

Electroconvulsive Therapy (ECT)

Information and Instructions



Making better
decisions together
with patients
and families

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The information in this document is intended solely for the
person to whom it was given by the health care team.

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ECT Resources

Canadian Electroconvulsive Therapy Survey and Canadian Electroconvulsive Therapy Standards

- canects.org
 - » Go to 'Patients & Families' tab.
 - » Videos available in English, French, Punjabi, and Cantonese

International Society for ECT and Neurostimulation

- isen-ect.org
 - » Go to 'Resources for Patients'.
 - » Select 'Educational Content'.
 - » Choose the link to 'Videos of ECT Procedure'

ECT Clinic at Vancouver General Hospital

- vch.ca/ECTclinic

What is ECT and why is it effective?

Current medical literature supports ECT as a safe and effective procedure for which there is an established clinical need. ECT involves producing a controlled seizure by attaching electrodes to a person's head and then sending brief electrical impulses through the skull into the brain. Several ECT sessions are required for therapeutic effect. It is not known exactly how ECT works, but scientific theories suggest that the seizure activity causes changes in brain chemistry and restores healthy connections between different brain regions. ECT is often used to treat severe depression and other psychiatric conditions when immediate relief of symptoms is needed, or when other forms of 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 treatment
- A person with Parkinson's Disease who has clinical depression and/or who requires treatment for the 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) and who fails to respond to medication treatment
- A person who is exhibiting catatonia/episodes of catatonia

What will my ECT treatment be like?

An anaesthesiologist will administer medication to put you to sleep. Once asleep the muscle relaxant will be given to relax your muscles. 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, monitored seizure (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 ECT psychiatrist will decide together on the number, frequency and method of your treatments, but typically for an index course of treatment, this will be 2 or 3 times a week.

Myths vs. Facts

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

Fact: ECT is a safe and effective treatment. You will receive a general 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 not likely be permanent should it occur.

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 medications or psychotherapy.

Follow Up	
Inpatient	Outpatient
<p>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:</p> <ul style="list-style-type: none"> • Medication such as antidepressants, mood stabilizers and antipsychotics • Psychotherapy also known as talking therapy • Maintenance ECT (mECT) through an outpatient clinic <p>If mECT is started upon discharge, you will be assigned to an ECT psychiatrist who will follow your ECT care. Psychiatric assessments and medication management will be done by your community psychiatrist.</p>	<p>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 as a total number of index ECT treatments and potential for maintenance ECT. Throughout your ECT course, your progress will be assessed by your community psychiatrist and the ECT team.</p> <p>Inpatients transitioning to Outpatient ECT</p> <p>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 your community psychiatrist and the ECT team.</p> <p>Depending on the frequency of your treatments, you will meet with your ECT psychiatrist to discuss your progress.</p>

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

Suggestions:

- » Have something to eat
- » Request pain medication before your headache becomes too severe
- » Listen to 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
- » Sleep/rest elevated on pillows on the day of ECT

Referral and Pre-treatment Consult	
Inpatient	Outpatient
<p>Your attending psychiatrist/ ECT psychiatrist that comes and sees you 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 our anaesthesiologist to assess the status of your physical health.</p>	<p>Your psychiatrist in the community will make a referral to the ECT clinic. 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. ECT procedure, side effects and any questions you may have will be discussed.</p> <p>If the referring psychiatrist has not sent you for blood work and/or 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 schedule an appointment with an anaesthesiologist to review your physical health.</p> <p>If the anaesthesiologist is in agreement, your ECT course will start.</p>

Preparing for your treatment

- ECT treatments are currently provided on Mondays, Wednesdays and Fridays at the Vancouver General Hospital site, and Tuesdays and Thursdays at the UBC hospital site for inpatients only

The day before...

- The ECT clinic will call to confirm your appointment time the day before your treatment. If you are scheduled for outpatient treatment on a Monday, you will receive a call on Friday
- The clinic will tell you what time to arrive at the hospital and your expected time of discharge. Please be sure to come to the hospital on time
- Since you will be receiving a general anesthetic, please arrange for a responsible adult (over the age of 19) to accompany you home from the ECT clinic on your treatment day and stay with you for the recommended 24 hours following the treatment
- 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. You won't be able to drive. We also recommend that you avoid using public transportation as you may feel nauseous or disoriented afterwards

Common Side Effects

You should inform your nurse or ECT psychiatrist 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 the stiffness:

- » 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 confusion:

- » Seek reassurance from staff, caregivers, family and friends

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

Suggestions:

- » 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 nausea:

- » Drink fluids and eat small amounts of food such as soda crackers or dry toast
- » Rest
- » Take medication before nausea becomes too severe

Inpatient	Outpatient
<ul style="list-style-type: none"> • You will be returned to your room by wheelchair or stretcher • 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 • 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>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 a car

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 rules prior to each treatment to prevent aspiration*. *Definition of aspiration is the accidental sucking in of food particles or fluids into the lungs which happens when vomiting occurs during or after treatment**
 - » **NO solid foods or fluids after midnight**
 - » 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 (such as oranges, lemons, limes, grapefruit etc.), 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 that you bring an additional pair of dry clothes in case of incontinence after the ECT treatment. If you wish, you may change into hospital clothing to prevent possibly soiling your own 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 and personal items:
 - » Rings can be taped in place and worn during treatment
 - » Leave jewelry and other valuables at home (inpatients can ask a nurse to lock valuables in a safe)
 - » Dentures, glasses/contact lenses and hearing aids 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 and start your IV (intravenous access) before treatment
 - » You will be asked to empty your bladder about 15 minutes before the treatment to avoid incontinence
- Escort: inpatients who require close observation 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 and will stay there 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 to 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 intravenous access from your vein and apply a Band-Aid, which you may remove later in the day