

Electro-Convulsive Therapy (ECT)

Information and Instructions UBCH and VGH

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What is ECT and why is it effective?



Current medical literature says that ECT is a safe and effective procedure for which there is an established clinical need. ECT involves producing a controlled seizure by attaching electrodes to the head and then sending brief electrical impulses through the skull into the brain. It is not known exactly how ECT works, but scientific theories suggest that the seizure activity causes changes in brain chemistry. ECT is often used to treat severe depression and other psychiatric conditions when immediate relief of symptoms is needed or when other treatments have not worked.

Who might need ECT?

- A depressed person who is not responding to other treatment or who is at increased risk for suicide
- A person who cannot take medication due to side effects
- A person experiencing delusional thoughts (fixed, false beliefs) or hallucinations (hearing voices when no one is there) who is not responding to medications
- A person with Parkinson's Disease who has clinical depression and/or who requires treatment for disease itself
- A person with mania who is not responding to medication
- A person with physical symptoms and chronic pain for which there is no identifiable cause (somatization) who fails to respond to medication
- A person who does not wish to be treated with medication

ECT is often considered the safest method of treatment for pregnant women and the elderly. It is also the fastest method of treatment. For example, mood and delusions can improve in two weeks with ECT compared to three to four weeks with medication.

What will my ECT treatment be like?

An anaesthesiologist will give you a medicine to put you to sleep, followed by a muscle relaxant. A psychiatrist will apply electrodes to your scalp and then administer a brief electric current through the electrodes to stimulate your brain. This stimulation will cause a short controlled seizure or convulsion. You will not feel or be aware of anything because you will be asleep. When you wake up, you will be in the recovery room with nursing staff caring for you. You and your physician will decide together on the number, frequency and method of your treatments.

Myths vs. facts



Myth: ECT is a barbaric and archaic form of treatment.

Fact: *ECT is a safe and effective treatment. You will receive an anaesthetic and muscle relaxant so you will not feel anything during the treatment.*

Myth: ECT leaves permanent memory loss.

Fact: *Memory loss may occur in varying degrees, lasting from a few days to a few months, and covering the period just before, during and after the course of treatment. Memory loss will usually not be permanent.*

Myth: ECT is less effective than other types of therapy.

Fact: *ECT has been found to be as effective, and in some cases more effective than, other types of therapy such as medication or talking therapy.*

Referral and pre-treatment consult



Inpatient	Outpatient
<p>Your doctor will explain the treatment and have you sign a consent form.</p> <p>Upon referral, an ECT psychiatrist will explain the procedure to you and go over the possible side-effects. This is your chance to ask any questions you may have.</p> <p>Before your first treatment you will meet with one of our anaesthesiologists to assess the status of your physical health.</p>	<p>Your doctor will make a referral to the ECT outpatient clinic at VGH. The ECT coordinator will screen your referral to determine if you meet the criteria.</p> <p>You will meet with the ECT coordinator and an ECT psychiatrist for a pre-treatment assessment. The doctor will explain the procedure and go over the possible side-effects. This is your chance to ask any questions you may have.</p> <p>If the referring doctor has not sent you for blood work and ECG, you will receive a requisition to get these tests done. The team will review your assessment and decide if you are an appropriate candidate for ECT.</p> <p>If so, and you are in agreement to receive ECT, you will be asked to sign a consent form. The clinic will then schedule an appointment with one of our anaesthesiologists who will review your physical health.</p> <p>If the anaesthesiologist is in agreement, you will then be scheduled to start your ECT course.</p>

Preparing for your treatment



The day before...

- Treatments are given on Monday, Wednesday and Friday
- The ECT clinic will call to confirm your appointment time the day before your treatment. If you are scheduled for treatment on a Monday, you will receive a call on Friday to confirm the appointment.
- You will be informed what time to arrive at the hospital and your expected time of discharge.
- A responsible adult needs to accompany you from the ECT clinic to home and stay with you for 24 hours as you will be receiving general anesthetics
- Organize your transportation. Make sure you have a reliable ride to get you to your appointment on time and to pick you up after the treatment as you won't be able to drive. We also recommend that you avoid using public transportation as you may feel nauseous or disoriented after the treatment.

The night before...

- We recommend taking a bath or shower to aid in relaxation and promote sleep.
- Clean hair provides for better conduction of the electric current. Your hair must be completely dry for treatment so it is best to wash it the night before.
- *For your SAFETY please follow these dietary expectations prior to each treatment to prevent aspiration (the accidental sucking in of food particles or fluids into the lungs) if vomiting occurs during or after treatment.*
 - *NO solid foods and fluids after midnight* if your treatment is scheduled for the morning
 - Light breakfast is acceptable up to 6 hours prior to Anesthesia. This means that if the ECT treatment is scheduled for 1:00 pm then the light breakfast (example, plain toast with jam) must be consumed by 7:00 am

- *NO* dairy products, high protein and fatty foods. This includes milk, cream, yogurt, eggs, bacon, porridge and peanut butter, etc
- You can drink clear fluids until 3 hours prior to ECT. Clear fluids include WATER, CRANBERRY JUICE, CLEAR APPLE JUICE
- *DO NOT* drink citrus juices, carbonated beverages or dairy products after midnight
- *DO NOT* smoke, chew gum (including Nicotine Gum), or suck lozenges (cough drops) after midnight
- *DO NOT* take medications prior to your treatment *unless instructed* by your ECT psychiatrist. Certain medications are permitted a small sip of water if you are instructed to do so

The morning of...

- You can remain in your own clothes but please wear a top that can be opened in the front. We also recommend for you to bring an additional pair of dry clothes in case of incontinence after ECT treatment. If you wish, you may change into hospital clothing to prevent possibly soiling of your personal clothes.
- Make sure you wear your ID band as it provides medical staff with important information about you such as known drug allergies. If you are an inpatient and have previously removed your ID band when out on a pass, please make sure you get a new one before going for treatment.
- Valuables & personal effects:
 - rings can be taped in place and worn during treatment
 - outpatients should leave jewelry and other valuables at home. Inpatients can ask a nurse to lock valuables in a safe place at the nursing station
 - dentures and glasses/contact lenses must be removed before you receive the anesthetic (you may wear them to the treatment area provided you bring a case to put them in before the treatment)
- Bodily functions:
 - a nurse will take your temperature, pulse, respirations and blood pressure before treatment
 - you will be asked to empty your bladder about 15 minutes before the treatment to avoid incontinence
- Escort: Inpatients will be accompanied by a staff member to the treatment area before your scheduled treatment time.

After the treatment...

- You will be transferred to the recovery room while you are still asleep until you are ready to be discharged. A nurse may do some or all of the following as required:
 - check your blood pressure, pulse and respirations every 5-10 minutes
 - deliver oxygen by mask
 - use a heart monitor to collect information about your heartbeat
 - assess your level of consciousness by asking you for your name and if you know where you are
 - assess your muscle strength by asking you to grip his or her hand and lift your head off the pillow
 - remove the needle from your vein and apply a Band-Aid, which you may remove later in the day

Inpatient	Outpatient
<p>You will be returned to your room by wheelchair or stretcher.</p> <p>When you first return to your room, a nurse will assist you to get into bed and will take your blood pressure, pulse and respirations. The nurse will assess your level of recovery and once you are fully awake you will be encouraged to get up, get dressed and have something to eat.</p> <p>You must be accompanied by a responsible adult if you plan to go on a pass or leave the unit on the day of your treatment.</p>	<p>You will be allowed to rest until you are fully awake.</p> <p>You will be given something to eat/drink prior to discharge.</p> <p>The effects of a general anesthetic can persist for many hours:</p> <ul style="list-style-type: none">○ Have a responsible adult pick you up from the recovery room and stay with you for the first 24 hours.○ Do not travel alone.○ Rest quietly at home for the remainder of the day.○ Do not drive for at least 24 hours.○ Do not drink alcohol for 24 hours.○ Do not make any major decisions, sign any legal papers or make big purchases such as property or car.

Common side effects



You should inform your nurse or doctor if you experience any side effects or have concerns related to your ECT treatments.

1. Muscle stiffness can be caused by the medication given to relax your muscles

Ways to relieve:

- take a warm bath
- take medication for pain such as acetaminophen (Tylenol) or ibuprofen (Advil)
- do moderate exercises such as walking or stretching

2. Temporary confusion or disorientation (not knowing the date or time) due to the anesthetic or treatment

Ways to relieve:

- seek reassurance from staff, caregivers, family and friends

3. Memory loss. It is recommended that you postpone major decision making during the course of treatment

Ways to relieve:

- write important dates and times down prior to your first treatment and as you go along
- keep a diary to record events for each day
- keep a calendar and mark off each day
- seek assistance with reorienting yourself from staff, caregivers, family and friends

4. Nausea may be caused by the anesthetic or by being without food or fluid for an extended period of time

Ways to relieve:

- drink fluids and eat small amounts of food such as soda crackers or dry toast
- rest
- take medication before nausea becomes too severe

5. Headaches can be caused by the anesthetic, the treatment or by being without food for an extended period of time

Ways to relieve:

- have something to eat

- request pain medication before headache becomes too severe
- use relaxation tapes to help reduce muscle tension
- use distraction techniques such as counting aloud (such as counting ceiling tiles) or imagery (such as imagining you are strolling in your favorite place)
- rest in a darkened room
- apply a cold cloth to your forehead

Follow up

Inpatients

Once you start to feel better, you and your psychiatrist or nurse will discuss what can be done to maintain your improvement. Some options include:

- medication such as antidepressants, mood stabilizers and antipsychotics
- psychotherapy also known as talking therapy
- maintenance ECT (mECT) through an outpatient clinic

If mECT is initiated, you will be assigned to an ECT psychiatrist who will follow your ECT care. Depending on the frequency of your treatments, you will meet with your ECT psychiatrist to discuss your progress. The ECT coordinator will contact you with the dates and times for your ECT treatments. Throughout your maintenance course, your progress will be assessed by the ECT team.

Outpatients

During your index course of ECT, your progress will be assessed by the ECT team. You will meet with your ECT psychiatrist after the first 6-8 ECT treatments to discuss your progress and future plans such a total number of index ECT treatments and potential for maintenance ECT.

ECT Resources

Canadian Electroconvulsive Therapy Survey and Canadian Electroconvulsive Therapy Standards

Website: www.canects.org

Go to 'Patients & Families' tab.

Videos available in English, French, Punjabi, and Cantonese

International Society for ECT and Neurostimulation

Website: <https://isen-ect.org>

Go to 'Resources for Patients'.

Select 'Educational Content'.

Choose the link to 'Videos of ECT Procedure'