

# Electroconvulsive Therapy

**WHAT FAMILIES NEED TO  
KNOW ABOUT ECT**

# Psychiatric Disorders Treated with ECT

- Major Depression- Severe - with or without psychotic features
- Bipolar disorder – currently depressed or (rarely) manic
- Schizophrenia with mood component
- Catatonia
- Other Conditions

# Who may receive ECT?

- ECT is a safe and effective treatment for many people. During ECT and recovery, patients are constantly monitored.
- Geriatric
- Pregnancy
- Postpartum
- Those unable to tolerate medications
- Minors may receive ECT with special considerations

# What are the major side - effects

Immediately post ECT – headache and body aches are fairly common and usually relieved with acetaminophen or ibuprofen

# Continued:

Thinking and memory side – effects are not uncommon – memory difficulty for the period surrounding the treatment or course of ECT is to be expected.

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Patients should expect to wait a period of time after ECT to resume driving or operating heavy machinery. Patients should consult with their doctor prior to resuming driving

# How many treatments will be needed?

- The average number of treatments is 8 to 12.
- Some patients need fewer or more treatments.

# Continued:

- Patients are administered a brief test of memory and orientation before ECT to assess orientation
- The treatment team will enlist the family's help in assessing patients progress (this is vital information)



# Practical aspects of ECT

- Patients are asked not to eat or drink from midnight the night before treatment until they return to the floor after treatment.
- IV fluids are started the night before ECT – Patients who are well hydrated have more effective treatment with fewer head and muscle aches

# Continued:

- Patients can be given medications prior to ECT if headache or nausea is a problem.
- Some people may be given some of their cardiac medications prior to ECT with sips of water.

# Continued:

- Patients will be asked to dress in a gown for treatment – they may wear their underwear or pajama bottoms.
- Non Slip socks are placed on the patient's feet
- Patients are asked to remove jewelry, watches, dental appliances and glasses and place in their room in a safe place.

# Continued:

- For the first treatment patients will go later in the morning to allow time for all pre-ECT checks to be done.
- Patients are asked to go to the bathroom prior to treatment

# Continued:

- A nurse and clinical assistant are assigned to care for the patient before and after the treatment on the unit.
- The nurse will determine when the patient is ready to shower, dress and eat. Patients are frequently drowsy and at increased risk of a fall immediately after ECT.

# Continued

- The patient is put to sleep for approximately 5 to 10 minutes with a short-acting anesthetic agent and given a muscle relaxant – to prevent motor movement during the procedure

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- In the ECT suite the patient will be cared for by a psychiatrist, a resident, an anesthesia team and two post anesthesia care nurses

# Continued:

- The patient is put to sleep for approximately 5 to 10 minutes with a short acting anesthetic agent and given a muscle relaxant – to prevent motor movement during the procedure



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- Electrode gel is placed on the patient's scalp under the electrode to prevent any chance of a burn
- The patient's brain waves are monitored to assess seizure length and quality

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- The patient's cardiac and respiratory status is monitored continuously throughout the treatment and recovery period

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- The patient will be in the treatment area for approximately 15 to 20 minutes
- Patients are moved to the Recovery room and remain there until their blood pressure, pulse and breathing return to near their pre treatment levels. Usually this takes about 20 to 25 minutes

# Continued:

- Family members may accompany patients to the ECT suite and wait with their family member
- During the procedure, families are asked to wait outside the ECT suite

# Continued:

- Families will be invited in to the recovery room to support their family member as soon as he or she is stable and if there is room
- Family members may call the unit to get a post- ECT report if they are unable to be present and if the patient gives permission

# After ECT

- Most patients will be drowsy and feel “out of it” on the day of ECT
- Some people may feel like napping but most will be able to see visitors and go to groups by evening of the day of ECT
- Because patients are at risk of falling they are carefully monitored for unsteady gait

# Continued:

- You can help by: providing a gentle reminder of the day and date and that feelings of confusion are to be expected.
- Please be sure to inform the nurse of any patient concerns as they may not have told the nurse.

# Response to ECT

- Most patients will need a few treatments before they will show a response.
- Many people begin to look and act more normally prior to their feeling any better (this can be frustrating for people to hear)



# Continued:

- Some people show a response to ECT in the hours after ECT that fades as the day progresses. This positive response gradually lasts longer between treatments

# Ideas for Supporting the Person Receiving ECT

- Write down important dates, addresses and numbers. This can be reassuring to the patient.
- Establish a Journal and ask visitors to sign in and leave a note. This can help the person recovering on the day of treatment.

# Continued:

- Make sure the treatment team hears about any pain or concerns of the patient
- Remind the person that thinking and memory effects are to be expected and receiving the full course of treatment is important

# Talk to the Treatment Team

- Your assessment of how your family member is doing is critical in assisting the treatment team

# Continued:

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- Please tell the nurse your opinion of your family member's functioning. The nurse will ask about memory, mood and the percent the patient is back to their baseline level of functioning.

# Continued:

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- Please feel free to call the social worker, resident physician or nurse with any issues, concerns or questions you may have

# In Conclusion...

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ECT is a safe and effective treatment for several psychiatric disorders. At Johns Hopkins Hospital we strive to provide a safe and supportive environment for patients receiving ECT treatments and their families