The College of Psychiatry of Ireland
Coláiste Síciatrachta na hÉireann

Electroconvulsive Therapy (ECT)

Position Statement EAP01 /2011

Approved by Council

The College of Psychiatry of Ireland

September 2011

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CPsychI **September 2011**

- It is the considered opinion of the College of Psychiatry or Ireland that ECT is an important and necessary treatment for various serious psychiatric conditions, most commonly severe depression.

- There are severely ill patients who will not respond to any other treatment and for whom there is no alternative effective treatment. These patients would be seriously disadvantaged if they were denied access to a treatment which might restore them to health.

- The College recognises that ECT raises anxiety and fear in many people and its use is seen as controversial. This paper is written to help people gain a better understanding of ECT and its place in modern Irish mental health services.

The following points are expanded on in the text:

- ECT is used rarely, and only where other treatments have failed or where treatment is life saving
- ECT is given in a clinical setting, with an Anaesthetist, Psychiatrist and Psychiatric nurse in attendance at all times; any side effects from ECT are carefully monitored, and treatment modified in response to side effects
- The use of ECT in Ireland is regulated by the Mental Health Commission
- The College of Psychiatry provides training for all Psychiatrists who prescribe and administer ECT

Contemporary modified Electroconvulsive therapy (ECT) is a treatment that is used in current Irish and international clinical practice as a treatment option for individuals with severe depressive illness, catatonia and treatment resistant mania. It is also infrequently used to treat schizophrenia.[1]

ECT is used rarely. In Ireland; about 450 people each year are given ECT. It is estimated that more than 400,000 people at any one time in Ireland experience clinical depression. This usage is similar to that in other European countries.[2]

The most common indication for ECT is for severe depression that has proven resistant to antidepressant drugs or psychotherapies. There is robust scientific evidence that ECT is medically safe and effective.[3,4.] It can be a life-saving treatment for people with catatonia and those who are actively suicidal or physically debilitated by depression. In Ireland, 90% of patients who receive ECT do so voluntarily, with fully informed consent, often after many failed therapies other than ECT.[5] In a small group of patients, severe mental illness can temporarily impair their capacity to make informed decisions, and these patients may receive ECT without consent, under the rules of the Mental Health Act 2001.[6]

Modern treatment involves deliberate induction of a brief modified tonic-clonic seizure by applying a small electrical charge across the brain of an anaesthetised patient given muscle relaxant. Repeated treatments induce several molecular and cellular changes in the brain that are believed to be important for its antidepressant mechanism of action. ECT is given twice weekly, and a usual course would be 6-8 treatments.

ECT may cause both short-term (anterograde) and long-term (retrograde) amnesia.[7,8] Anterograde amnesia is the failure to form new memories while retrograde amnesia is the inability to retrieve older, already formed, memories, e.g. from before the ECT course began. For the vast majority of patients anterograde amnesia is transient and resolves within a couple of weeks of completing a course of ECT. The nature and extent of any retrograde amnesia after ECT is less well understood. As these types of memory difficulties are a feature of many mental health problems it may sometimes be difficult to differentiate the effects of ECT from those associated with the condition itself.[9] In addition, there are differences between individuals in the extent of memory loss secondary to ECT and their perception of the loss. However, this should not detract from the fact that a number of individuals find their memory loss extremely distressing and for them this negates any benefit from ECT. There is much research underway worldwide, including in Ireland, to refine ECT further to reduce its effects upon memory function while maintaining its effectiveness.

The College of Psychiatry has developed an '*ECT Consent and Treatment Pack*' for use by its members in Approved Centres.[10] This pack recommends regular testing of cognitive function whilst an individual receives ECT. The College recommend members use this Consent and Treatment Pack, in conjunction with the College '*Human Rights Approach to Patients'* Document.[11] The College recommends that the use of ECT should be in centres of excellence that follow College guidelines. The use should respect an individual patient's informed choice, and where the individual does not possess capacity to make informed choice, the College member should follow the *Rules of the Mental Health Commission regarding the administration of ECT* as defined in the Mental Health Act 2001.[12] Along with statutory regulations, the College recommends that in making a decision to give ECT without consent to a patient, that all information is taken into account, including advance directives, relatives' views and previous response to ECT.

ECT in Ireland is regulated by the Mental Health Commission (MHC).[12,13.] Further voluntary accreditation under stricter criteria is offered by the ECT accreditation service (ECTAS) of the Royal College of Psychiatrists (UK).

The Mental Health Act 2001 Section 59 relates to the administration of ECT. This section allows for administration of ECT, "*either with the person's written consent, or if the person is unable or unwilling to consent, with the recommendation of two psychiatrists*". However, in March 2010 the College of Psychiatry of Ireland, in a submission to an All Party Seanad briefing, recommended amending the Mental Health Act to delete "or unwilling" from Section59(1)b.[14] It also recommended enhancement of the regulation through powers of the Mental Health Commission (MHC) to include; improving data collection developed by MHC in consultation with the College of Psychiatry for audit and research; review Form 16 (MHA 2001) to include the requirement of the second opinion psychiatrist to be nominated from a panel held by the MHC, i.e. independent, and also to consult with another member of the multidisciplinary committee.

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Other Papers:

Electroconvulsive therapy, capacity and the law in Ireland
Ross Dunne, Adam Kavanagh, Declan M McLoughlin *Ir J Psych Med 2009; 26(1): 3-5*

Electroconvulsive therapy (ECT) and the law in Ireland
A report prepared by Prof Declan McLoughlin and Dr Ross Dunne (August 24, 2011)
Department of Psychiatry, Trinity College, Dublin.