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## Cefn Coed Hospital Electroconvulsive Therapy (ECT) A fact sheet for you and your family

### Introduction

*This leaflet will try to answer some of the questions that you may have about ECT. You may wish to know, what is ECT? Why is it used? What is it like to have ECT and what are the risks and benefits?*

When you are depressed it is often quite difficult to concentrate. Don't be concerned if you can't read through the entire leaflet. Just pick out the sections that seem important at the time, and come back to it later. You may wish to use it to help you ask questions of staff, relatives or other patients. Please remember that your Consultant and other ward staff will be happy to chat through any queries that you may have.

### Why is ECT used?

ECT is a treatment that has been used in the treatment of depression, mania, catatonia, and occasionally schizophrenia. Most people who have ECT are suffering from depression. Although we have tablets available to treat depression, some people do not recover completely and others take a long time to recover. ECT is often used for these individuals. In severe cases of depression ECT may be the best treatment and it can be lifesaving.

### Why has ECT been recommended for me?

ECT is recommended for many reasons. Some of the commoner ones are listed below. If you are not sure why you are being given ECT, please don't be afraid to ask. It is sometimes difficult to remember things when you are depressed, so you may need to ask several times.

- ECT is most commonly used to treat severe depression
- It may be helpful if you did not recover with antidepressant drugs
- It may help if you can't take antidepressant drugs because of the side-effects
- It may help if you have responded well to ECT in the past
- It may help if you feel so overwhelmed by your depression that it's difficult to function at all

### What will happen before I have ECT?

Your Consultant will have discussed the ECT with you and provided you with this information leaflet. A number of tests need to be done before you have the treatment. These include blood tests, a dental check and possibly an ECG (heart tracing) and chest X-ray. ECT treatment involves having an anaesthetic. The tests are performed to make sure that it is safe for you to have an anaesthetic and to have ECT. If you are in agreement to having ECT, your Consultant will then ask for your written consent.



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## **What happens immediately before ECT?**

You will need to fast (have nothing to eat or drink) from midnight the night before each treatment. This will involve having no breakfast on the morning that you have ECT. This is very important because if you do eat or drink after midnight, when the anaesthetic is given you could regurgitate stomach contents into your lungs. Important medication can be given to you with a tiny amount of water on the morning of ECT. In particular you will be given caffeine tablets about 1 hour before treatment. The caffeine helps the ECT result in a seizure.

## **What will actually happen when I have ECT?**

You should wear loose clothes or nightclothes for the treatment. You will be asked to remove any loose jewellery, hair slides or false teeth if you have them. You should not wear make-up, lipstick, hairspray or nail varnish on the morning of ECT. The reason for this is that the chemicals in these can interact with the electrical current given during ECT.

A nurse will accompany you from the ward to the ECT treatment suite and will remain with you throughout your treatment. In the ECT suite a Senior Anaesthetic Doctor will give you an anaesthetic so that you are unconscious whilst you have the ECT. The anaesthetist will be with you until you are awake again and are ready to return to the ward with the nurse.

The treatment is given in a separate room in the ECT suite and generally only takes 10 to 15 minutes. Other patients will not be able to see you having it. The anaesthetist will give you some oxygen to breathe and will ask you to hold out your hand. They will insert a small needle into the back of your hand, which will feel like a sharp scratch. They will give you an anaesthetic injection through the needle. This will make you become unconscious and will cause your muscles to relax completely. When you are fast asleep, the psychiatric doctor on duty in ECT will pass a small electric current across your head. This causes a mild fit (seizure) of the brain, which lasts about 15 – 20 seconds. There is little movement of your body because of the relaxant injection that the anaesthetist will have given. When you wake up you will be in the recovery area. Once you are wide-awake you will be offered a cup of tea.

## **How will I feel immediately after ECT?**

Some people wake up with no side effects at all or just feel sleepy. Others may feel slightly confused, or may have a headache. There will be a nurse with you when you wake up after the treatment to offer you reassurance and make you feel as comfortable as possible.

## **How does ECT work?**

Although ECT has been used since the 1930s, how it works is still not fully understood. During ECT a small amount of electrical current is sent to the brain. This current produces a seizure, which affects the entire brain, including the centres that control thinking, mood, appetite and sleep. Repeated treatments alter chemical messages in the brain. This should help you to begin to recover from your illness.

## **How well does ECT work?**

Studies have shown that over 8 out of 10 depressed individuals who receive ECT respond well, making ECT the most effective available treatment for severe depression. Those who have responded well to ECT report that it makes them feel “like themselves again” and “as if life was worth living again”. The majority of severely depressed patients who are treated with ECT become more optimistic and less suicidal. Most will make a good recovery from their depressive illness with this treatment.



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## **What is a course of ECT?**

ECT is usually given twice a week in Cefn Coed Hospital, on a Tuesday and Friday. It is not possible to say exactly how many treatments you may need. Some people respond to as few as 2 or 3 treatment sessions, others may require as many as 12 and very occasionally more. The treatment does not usually have an instant effect, so do not be alarmed if you do not start to improve immediately after the first few treatments.

## **What ECT cannot do?**

The effects of ECT may relieve the symptoms of your depression but will not help all your problems. An episode of depression may produce problems with your relationships, or problems at home or at work. These problems may still be present after your treatment and you may need further help with these. Hopefully, because the symptoms of your depression are better, you will be able to deal with these other problems more effectively.

## **What are the side effects of ECT?**

About a half of patients complain of a headache following ECT. This is easily treated with a simple painkiller.

Short-term memory impairment around the course of ECT and the few weeks afterwards is common. Past memories can also be affected. It is difficult to know how much of this is caused by ECT and how much by severe depression (memory problems can be linked with severe depression and can be marked even when patients have not had ECT). Memory impairment due to ECT recovers gradually over the six months following treatment, although some patients only very slowly recover past memories and some have permanent gaps in their memory for some past events. The ward doctor will be checking your memory functioning between ECT sessions and your Consultant will be able to discuss any concerns you may have.

ECT does not affect your intelligence. There is no evidence to suggest that ECT causes brain damage.

## **Are there any serious risks from the treatment?**

ECT is among the safest medical treatments given under general anaesthetic. The risk of death or serious injury is slight, only about 1 in 50,000 treatments. This is much lower than the risk reported for childbirth, for example. ECT can affect the heart and blood pressure. Some existing medical conditions do increase the risk associated with ECT and your doctor may ask another specialist to advise before giving ECT if there are any grounds for concern. The ECT anaesthetist has produced an information leaflet about the risks of general anaesthesia. This is also available for you to read if you wish.

## **What other treatments could I have?**

Antidepressant drugs may be suitable to treat your particular condition and it is possible that some of them may work as well as ECT. Psychological therapies are also helpful in the treatment of depression. Your Consultant will talk to you about the advantages and disadvantages of the different treatment options in your particular circumstances.

## **Will I have to give my consent? Can I refuse to have ECT?**

At some stage before the treatment you will be asked by your Consultant to sign a consent form for ECT. If you sign the form you are agreeing to have up to a certain number of treatments (usually up to 8). Before you sign the form your Consultant and their team will explain what the treatment involves, and why you are having it. They will be available to answer any questions you may have about the treatment. You may also wish to discuss the proposed treatment with your family, close friends and/or advocate.

You can refuse to have ECT and you may withdraw your consent at any time, even before the first treatment has been given. The consent form is not a legally binding document and does not commit you to have the treatment. It is a record that an explanation has been given to you and that you understand to your satisfaction what is going to happen to you. If you withdraw your consent to ECT this will not in any way alter your right to continued treatment with the best alternative treatments available.

If you are deemed not to be mentally capable of making the decision regarding ECT, then your Consultant will take into account any wishes you may have expressed in an advanced directive (living will). They will also encourage involvement of a close family member who you may wish to speak on your behalf. There are certain laws concerning people's consent to have ECT and your Consultant has to adhere to these.

### **Are there risks in not having ECT as recommended?**

If you choose not to accept your doctor's recommendations to have ECT, you may experience a longer and more severe period of illness and disability than might otherwise have been the case. The main alternative is drug therapy, which also has risks and complications, and drug treatment is not necessarily safer than ECT. Whatever your decision regarding ECT, this will not jeopardise the degree of care that you receive. Your Consultant and the ward team will work with you to help you reach a decision that is best for your individual circumstances.

If you would like access to the hospital Advocacy Service, they can be contacted on 01792 516665.

*This fact sheet (January 2022) has been compiled from information produced by the Royal College of Psychiatrists' Special Committee on ECT, and from the National Institute for Clinical Excellence (NICE) Guidance on the use of ECT. It is updated locally every year in line with newly available information and evidence*