

For adults

Information about **ELECTROCONVULSIVE THERAPY (ECT)**



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This brochure is about ECT. It is written for people like yourself who are about to have ECT treatment in Region Midtjylland, and for your relatives.

The brochure describes what ECT is, your treatment pathway and the side-effects that may occur with this treatment.

We hope this brochure will help you and your relatives to learn more about ECT.

Kind regards,
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WHAT IS ECT?

ECT stands for Electroconvulsive Therapy.

ECT is a safe, effective treatment for some mental health disorders – especially severe depression and mania. ECT has been in use for more than 60 years. It used to be called electroshock therapy or shock treatment.

In ECT treatment, a small electric current is passed through the brain to intentionally trigger a brief seizure. The person is anaesthetised during treatment, so there is no pain or discomfort.

ECT usually works rapidly. Many experience improvement after just a few treatments.

WHO CAN HAVE ECT TREATMENT?

ECT is usually administered to people suffering from severe depression or mania.

ECT may also be used in the treatment of severe psychosis in people with schizophrenia or schizoaffective disorders, and in the treatment of psychotic delirium.

Other treatment not working

ECT is often given to people who have not responded to psychotherapy or medication. These are often severely depressed patients.

ECT IS OFTEN ADMINISTERED WHEN:

- other treatment has not been sufficient
- there is a need for rapid improvement (e.g. if there is a risk of suicide)
- other kinds of treatment are too much of a risk
- the person has previously had good results with ECT

Rapid improvement

Both medication and psychotherapy can take several weeks or months to work. By contrast, ECT usually works very rapidly. Many people notice an improvement after just a few treatments. That is why ECT is often used for patients with an acute need to get better. This could, for example, be a person with severe depression who is at great risk of committing suicide.

DID YOU KNOW...?

Almost 9 out of 10 patients with severe depression get better after ECT treatment?

Less risky treatment

For some people, ECT is a less risky treatment than medication. This could be the case with an elderly person who cannot tolerate the medication due to a heart condition, for example.

ECT has previously produced a good result

If someone has previously benefited from ECT, that person will often prefer ECT treatment if he or she becomes ill again.

HOW DOES ECT WORK?

ECT stimulates various areas of the brain that are affected by a disorder. Various scientific studies show that ECT also stimulates the formation of new brain cells.

COURSE OF TREATMENT SESSIONS

ECT is administered as a course of treatment sessions. The number of treatments you will have depends on your diagnosis, among other things. If you have depression, you will usually have 8 to 14 treatment sessions.

As a rule, you will have treatment 2–3 times a week.

WHO WILL YOU MEET IN THE ECT TEAM?

A team of ECT specialists will be treating you. The team consists of nursing staff, anaesthetists and a psychiatrist.

PRELIMINARY EXAMINATION

Before treatment, you will have a preliminary examination; this will include having blood samples taken, and an ECG.

You will also speak to an anaesthetist because you will be anaesthetised during your treatment.

Fasting

You may eat up to 6 hours before your treatment. After that, you must fast, and you must not drink dairy products, juice, soft drinks or alcohol either.

You are welcome to drink water, cordial, tea and coffee (without milk) up to 2 hours before your treatment.

NB:

It is very important that you comply with the rules on what you may eat and drink. Otherwise, you may be at greater risk of complications when you have to be anaesthetised.

Medication

You can take your morning medication up to two hours before your treatment. You may drink a small mouthful of water with your medicine (max. 20 ml – the same size as a medicine glass).

You must not take any medicines that could affect ECT. Speak to your doctor if you are in any doubt.

Smoking

You may smoke before your treatment.

ANAESTHESIA

In the department, you will be met by the staff and prepared for anaesthesia:

1. You will be put on a drip ready for use when you are to be anaesthetised.
2. EEG electrodes will be placed on your head. The EEG electrodes measure your brain activity.
3. A little clamp will be placed over your fingertip. This measures oxygen saturation in your blood.
4. You may also have a blood pressure cuff put on one upper arm (to meas-

ure your blood pressure) and ECG electrodes on your thorax (to measure your heart rhythm).

5. Once the electrodes, etc., are in place, you will be injected with an anaesthetic through the drip. You will fall asleep after a few seconds.
6. While you sleep, you will be given a muscle relaxant through your drip. A tooth guard will also be placed between your teeth to protect them.

TREATMENT

Once you are fast asleep, and your muscles have relaxed, the actual treatment begins:

1. Electrodes are positioned at the base of your scalp, and an electric current will be applied for just a few seconds.
2. The current stimulates your brain to trigger a brief seizure.

The current is only supplied for a brief moment. You could think of it rather like a flash from a torch.

AFTER TREATMENT

1. You will be moved to the observation ward, where the staff will keep an eye on you.
2. You will usually be able to leave the observation ward after 30 to 60 minutes.

DO NOT DRIVE

Your ability to concentrate, your reactions, your memory and your ability to keep on top of things may be impaired during the treatment period. For that reason, you must not drive a car, ride a moped, bicycle or such like during the entire period when you are receiving ECT.

Your doctor will assess when you are ready to drive again.

If you are having prophylactic ECT, you must not drive a car on the day of your treatment.

SIDE-EFFECTS

As with other types of treatment, the side-effects experienced from ECT vary from person to person.

The most common side-effects are:

Confusion This usually subsides after an hour.

Headache A mild analgesic (e.g. Panodil) may relieve this.

Muscle tenderness. A mild analgesic may relieve this.

Effect on short-term memory. Your ability to learn new things may be impaired during the period while you are receiving ECT. This means you may have more difficulty retaining information in your brain. You may therefore find it difficult to remember things that have been happening during your course of ECT treatment sessions. Some people's short-term memory is hardly affected

at all, while others experience great inconvenience from this. The impact on your short-term memory will usually not last long – generally a couple of weeks to a month after treatment.

Effect on long-term memory. You may forget events further back in your history. These will usually be events that took place in the weeks or months prior to your treatment. In rare cases, you may be unable to remember some things that happened years ago. Most people's long-term memory recovers once the treatment has finished. Some people continue to experience some "gaps" in their memory, however. In very rare cases, more extensive memory loss has been observed.

Memory loss is also observed in people with a mental disorder who have never had ECT. It is therefore uncertain whether memory loss is due to ECT or the actual disorder.

HOW SAFE IS ECT?

ECT is a very safe type of treatment that has been in use for more than 60 years.

Your doctor, in consultation with the anaesthetist, will always be the one to determine whether there is a specific risk associated with treating you.

DOES ECT CAUSE BRAIN DAMAGE?

A great deal of research has been conducted into ECT, and there is nothing to indicate that this treatment may cause brain damage. On the contrary, extensive research indicates that ECT helps to create new brain cells.

AVOIDING RELAPSE

To avoid relapse after ECT, it is important to continue your treatment. Speak to your doctor about what kind of prophylactic treatment is best for you. Most often medicine is administered to prevent relapses, but it may also be that you would benefit from prophylactic ECT treatment sessions.

ASK YOUR DOCTOR

Ask your doctor or your contact if you have any other questions about ECT treatment.

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