VERMONT

State of Vermont
Department of Health
Division of Mental Health

INFORMED CONSENT PACKAGE FOR ELECTROCONVULSIVE THERAPY (ECT)

Acute/ Index Phase

This information about electroconvulsive therapy (ECT) is divided into **three** parts to make it easier to review.

Part A - provides background information.

Part B - relates to areas of patient planning or preparation.

Part C - includes information that is specific to a patient.

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~ PART A ~
INFORMATION ABOUT ECT

Basic Background On ECT -- What is ECT? What is it for? How is it done? What are the risks and benefits?

ECT is a medical treatment for mood disorders, such as Major Depressive Disorders, Major Depression with Psychosis, Bipolar Spectrum Disorders, Catatonia and Schizo-Affective Disorder, in which a small amount of electricity is applied to the scalp and this produces a seizure in the brain. The procedure is painless because the patient is under general anesthesia.

ECT involves a series of treatments. Before patients begin to receive these treatments, they have various testing done in order to evaluate their overall physical health. Testing will also establish how they are doing in various psychological areas before ECT.

To receive each treatment, patients are brought to a specially equipped area in this hospital. Because the treatments involve general anesthesia, there can be nothing to eat or drink for at least eight hours before each treatment, apart from any medication ordered by the doctor.

After being placed on a stretcher in the ECT area, the patient has a medical needle placed in the vein so that medication can be given through an intravenous (IV) catheter.

Then the patient is prepared for treatment. Monitoring sensors are placed on the head and other parts of the body, in order to keep track of brain waves, heart, and the oxygen being taken in. A blood pressure cuff is placed on an arm or leg to measure blood pressure. These monitors are not painful or uncomfortable.

When the patient is ready, a medicine (anesthesia) is given intravenously that quickly puts him or her to sleep. A second drug is given to relax the patient's muscles, including the muscles that help the patient breath. Throughout the procedure, the patient receives oxygen through a mask. Breathing is assisted until breathing resumes on its own. Because the person is unconscious (under anesthesia), he or she does not feel pain and is not uncomfortable during the ECT.

After the patient is under anesthesia, a small amount of electricity is passed between two electrodes that have been placed on the head. When the current is passed through the brain, a generalized seizure occurs. This is also called a convulsion. Because of the medication received to relax the muscles, the movements in the body that would ordinarily come with this reaction are very decreased.

The seizure lasts for about one minute. The amount of electricity used is adjusted to individual needs, based on the judgment of the ECT physician. In one method, during the first treatment, more than one electrical stimulation may be applied to establish the level needed to produce a seizure. After that usually only one stimulation will be applied in each treatment session.

Within a few minutes, the anesthesia wears off and the patient wakes up. He or she is then brought to a recovery room, and is watched over for recovery from the anesthesia and any initial confusion.

The Benefits and Risks

The potential benefit of ECT is that it may lead to improvement in an individual's condition. ECT has been shown to be a treatment that works well for a number of conditions. As with many kinds of medical treatment, some patients improve quickly, some improve only to relapse again and need more treatments; while some are not helped at all. The chances of being helped vary. Sixty to 80% of people experience improvement of symptoms. Different symptoms may improve for different individuals. People less likely to be helped include those who have not been helped in the past by medications or ECT.

Like other medical treatments, ECT has risks and side effects. To reduce the risk of problems, patients receive a full medical review before starting ECT. The medications a person has been taking may be changed. Even with precautions, it is possible that a medical problem will result from the ECT. As with any procedure placing someone under anesthesia, there is a remote possibility of death, about one in 10,000 patients. This rate may be higher in patients with serious medical problems.

ECT rarely results in serious medical problems, such as heart attack, stroke, breathing problems, or continuous seizures. More often, ECT results in heartbeat problems which are usually mild and short lasting, but in some instances can be life threatening. There are rare problems with teeth, because mouth guards are used to prevent damage to teeth and gums. As ECT is administered in a medical setting with an anesthesiologist attending, any such problems will be immediately addressed.

Uncommonly, as with other antidepressant treatments, ECT may bring on mania or hypomania in a person with bipolar disorder, which may or may not have been previously diagnosed.

The minor side effects that are common include headache, muscle soreness and nausea. These side effects usually get better with simple treatment.

When the person wakes up after each treatment, he or she may be confused. This confusion usually goes away within an hour.

Effects on Memory

Common side effects of ECT include some changes in memory. The memory changes with ECT have the following pattern: Shortly after a treatment, the changes with memory are the greatest. As time from treatment increases, these memory changes lessen. Shortly after the course of ECT, the person may have problems remembering events that happened before and while receiving ECT.

This spottiness in memory for past events may go back to several months before ECT, and in some people, to one, two, or more years. Many of these memories should return during the first few months after the ECT course. However, individuals may be left with some permanent gaps in memory, particularly for events that happened close in time to the ECT.

Also, for a short time period following ECT, there may be difficulty in aspects of thinking such as learning and remembering new events. This problem with making new memories should be short term and will most likely be gone within several weeks following the ECT course.

People vary greatly in their experience of the confusion and memory problems during and shortly following ECT. However, some mental conditions themselves cause problems in learning and memory. In part because of this, some patients report that their learning and memory is improved after ECT; testing shows that some people experience improvements to pre-illness levels.

However, there are reports of some people who have memory loss that is much more serious, long lasting or permanent. In addition, some people report difficulties with thinking and problem solving. There is not enough research to accurately predict which person will experience a return to improved thinking and memory, have temporary problems, or have more severe difficulties and/or memory loss for which there is no known treatment.

Part of the difference in the degree of memory problems is that as with any kind of treatment, for any kind of illness, different individuals respond differently. However, the risk of serious or lasting memory problems is very much related to the type of electrode placement used. There are three types: bitemporal, unilateral and bifrontal. Serious problems are a very low risk with right unilateral ECT, in which one electrode is placed on the top of the head and one on the right temple. There is a higher risk of some of the memory problems that have been described above with bitemporal ECT, in which the electrodes are placed on each temple. Bifrontal ECT, in which the electrodes are placed on both sides of the front of the head, was developed in an effort to create a compromise between these two placements in terms of efficacy and cognitive effects. In most situations where serious memory problems have been reported, it has been when a person received bitemporal ECT. For that reason, the usual course of treatment is to begin with unilateral ECT, though there may be some situations where it is appropriate to start with other electrode placements. It is important for a patient to discuss the specific risks and benefits of the type of ECT that is being recommended with their physician.

Even though a subgroup of patients may have profound long-term memory problems, that must be compared with the suffering and memory problems that accompany chronic depression.

PART B ~
PATIENT PREPARATIONS FOR POST ECT CONFUSION, POSSIBLE MEMORY LOSS AND FOLLOW-UP

Are there ways to prepare for ECT? What if I am one who has more serious effects than others ?

Plans to Consider before Receiving ECT

ECT may cause you to forget information you learned before the treatment. While receiving ECT, you may wish to review some of this information again. Some patients take notes, tape or even videotape some of the information being discussed. You can also have a family member or a friend present. Additional educational materials are available. If you have questions about information you receive from any source, feel free to bring it in and ask your doctor about it.

You may want to consider asking for the support of family or friends ahead of time to help in coping with the possible memory problems. They could help you prepare summaries of important events of the recent past, or develop lists of things you may need to remember. They could also help by coaching you after ECT to help remember events.

Because of the possible problems with confusion and memory, you should not make any important personal or business decisions during or immediately after the ECT course. This may mean postponing decisions about financial or family matters. After ECT treatment you should not drive, do business or do other activities where having memory problems could interfere, until you have talked it over with your doctor.

Follow-up Care

Before your discharge from ECT treatment, you will be given the name and phone number in writing of a person you will be referred to work with for follow-up care, if it is different from your current doctor. You should inform this person promptly if there are any unexpected changes in your condition at any time, including whether you feel your memory problems are worse than you expected. In the event of memory problems which do last beyond the anticipated, temporary effects as described in the information in Part A, you should receive follow-up plans for assessment from your ongoing treatment provider; if you need assistance in getting this or other follow-up help, you can contact:

Fletcher Allen Health Care ECT Service 802-847-0552

_____

(Name and number of ECT provider)

~ PART C ~
CONSENT FOR ELECTROCONVULSIVE THERAPY
ACUTE PHASE/INDEX TREATMENT/MAINTENANCE

Why is ECT being recommended for me? Are there special concerns for me?

Patient-Specific Information

My doctor(s), _____, M.D., has/have recommended that I receive treatment with electroconvulsive therapy (ECT). Information was given to me so that I understand this treatment, in order to give my informed consent to this procedure.

I will receive ECT to treat my psychiatric condition. Whether ECT or an alternative treatment is more appropriate for me depends on my prior experience with these treatments, the nature of my psychiatric condition and other considerations. ECT has been recommended for my specific case because:

_____
_____
_____
_____
_____

The benefits I can expect are:

_____
_____
_____
_____
_____
_____

My doctor has explained to me which of my medical conditions may potentially increase my risk for complications during ECT treatment. They are:

_____
_____
_____
_____
_____

We have discussed what steps can be taken to address these risks.

My doctor has explained the option of not receiving ECT, as well as alternative treatments and the potential consequences, to me.

Review of Risks and Side Effects

Like other medical treatments, ECT has risks and side effects, as also discussed in Part A.

Serious risks include:

- Complications from anesthesia, including death
- Heart attack
- Stroke
- Breathing problems
- Continuous seizures
- Life threatening heart beat irregularities
- Broken bones or bones out of joint
- Mania or hypo-mania in people with bipolar illness
- Permanent memory loss

Minor risks include:

- Headaches
- Muscle soreness
- Nausea

Shortly after a course of ECT, a person may have problems remembering events that happened before treatment, and which may go back several months before receiving ECT. Many of these memories return during the first few months after the ECT course.

Permanent loss of memory may occur for some, especially events close in time to the ECT. There may also be difficulty in aspects of thinking such as learning and remembering new events and problem solving. There is not enough research to accurately predict which person will experience a return to improved thinking and memory, have temporary problems or have more severe difficulties.

Specific Elements to My Consent

My doctor has carefully considered which electrode placement is best for me, and discussed that choice with me. I am to receive _____ electrode placement. I have been informed of the potential risks and benefits associated with each type of electrode placement, particularly with the increased risk of memory side effects from bitemporal electrode placement. I have also been informed that most patients do well with right unilateral electrode placement but some patients may respond better to bitemporal electrode placement.

If there is a change of electrode placement during the treatment course, the reasons for this change and the risks of this change will be reviewed with me, and my written consent will be necessary for this change.

The number of treatments that I receive cannot be predicted ahead of time. This will depend on my condition, how quickly I respond to the treatment, and the medical judgment and advice of my psychiatrist. I agree to a course of treatment that includes between one (1) and twelve (12) individual ECT treatments. If I need more than twelve ECT treatments, I will have the opportunity to review this consent information again and agree or not agree to further treatments with a new written consent. Treatments are usually given three times a week, but may be fewer depending on my needs.

I understand that ECT is not a cure, and I understand that I may not stay well, even if ECT helps me. I know that I will need to follow an ongoing treatment plan after ECT in order to stay well. I understand that another consent form is needed if my follow-up treatment recommends more ECT treatments.

I have read and my doctor has reviewed with me the more detailed explanations in the information in Parts A and B. I have had the opportunity to ask my doctor all my questions about ECT.

I understand that I should feel free to ask questions about ECT at this time or at any time during and following the ECT course. I also understand that my decision to agree to ECT is being made on a voluntary basis, that I may withdraw my consent for this at any time.

I have been given a copy of this consent and information form to keep.

The nature of ECT, including the risks and benefits that I may experience has been fully described to me and I give my consent to be treated with ECT.

I have been offered the opportunity to have this informed consent witnessed and/or recorded by audio or videotape.

Patient's Signature: _____ Date _____

Doctor reviewing with the patient, Signature: _____

Date _____ Time:_____ Print: _____

Others present: _____ Relationship _____

_____ Relationship _____

The State of Vermont, Department of Health, Division of Mental Health (DMH) provides oversight for all ECT in the state of Vermont. You may address any concerns to the department by calling 1-888-212-4677 or writing to: DMH, 103 S. Main St., Waterbury, VT 05671-1601.