

Media Briefing

Press Office Tel +44 (0)20 7067 5900 Fax: +44 (0)20 7067 5801
Web: <http://www.nice.org.uk> Email: press@nice.nhs.uk

Technology appraisal guidance on ECT

The **National Institute for Clinical Excellence** (NICE) is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers, to help them make decisions about treatment and healthcare.

What are technology appraisals?

Technology appraisals are recommendations on the use of new and existing medicines and treatments within the NHS in England and Wales. They are developed following the technology appraisal process, which is a review of clinical and economic evidence leading to recommendations on the appropriate use of new and existing medicines and treatments.

Who is involved in developing technology appraisals?

Technology appraisals are developed by the Institute's Appraisal Committee, an independent group of NHS professionals, patient/carer representatives and academics that reviews clinical and economic evidence and advises NICE on how new and existing medicines and treatments should be used. In addition NICE consults with the stakeholder organisations that have an interest in the appraisal. Stakeholders include patient/carer organisations, healthcare professional bodies, and manufacturers.

The following stakeholders were involved in the appraisal of ECT:

Professional/specialist group submissions:

- British Psychological Society
- Department of Health and Welsh Assembly Government
- Health Technology Board for Scotland
- Hertfordshire Health Authority (now Welwyn Hatfield Primary Care Trust)
- Mental Health Act Commission
- Nursing and Midwifery Council
- Portsmouth City PCT
- Royal College of Anaesthetists
- Royal College of Psychiatrists ECT Sub-committee

Patient/carer group submissions:

- Depression Alliance
- ECT Anonymous
- Long Term Medical Conditions Alliance
- Manic Depression Fellowship
- MIND
- Rethink (formally the National Schizophrenia Fellowship)
- Sane
- UK Advocacy Network

Expert perspectives:

- Dr Ian Anderson, Senior Lecturer, Adult Psychiatry, Neuroscience and Psychiatry Unit, University of Manchester
- Andy Brogan, Clinical Executive, Bolton, Salford and Trafford Mental Health Partnershi
- Dr C John Bowley, Consultant Anaesthetist, Nottingham City Hospital

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- Alison Faulkner, Freelance User/Consultant, Service User Research Enterprise (on behalf of MIND)
- Pete Fleischmann, Researcher and User Involvement Consultant, Service User Research Enterprise (on behalf of MIND)
- Dr Chris Freeman, Chair, Royal College of Psychiatrists ECT sub-Committee
- Louise Puddephatt, Co-chair and ECT Representative, UK Advocacy Network
- Peter Relton, Co-chair, Bradford and District Mental Health Forum (member organisation of UK Advocacy Network)

What was taken in to account when developing the recommendations?

The Appraisal Committee considered a range of areas when developing its recommendations on the use ECT, including:

- While some individuals considered ECT to be a beneficial and lifesaving treatment, others reported feelings of terror, shame and distress, and found it positively harmful and an abusive invasion of personal autonomy, especially when it was administered without their consent.
- The wishes of the patient must be of paramount importance and that it is essential that all attempts should be made to obtain valid and informed consent, following recognised guidelines.

- The Committee took special note of the evidence from observations of users' experiences relating to the adverse effects of ECT. In particular, cognitive impairment following ECT was discussed in detail. It was apparent that cognitive impairment often outweighed their perception of any benefit from ECT treatment. These factors featured significantly in the Committee's decision to restrict the use of ECT to situations in which all other alternatives had been exhausted or where the nature of the mental illness was considered to be 'life-threatening'.
- The Committee strongly believed that action is required to ensure that appropriate standards of care are enforced whenever ECT is undertaken and that outcomes are continuously monitored. Health professionals should maintain an appropriate level of skill, both through the regular clinical practice of ECT and through undertaking appropriate continuing professional development.

How long does it take to develop a technology appraisal?

On average, appraisals take 12–14 months, depending on whether there are any appeals against the Appraisals Committee's final recommendations. It is important to make sure that all the evidence on a topic has been identified, reviewed and considered, and this takes

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time. And for our process of consultation – which NICE believe is vital for the development of robust guidance – they need to give people a reasonable length of time to consider the consultation documents.

The appraisal of ECT began in February 2002. The Appraisal Committee met for the first time in June 2003. Following its consideration of the clinical and cost effectiveness of ECT the Committee decided that, before it could reach a conclusion, it would be necessary to clarify some points discussed by the Committee with the Royal College of Psychiatrists. The Committee reconsidered the evidence at its meeting on 24th July 2002 and produced a consultation document that was issued to stakeholders and published on the NICE website. The committee met again in October 2002 to consider these comments and produced a final appraisal determination that was issued to stakeholders so they could decide if they wished to appeal against the guidance. One stakeholder organisation appealed against the guidance. The appeal was heard by an independent appeal panel in February 2003. The appeal panel did not uphold the appeal.

Do NHS organisations have to find funding to follow NICE guidance?

Under clinical governance arrangements, NHS organisations in England and Wales have to take all NICE guidance into account. In January 2002 the Government announced a statutory

obligation for the NHS in England and Wales to provide funding for treatments and drugs recommended by NICE as a part of its technology appraisals work programme, but only if considered appropriate by the clinician and patient. Those responsible for providing healthcare locally are now responsible for making funds available to support NICE appraisal guidance within 3 months.

Do health professionals have to follow NICE's decision?

Once NICE guidance is published, health professionals are expected to take it fully into account when exercising their clinical judgement. However, NICE guidance does not override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their guardian or carer.

What are depressive illness, mania and schizophrenia?

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.

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'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. 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. 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.

What is ECT?

ECT 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. Sometimes, it is given once every 2 weeks or once a month to prevent the symptoms returning. The most common problem people report after ECT is short-term or long-term memory loss, which can be very distressing.

Web links:

Press release:

Full guidance:

Appeal panel decision:

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