

# ECT

Electroconvulsive therapy

*Dr Joanna Kisiala*

# What is treated?

- Severe depression.
- Drug resisted depression
- Catatonia
- Prolonged maniac episodes

NICE approved treatment. Includes life saving treatment.

Under 18 – few centres only. Must be separate from adults. Second opinion always needed.

# Standards of practice

- ECTAS = ECT Accreditation Services (14<sup>th</sup> edition January 2019)
- Standards: Type 1/2/3
- RCOA- GPAS (Guidance for the Provision of Anaesthetic Services): Chapter 7 (non-theatre environment)



# Technical regulations

- Premises
- Tipping trolley
- Resus trolley with defibrillator
- Monitoring
- A: full set including FON; B: controlled ventilation, O2 supply; C
- Protocol for transfer, access to infusion pumps
- Access to guidelines/visual aids

# Drugs

- Anaesthetic agents (min 2)
- Muscle relaxant: Sux + alternative
- Resus drugs
- Dantrolene, reversal agents, rare complications (prolonged seizure protocol)
- Others (CVS, anti-emetics, fluids etc – local protocol)

Rules regarding drug storage!

# STAFF

- Not for unsupervised doctors in junior training grades
- New staff (including consultants) familiar with local protocols
- ODP, recovery-trained practitioner

# Assessment

- Medical history + anaesthetic assessment
- ASA, allergies
- Physical examination, pregnancy if applicable
- Medication (all meds continued); possible alterations in DM, non-essential large/with food only tablets; drugs affecting duration of seizure
- Investigations – as per local policy

# Documents

- Checklist
- Preparation
- Consent
  - Capacity check
  - Under Mental Capacity Act 2005
- Anaesthetic record
- Treatment record (psychiatrists)



# Anaesthesia for ECT

- Anaesthetic agent
  - Deep sedation
  - Consistent use
  - Switch to different agent discussed and as per protocol
- Suxamethonium
- Bite block
- Recommended hyperventilation before ECT

# Administration of ECT

- Twice a week/12 treatments. Maintenance +/-
- Bilateral vs unilateral
- Seizure – duration visual and on EEG
- **Short parasympathetic reaction followed by longer lasting sympathetic one. Possible tachyarrhythmias, high BP, increased ICP.**
- Prolonged seizure must be terminated
- ECT in high risk patient

# Contraindications

- Mostly relative or for a limited time
- Adverse effects related to physiological reaction: recent MI, IC bleed, raised ICP, space occupying lesions
- Recent long bone fractures
- Pregnancy is NOT a contraindication although risk of medication vs risk of premature labour/abortion
- Epilepsy is NOT contraindicated although should be well controlled

# **Anaesthesia for ECT during the COVID-19 pandemic**

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The Royal College of Anaesthetists (RCoA) and the Association of Anaesthetists acknowledge that ECT is a NICE-approved treatment that is an urgent and important element of the management of some patients. These comments on the conduct of anaesthesia for ECT are made in the context of the COVID-19 pandemic.