

Consent for ECT:

Like any significant treatment in medicine or surgery, you will be asked to give your consent or authorization for ECT to be performed. Your doctor should explain (in a way that you can understand) your reasons for suggesting ECT, the possible benefits and side effects. If you decide to go ahead, sign a consent form. It is a record that has been explained by the TEC, that they understand what will happen, and that give their consent. However, you can withdraw your consent at any time, even before the first treatment.

For questions or concerns, discuss it with your doctor.

Educational Links (English):

- ❖ <http://www.rcpsych.ac.uk/healthadvice/treatmentwellbeing/ect.aspx>
- ❖ <http://www.mayoclinic.org/tests-procedures/electroconvulsive-therapy/basics/definition/prc-20014161>
- ❖ <https://medlineplus.gov/ency/article/007474.htm>
- ❖ <http://www.mentalhealthamerica.net/ect>
- ❖ <http://www.nami.org/Learn-More/Treatment/ECT,-TMS-and-Other-Brain-Stimulation-Therapies>
- ❖ http://www2.nami.org/factsheets/ect_factsheet.pdf

Educational Videos (English):

- ❖ <https://www.youtube.com/watch?v=9L2-B-aluCE>
- ❖ <https://www.youtube.com/watch?v=LPBTEHYIZK4>



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Lumos Psychiatric Services



Educational Booklet: Electroconvulsive Therapy (ECT)

What is electroshock?

Electroshock (ES) basically consists of causing a generalized tonic-clonic seizure of a certain duration, through the application of electrical energy, for a therapeutic purpose.

What is Electroconvulsive Therapy (ECT)?

Electroconvulsive therapy (ECT) is called the set of electroshock sessions needed to complete a treatment (the number of ES sessions needed in a TEC treatment is variable depending on the pathology and peculiarities of each patient).

The decision to use ECT depends on several factors, including the severity and duration of the patient's disease, the likelihood that alternative treatments would be effective, the side effects of alternative treatments, the preference of the patient and weighting of the risks and benefits.

ECT Main Modalities:

ECT can be classified in two modalities according to its application regime: ECT in acute regime and ECT under maintenance regime.

- ❖ **ECT in acute regime** - It is performed in patients admitted to psychiatric units or on an outpatient basis without the patient being admitted.
- ❖ **ECT in maintenance regime** - It is a long-term treatment regimen, in which patients receive ECT at constant intervals or time variables, as the case may be, over a period of time to prevent relapses.

Who is most likely to benefit from ECT?

Someone who has severe depression, resistant mania or catatonia. ECT should be considered for the rapid treatment of life-threatening severe depression, or when other treatments have failed.

It should not be routinely used in moderate depression, although it may be useful for someone with moderate depression if they have not responded to several treatments with different drugs and psychological treatment.

Why do you occur when other treatments are available?

ECT has been shown to be the most effective treatment for severe depression. It would normally be offered if:

- ❖ Different drugs have been tried, but have not been effective;
- ❖ The side effects of antidepressants are too severe;
- ❖ That it has responded favorably to ECT in the past;
- ❖ The patient's life is in danger, as it is not eating or drinking properly;
- ❖ If you're seriously considering suicide.

What are the MAIN Indications of the ECT?

After the drugs have been tested and have not been successful, ECT is typically reserved for use. But it can also be used before the course of the disease for example in serious life-threatening situations, suicidal ideation, catatonia, and psychotic depression. Other indications include:

- ❖ Major Depression
- ❖ Schizophrenia
- ❖ Mania
- ❖ Maintenance
- ❖ Psychosis
- ❖ Movement Disorders
- ❖ Epilepsy
- ❖ Mental delay with self-harm
- ❖ Malignant neuroleptic syndrome
- ❖ Pregnant patients
- ❖ Intolerance to some psychiatric drugs

How is ECT performed?

ECT is most often performed in a hospital while you are asleep and pain-free (general anesthesia).

- ❖ You will receive a medicine that relaxes you (muscle relaxant). You will also receive another medicine (short-acting anesthetic) to put you to sleep briefly to prevent you from feeling pain.
- ❖ Electrodes are placed on the scalp. Two electrodes monitor brain activity. The other two electrodes are used to distribute the electric current.
- ❖ When you are asleep, a small amount of electric current will be applied to your head to cause seizure activity in your brain. This lasts on average from 25 seconds to no more than a minute and a half. You will receive medicines to prevent the seizure from spreading throughout your body. As a result, the hands and feet will move only slightly during the procedure.
- ❖ Electroconvulsive therapy is usually given once every two to five days for a total of 6 to 12 sessions, but sometimes more sessions are needed.
- ❖ You will wake up a few minutes after treatment and will not remember the procedure. A medical team will keep a close eye on you after the procedure. You're taken to a recovery area. There, the medical team will closely monitor you. When he's recovered, he'll be able to go home.
- ❖ It is necessary to have an adult to take you to the house. Be sure to make the necessary arrangements in advance.

What are the risks of ECT?

Possible side effects of electroconvulsive therapy (ECT) include:

- ❖ Confusion
- ❖ Memory loss
- ❖ Headache
- ❖ Hypotension
- ❖ Tachycardia
- ❖ Allergic reaction to anesthesia