentigaan waxaa xitaa lagu heli karraa luqado kale, daabacad far waa-wayn, farta indhoolaha (Braille) iyo hab dheegaasi ah markii la soo cadsado.

Be belge istenirse, başka dillerde, iki harflerde, Braille ile (görme engelliler için) ve ses kasetinde de temin edilebilir.

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