



DELMONT
PRIVATE HOSPITAL

ECT

Patient Information



Your Care in Mind

General Information on ECT at Delmont Private Hospital

Electroconvulsive Therapy (ECT) is used to treat a number of mental health conditions. At Delmont Private Hospital we provide individualised patient care. Your treating doctor would have discussed with you, both your diagnosis and suitable treatment options available to best manage your condition. It may be that your doctor has recommended that you receive ECT and you want to find out more about the treatment.

This Information is intended to compliment the Department of Health “Electroconvulsive Treatment Adult Patient” which will be given to you and explained by your doctor. The potential benefits and risks will also be discussed with you by them prior to consent being signed in order for you to make an informed decision about proceeding with ECT.

Not all patients improve at the same rate, as with all forms of medical treatment. It is important to note that generally it will take around 4 or 5 ECT's before you can feel an improvement in your symptoms. If at any time you feel concerned or wish to discuss your progress, do not hesitate to discuss this with the ECT Staff and your doctor, who will review you during your treatment.

ECT is conducted in the ECT Suite by a Consultant Psychiatrist, Consultant Anaesthetist, and a team of nursing professionals skilled in this area.

Before the first ECT treatment, you will have a full mental health evaluation as well as a complete physical exam. You must also sign the informed consent

“Consent” means that you understand the procedure as well as its risks and benefits. At any time during your course of ECT you can withdraw consent to treatment.



What will Happen?

Once to you been referred for ECT you will be given the ECT Information pack containing:

Delmont Information for ECT Patients.

Electroconvulsive Treatment (Adult Patient) Statement of rights from The Department of Health

The various ECT psychiatrists out of pocket fee schedule. Any questions regarding these fees please contact the particular psychiatrist on the contact number listed on the fee schedule, or discuss any concerns with your treating doctor.



Your Responsibilities:

- Fast from Midnight
- Nursing Staff will assist you with what medications to take and when. If you are going to be discharged and return as a Day Patient discuss with your treating doctor prior to discharge your medications and ECT.
- Do not smoke or chew gum for at least 6 hours prior to treatment.
- Ensure your hair is clean and dry with no hair product in or hair pins/clips.
- Do not apply face creams, moisturisers or makeup. Remove nail polish and excess jewellery that your nurse can store safely for you. If you are a Day Patient please leave your valuables at home.
- If you have jewellery that you cannot remove it can be taped.
- Also do not bring cigarettes, lighters and mobile phones into the treatment room.
- Dress in loose suitable clothing.
- If you wear contact lenses, glasses or dentures, these can be removed in the treatment room and placed under your trolley. Ensure for contact lenses that you bring a case.
- The order of patients being treated will depend on clinical demand, as determined by the ECT Staff
- Once into the treatment room the actual ECT will take 10 -15 minutes. You will then be taken through to recovery and observed for 30 minutes
- Following recovery, you will be escorted back to the ward where you will have breakfast and medications, if prescribed.
- On return to the ward you will be allowed to rest but encouraged to attend the therapy program later in the day.

Important Information following ECT:

It is important that you remain on the ward until you have been reviewed by your doctor.

Refrain from smoking or participating in excessive exercise for at least 2 hours.

For 24 hours after ECT:

- Avoid driving a motor vehicle or operating machinery, including domestic appliances.
- Avoid making any major personal decisions, signing contracts or entering into any business arrangements.

Your Questions on ECT Answered:

Benefits:

ECT appears to work quicker and more effectively than drugs in some mental health conditions.

If ECT is indicated, it won't cure you but it will be expected to help in your current episode of illness and may help maintain the improved outcome.

How does it work?

It is believed ECT acts by altering the complex electrical and chemical processes within the brain that are temporarily impaired in some mental illnesses.

It is believed it may help return these processes towards the correct balance, but the actual process has yet to be determined.

When to use ECT:

This is based on a physical and full mental health evaluation of your illness and the expected result and prognosis if ECT isn't given. It is used for severe depression, mania and schizophrenia and when counselling and drugs have been ineffective.

Efficacy:

For uncomplicated severe depression, evidence suggests at least an 80% improvement.

Consent:

Even if you consent to a treatment course, at any stage in the course as a voluntary patient you can withdraw your consent to treatment. Withdrawal of consent will not alter your right to continued treatment with alternative methods.

Your treating doctor has to explain and outline all the risks involved in the treatment and the risks associated with early termination of the treatment course, prior to you giving informed consent.

Number & frequency of treatments:

Whilst most patients don't experience an improvement until 4-5 ECT's, an improvement is generally noted by significant others much earlier. Occasionally a response isn't obtained until 10 or 12 ECT's; and on some occasions more treatments may be indicated. This will be discussed with you by your treating doctor.

ECT is usually given 2 -3 times per week for the initial treatment course

Maintenance of response:

An antidepressant or other drug may be introduced towards the end of the course to help prevent relapse.

There is approximately a 2/3 chance of remaining well over the following year and about a 1/3 chance of relapse. Counselling and returning to normal life with support helps.

For a few patients who do not remain well on drugs, maintenance ECT may be discussed.

This is given on a gradually extended basis starting at weekly and progressing to monthly or even longer between ECT's. This may need to be continued for a year or more.

Risks:

ECT carries the risks associated with having a general anaesthetic. Some medical conditions increase the risk associated with ECT, so patients are carefully screened.

The risk associated with ECT may be safer than using antidepressants.

Pain:

ECT isn't painful as you are administered an anaesthetic and muscle relaxant and you will be asleep for the treatment. Cannulation (inserting the intravenous needle for the anaesthetic) can cause localised pain, but this can be eased with topical ointments.

You may experience headache and/or muscle pain usually within the first few hours after ECT.

This is usually more marked after the first one and less for subsequent ECT's. This is easy to alleviate with analgesia.

Disorientation:

You may feel disorientated on waking. This confusion of waking in an unfamiliar bed will normally settle within a few minutes or hours and you will be able to recall where you are and that you have had ECT.

Attention, Concentration & Memory Impairment:

Patients with severe depression commonly experience impaired concentration and attention, which usually improves with ECT. Most patients will have some memory impairment of the time surrounding the ECT treatment and associated time in hospital. Some of this will be from the depression, as memories are not well formed when you are experiencing poor concentration.

Over the course of ECT, it may be more difficult to remember newly learned information.

This difficulty disappears following completion of the ECT course. Some patients also report a partial loss of memory for events that occurred during the time prior to ECT. While many of these memories typically return after ECT, some patients do report long lasting memory impairment.

The extent and duration of memory impairment can depend on type and frequency of ECT. This is why it is important to report any perceived memory impairment as the treatment may be adjusted.

Even though some patients recover with little or no awareness of any memory impairment, most will experience a degree of memory impairment.

Other patients have actually reported an improvement in memory, because ECT has the ability to reduce the amnesia associated with severe depression.

Inpatient or Day Patient ECT?

Patients that require an acute course are treated initially as inpatients. Outpatient status may be considered for treatment in the latter stages or for those patients considered for maintenance treatment.

To be considered suitable for Day Patient ECT your doctor will make a clinical decision based on your progress and ability to comply with certain safety requirements.

These are discussed in the ECT Day Patient Information pamphlet available on your ward.

Relapse:

If there is a relapse in the depressive illness, it is important to treat this quickly.

Some people may require changes to medications, whilst others may require a further course of ECT.

In either case it is essential to act promptly so the person doesn't have to endure an extended period of illness.





References:

2006 Chief Psychiatrists Guidelines on Practising ECT in Western Australia Electroconvulsive Therapy
Electroconvulsive Therapy A Guide 2013 Second Edition
JWG Tiller & RW Lyndon

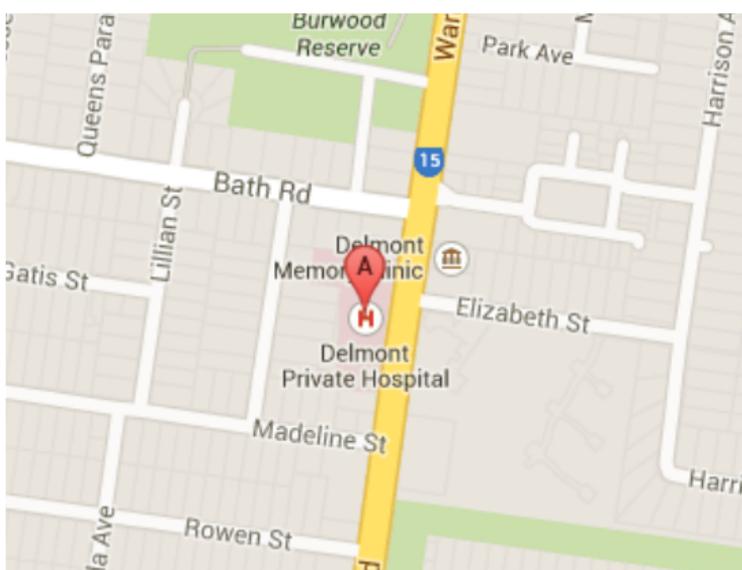
Electroconvulsive Therapy A Programmed Text Second Edition 2005 John L. Beyer M.D., Richard D. Weiner M.D., Ph.D., Mark D. Glenn M.D

Electroconvulsive Therapy Fourth Edition 2002 - Richard Abrahams M.D. Electroshock, Healing Mental Illness – Max Fink M.D. 1999

The ECT Handbook Second Edition 2005 Royal College of Psychiatrists.

Victorian Department of Health 2012

- “Electroconvulsive therapy about your rights” Victorian Department of Health 2009
- Electroconvulsive therapy manual
- Licensing, legal requirements and clinical guidelines.



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