

Electro convulsive therapy

ECT has been effectively used to treat mental illnesses since the 1940s. It involves brief application of very low amplitude current to the brain through the scalp in a controlled way to induce a short seizure. It is one of the fastest way of relieving symptoms.

Prior to receiving ECT you will have a physical examination, routine blood tests and ECG (tracing of the heart) to ensure that you are fit to receive general anaesthesia.

ECT is given in the ECT suite, which is a well-equipped room. You will be asked to fast the night before ECT. Before the ECT you will be given general anaesthesia and a muscle relaxant. This is to ensure that the seizure does not cause any injury. Padded electrodes will be applied to your scalp and a finely controlled electric current will be passed for 3-5 seconds, which will cause a brief fit. Because of the muscle relaxant there would be no limb jerking and seizure will be limited to slight movements of hands and feet. The seizure will last for around 30 seconds. As you will be sleeping you will not experience any pain. A team of trained nurses, an anaesthetist, a psychiatrist and a trainee psychiatrist will carefully monitor the whole procedure. You will wake up a few minutes later but might feel a little confused and disorientated which will last for a short while. You will then be moved into another room (recovery room) where you will rest for half an hour or so and can have a hot or cold drink.

ECT is offered on inpatient and outpatient basis. Patients who get the treatment as outpatient are advised not to drive after the treatment and it is therefore best to bring a friend or family member with you.

Unfortunately because of the way it has been portrayed in films and media ECT remains misunderstood and is not favourably looked at. It is an extremely safe and effective way of treatment. It is especially helpful in people who suffer from severe depression, in whom medication has not proved effective and where there are concerns about the physical health of the patient because of poor dietary intake.

Short time memory impairment is the major side effect along with headache and disorientation.

Two types of treatments, bilateral (which has a rapid response) and unilateral. It is normally given on a twice-weekly basis. There is no preset number of treatments. Patients are assessed after every treatment and most people receive 6 treatment. Patients have to sign a consent form, which is not a legal document, and they can change their mind at any stage, even on the day of the treatment. Offer leaflets, video and a visit to the ECT suite.

It is not known how ECT works but it is thought to alter chemicals in the brain and possibly the way cells respond to these chemicals. Patients continue to take their antidepressants during the treatment.

Risk = minor surgery under general anaesthesia

ECT electrodes placement

Bilateral: more potent though greater side effects. Make sure that the area where the electrodes are to be placed is clean. Electrode are placed bitemporally 4 cm above the mid point of a line joining the external auditory meatus and the angle of the eye.

Unilateral: First electrode as above. Second is placed on the same side 10 cm. above the first.