

The use of electroconvulsive therapy

Understanding NICE guidance –
information for service users, their
advocates and carers, and the public

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Copies of this booklet can be ordered from the NHS Response Line; telephone 0870 1555 455 and quote reference number N0207. A version in Welsh and English is also available, reference number N0208. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N0208. The NICE technology appraisal on which this information is based, *Guidance on the use of electroconvulsive therapy*, is available from the NICE website (www.nice.org.uk). Copies can also be obtained from the NHS Response Line, reference number N0205.

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What is NICE guidance?

The National Institute for Clinical Excellence (NICE) is part of the NHS. It produces guidance for both the NHS and patients on the use of medicines, medical equipment, diagnostic tests and clinical and surgical procedures and under what circumstances they should be used.

To produce this guidance, NICE looks at how well the medicine, equipment or procedure works and also how well it works in relation to how much it costs. This process is called an appraisal. The appraisal process involves the manufacturer of the medicine or equipment for which guidance is being produced and the organisations that represent the healthcare professionals, patients and carers who will be affected by the guidance. Each appraisal takes about 12 months to complete.

NICE was asked to look at the available evidence on electroconvulsive therapy and to provide guidance that will help the NHS in England and Wales decide when it should be used.

What are depressive illness, mania, schizophrenia and catatonia?

Depressive illness, mania and schizophrenia are all mental health disorders.

Depressive illness is associated with a change in mood that may not have an obvious cause. It involves feelings of sadness, despair, hopelessness and helplessness, lack of interest in life and difficulty concentrating. These feelings deepen over time. People with severe depressive illness may be unable to eat or sleep or to take part in social activities, and may become completely withdrawn. They may think about harming or killing themselves.

‘Mania’ is when someone has an extreme elevation of mood, which isn’t accounted for by what is happening in his or her life, over-activity and sometimes irritability. People with mania often develop beliefs that they are very powerful, strong or important in ways they wouldn’t normally think. When it’s very severe, people experiencing a manic episode may do socially unacceptable things they would never normally do, or may try to harm themselves. Sometimes mania occurs on its own but more often it is part of another disorder, bipolar disorder (or manic–depressive illness), when someone experiences periods of mania and depression.

Schizophrenia is a major mental illness that involves a range of symptoms that affect understanding, emotion and behaviour. When people are ill with schizophrenia they usually hear voices (hallucinations) and develop strange ideas and beliefs that others don't agree with (delusions), although exactly what type of symptoms a person has is very individual. Typically in schizophrenia, there's a pattern of repeated breakdowns (or 'acute episodes') but some people are never ill again after the first episode and a small number of people remain ill for much of the time.

Catatonia is characterised by abnormalities of movement or posture. It is sometimes associated with schizophrenia or with mood disorders. Someone with catatonia may remain rigid and unmoving and may stop eating and drinking, or they may become very excited for no apparent reason and move around excessively.

Treatments for depressive illness include medicines, counselling and psychotherapy, which can be given alone or in combination. Treatment for schizophrenia often centres on antipsychotic medicines, but can also include psychological treatments such as family therapy and cognitive behavioural therapy. Catatonia and episodes of mania are usually treated with medicines.

What is electroconvulsive therapy?

Electroconvulsive therapy (or ECT for short) is a treatment that has been used in the treatment of depressive illness, mania, catatonia and, occasionally, schizophrenia. Although ECT has been used since the 1930s, how it works is still not fully understood.

During ECT, electrodes are put onto the head and an electric current is passed briefly through the electrodes to the brain, which causes a seizure (a 'fit'). ECT is given under a general anaesthetic and a muscle relaxant is also given to prevent body spasms.

Usually ECT is given twice a week for 3 to 6 weeks (that is, a course of 6 to 12 sessions of ECT in all). Sometimes, it is given once every 2 weeks or once a month to prevent the symptoms returning.

The heart and blood pressure can be affected by ECT, but the most common problem people report after ECT is short-term or long-term memory loss, which can be very distressing.

There are laws concerning people's consent to have ECT; at the time that this guidance was issued, the draft Mental Health Bill (June 2002), which deals with some of the specific issues that are applicable to ECT, was under consultation.

People can make 'advance directives' about their treatment. An advance directive is a written statement made by someone who is mentally capable of deciding about the treatment they want or do not want to receive if the need arises in the future and they are mentally incapable of giving consent. Advance directives guide health professionals in the event that someone becomes unable to make decisions for him or herself.

What has NICE recommended?

NICE has looked carefully at the evidence and has recommended that ECT should only be used for the treatment of severe depressive illness, a prolonged or severe episode of mania, or catatonia if the conditions described in the following paragraphs are applied.

ECT should be used to gain fast and short-term improvement of severe symptoms after all other treatment options have failed, or when the situation is thought to be life-threatening.

A risk–benefit assessment for the individual should be made and documented. It should include the risks associated with the anaesthetic, whether the person has other illnesses, the possible adverse effects of ECT (particularly problems with memory), and the risks of not having treatment.

Doctors should be particularly cautious when considering ECT treatment for women who are pregnant and for older or younger people, because they may be at higher risk of complications with ECT.

Someone who is mentally capable of making a decision about their treatment should decide, after discussion with the doctor, whether or not they want to give their consent to have ECT. To help in the discussion, full and appropriate information about ECT should be given, including information about its potential risks and benefits, both general and specific to the individual. NICE recommends that information leaflets to help people to make an informed decision about their treatment should be developed nationally and should be available in formats and languages that will make them accessible to a wide range of service users.

The doctor should keep strictly to recognised guidelines about consent, should not put any pressure on the person to give their consent and should remind the person that they have the right to change their mind either for or against treatment at any time. NICE considers that doctors should encourage the involvement of an independent person who speaks on behalf of the service user (an 'advocate') or the person's carer(s).

If discussion and informed consent are not possible at the time treatment is needed, any advance directive should be fully taken into account and someone who speaks on behalf of the person who is ill, or their carer(s), should be consulted.

The person should be re-assessed after every session of ECT. There should be ongoing checks for any signs of memory loss, and as a minimum, a check at the end of each course of treatment.

The treatment should be stopped as soon as the person has responded, if there are any adverse effects, or if they withdraw their consent.

It is recommended that more than one course of ECT should be considered only for people who have severe depressive illness, catatonia or mania and who have previously responded well to ECT. As for the first course of treatment, it should be used only to gain fast and short-term improvement of severe symptoms after all other treatment options have failed or when the situation is thought to be life-threatening. For someone who is experiencing an episode of severe depressive illness, catatonia or mania and who has not responded to a previous course of ECT, the doctor should consider a repeat course of ECT only if all other treatment options have been considered and after discussion of the risks and benefits with the service user and where appropriate their advocate or carer.

NICE recommends that ECT should not to be used as a long-term treatment to prevent recurrence of depressive illness, and that it should not be used in the general management of schizophrenia.

What should I do?

If you or someone you care for might be recommended for ECT, you should discuss this guidance with your hospital doctor at your next appointment.

Will NICE review its guidance?

Yes. The guidance will be reviewed in November 2005.

Further information?

The NICE website (www.nice.org.uk) has further information on NICE and the full guidance on ECT that has been issued to the NHS. The guidance can also be requested from the NHS Response Line by phoning 0870 1555 455 and quoting reference N0205.

If you have access to the Internet, you can find more information about depressive illness, manic-depressive illness, and schizophrenia on the NHS Direct website (www.nhsdirect.nhs.uk). You can also phone NHS Direct on 08 45 46 47.



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