

Electroconvulsive therapy (ECT)

Adult (18 years and over) | Informed consent: patient information

A copy of this form should be given to the patient/substitute decision-maker to read carefully and allow time to ask any questions about the procedure. The patient information sheet should be included in the patient's medical record.



1. What is electroconvulsive therapy (ECT) and how will it help me/the patient?

Electroconvulsive therapy (ECT) has been used across the world as an effective treatment for some severe mental illnesses for many years.

The value of this treatment is known internationally and the method has been improved in recent years to get better results and fewer side effects. Modern ECT is safe for most people (exceptions are now rare) and for some conditions, ECT is the best and safest treatment option. ECT will not be given to anybody deemed unfit for treatment and your physical health such as a cardiac condition will be assessed as a part of this. ECT is not painful.

ECT is good for major depression, mania and some forms of schizophrenia. In depression, it is particularly good for those people who are very depressed and those who may be suicidal.

It is used in the treatment of depression when antidepressants have not worked. It is also used for patients who have bad side effects with antidepressants or whose medical condition means they can't take antidepressants safely.

Your doctor/clinician will discuss with you why ECT is the best treatment for you and what other relevant treatment options are available.

ECT can help you by treating your condition which may also help you in the lifting of depression and better thinking ability.

Duration of treatment

Acute course or **continuation** of ECT treatment sessions, usually given 1 to 3 times per week. The informed consent is current for up to 3 months or 12 treatments, whichever is sooner. After that time the doctor/clinician will review my consent with me if further treatment is to be given. When significant changes occur in treatment, consent must be sought again and a new form signed.

Maintenance (preventative treatment given at intervals between weekly and monthly) course of ECT treatment sessions for up to 12 treatments or 6 months, whichever is sooner. After that time the doctor/clinician will review my consent with me if further treatment is to be given. When significant changes occur in treatment, consent must be sought again and a new form signed.

Preparing for the treatment

Before your treatment, you will need to have some tests including an ECG, chest x-rays, a physical examination, and a blood test(s).

Your doctor/clinician will explain these tests and when to have them.

- You must fast (eat no food or drink any fluid or water) for several hours before the ECT treatment to ensure your stomach is empty
- *If you do eat or drink anything within the fasting period, you must tell the nursing or medical staff and your treatment may be reassessed or rescheduled*



- You **MUST** tell the doctor/clinician if there is any chance you may be pregnant.

Your doctor/clinician may have to change the medication you were taking before ECT, as some medications can affect how well the ECT works.

On the morning of the treatment day, some medication will still be given but with a tiny sip of water.

During the procedure

You will be brought into the treatment area and asked to lie down on a trolley. Staff will attach some medical equipment to you:

- a blood pressure cuff on your arm
- a small device over a finger to check pulse and oxygen levels in your blood
- small stick-on electrodes are placed on your forehead and behind your ears to record the brain's electrical activity during the treatment
- extra equipment may be used if there are extra risk factors that are known from your medical history, examination or tests
- a facemask is placed over your nose and mouth to give you oxygen; this is to prepare your body and brain for the extra activity that will happen briefly with the treatment.

You will have a short general anaesthetic so you will be asleep and not feel or remember the treatment. The anaesthetic medication will be injected into a vein, to make it work quickly.

A special anaesthetic doctor (anaesthetist) will give the anaesthetic. You will also be given a muscle relaxant to keep any muscle reaction to the ECT at a safe level.

A doctor/clinician who has specialised training in ECT gives the treatment in a special ECT treatment area. The doctor/clinician puts the treating electrodes to your scalp and passes a measured amount of electricity to a part of the brain to cause a seizure (fit). The seizure will last about 1 minute. This should not be confused with the electrical stimulation which is brief and lasts only for a few seconds.

During the treatment, the anaesthetist will continue to give you oxygen via a mask and monitor your heart rate and oxygen level.

You will be asleep during all of this treatment, which means that you will not feel or remember any of the actual treatment.

Within a few minutes, the anaesthetic medication will have worn off and you will wake up. During this time, you will be moved to the recovery room where you will be monitored until you are awake enough to return to your ward (or wait to be taken home if you are having day procedure ECT).



2. What are the risks?

Modern ECT and general anaesthetic treatment is usually completed in a short period of time and serious complications are uncommon.

There are risks and complications with this procedure. There may also be risks specific to each person's individual condition and circumstances. Please discuss these with the doctor/clinician. Risks include but are not limited to the following:

Common risks and complications

- immediately after ECT most people have a short period of confusion and do not remember the actual treatment
- short-term memory may be affected
- existing memory problems, caused by your illness, may also get worse
- memories of events from your past are less likely to be affected than short-term memories
- although specific memories may not return, overall memory will usually get better in the weeks to months after treatment
- anaesthetic side effects, such as headache, nausea, vomiting; if these occur, tell the staff looking after you, who will be able to give you some medication to help
- muscle soreness due to either the muscle relaxants or the muscle activity caused by the seizure
- a temporary rise in blood pressure and heart rate followed by a slowing of the heart rate.

Uncommon risks and complications

- medical complications such as irregular heart rate and rhythm
- your illness may come back once the course is finished; further treatment, such as medication, maintenance ECT or psychotherapy, may be required.

Rare risks and complications

- bleeding is more common if you have been taking blood thinning drugs, such as warfarin, aspirin, clopidogrel (Plavix, Iscover, Coplavix), prasugrel (Effient), dipyridamole (Persantin or Asasantin), ticagrelor (Brilinta), apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) or complementary/alternative medicines, such as fish oil and turmeric
- joint dislocations, bone fractures, mouth and teeth injuries
- heart attack or stroke may occur due to the strain on the heart
- death as a result of this procedure is possible.

This procedure will require an anaesthetic.

For more information about the anaesthetic and the risks involved, please refer to the anaesthetic information sheet that has been provided to you. Discuss any concerns with the doctor/clinician.

If you have not been given an anaesthetic information sheet, please ask for one.

What are the risks of not having electroconvulsive therapy (ECT)?

There may be consequences if you choose not to have the proposed ECT treatment. Your doctor/clinician believes the benefits of ECT treatment outweigh the risks. This is why your care team considers that ECT is an appropriate treatment. Please ask your doctor/clinician if you have any concerns.

If you would like a second opinion, that is okay and you should discuss this with your doctor/clinician.



3. Are there alternatives?

Making the decision to have a procedure requires the patient to understand the options available. Please discuss any alternative treatment options with your doctor/clinician.



4. What should I expect after the treatment?

After you wake up, the anaesthetic drugs and the seizure will make you feel groggy for a while.

You will usually be ready for a meal about 15–20 minutes after the treatment.

The anaesthetic will affect your judgement for the first 24 hours.

During this time **YOU MUST NOT:**

- drive any type of vehicle
- operate machinery including cooking implements
- make important decisions or sign a legal document
- drink alcohol, take other mind-altering substances, or smoke as these drugs may react with the anaesthetic drugs.



5. Who will be performing the treatment?

A doctor/clinician other than the consultant/specialist may conduct/assist with the clinically appropriate treatment. This could be a doctor/clinician undergoing further training, all trainees are supervised according to relevant professional guidelines.

If you have any concerns about which doctor/clinician will be performing the treatment, please discuss with the doctor/clinician.



6. Where can I find support or more information?

Hospital care: before, during and after is available on the Queensland Health website www.qld.gov.au/health/services/hospital-care/before-after where you can read about your healthcare rights.

You can also see a list of blood thinning medications at www.health.qld.gov.au/consent/bloodthinner.

The Royal Australian and New Zealand College of Psychiatrists:
www.yourhealthinmind.org/treatments-medication/ect

General anaesthetic information:
www.health.qld.gov.au/consent/html/sub_specialties/anaesthetic

Further information for patients and carers is available in these videos from Gold Coast Hospital and Health Service

- ECT – The Whole Story
<https://vimeo.com/431344424>
- The ECT Journey
<https://vimeo.com/431344232>

Staff are available to support patients' cultural and spiritual needs. If you would like cultural or spiritual support, please discuss with your doctor/clinician.

Queensland Health recognises that Aboriginal and Torres Strait Islander patients will experience the best clinical care when their culture is included during shared decision-making.

7. Questions

Please ask the doctor/clinician if you do not understand any aspect of this patient information sheet or if you have any questions about your/the patient's medical condition, treatment options and proposed treatment.

8. Contact us

In an emergency, call Triple Zero (000).

If it is not an emergency, but you have concerns, contact 13 HEALTH (13 43 25 84), 24 hours a day, 7 days a week.