

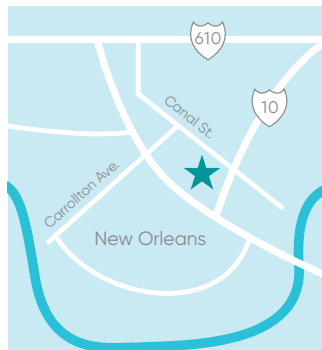
## What to expect

- You shouldn't eat or drink for at least eight hours before the procedure. Some required medications may be taken with sip of water
- Wear comfortable clothes. Once they check in, patients are asked to empty their bladder and remove jewelry, eyeglasses, and removable dentures
- Upon arrival, your vital signs are obtained, an IV is started and a physical exam is performed
- Electrodes will be placed on your head and chest to monitor electrical activity in your brain and heart
- You'll be given anesthesia to make you sleep, and medicine to relax your muscles. You may be given other medications to reduce oral secretions or to help control your heart rate and blood pressure.
- While you are asleep, a small electrical current is delivered to the scalp to induce a short (usually 20–60 second), controlled seizure. If the seizure lasts longer than expected, your physician will stop the seizure using medications
- You'll breathe with the aid of an oxygen mask during the procedure.
- The treatment, from the time you're asleep to the time the you wake up, is usually only about five to ten minutes
- After the treatment is completed, the patient is monitored by a nurse until they are stable to be discharged. Due to the anesthesia, the patient should not drive and must arrange transportation from the hospital



## A patient's guide to Electroconvulsive Therapy (ECT)

For more information, contact our ECT providers **504.962.7020**



### Behavioral Health Center

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## About ECT

Electroconvulsive Therapy (ECT) is a medical procedure used to treat some psychiatric illness. ECT is safe and highly effective, with up to a 60 to 90 percent success rate in severely depressed patients.

ECT is endorsed by the National Institute of Mental Health, the American Psychiatric Association, the American Medical Association, and the U.S. Surgeon General.

**University  
Medical Center**  
New Orleans  
LCMC Health

## Who is a candidate for ECT?

**Severe depression (unipolar or bipolar depression)**—ECT may be considered a first line treatment when the depression poses an imminent risk to the life or medical status of a patient

**Treatment-resistant depression**—this refers to depression that has not improved after several trials of different types of medications and psychotherapy.

**Severe mania**—which poses a threat to the safety or health of the patient, or is not responding to medication treatment

**Catatonia**—a condition in which patients experience extreme immobility or extreme motor excitement, both of which can be life-threatening

**Schizophrenia**—in those with treatment resistance that has not responded to medications and psychotherapy

Once you are evaluated by an ECT psychiatrist and deemed an appropriate candidate for ECT, you will undergo a medical work up (physical exam and laboratory tests) and be evaluated by an anesthesiologist.

## Benefits of ECT

ECT has the highest rates of response and remission of any form of antidepressant treatment, with 60 to 90 percent of those treated showing significant improvement. In addition, ECT has been associated with improvements in health-related quality of life.

ECT can be beneficial in very ill patients. It may be considered as

a first-line treatment whenever a rapid, definitive improvement is clinically urgent (i.e. when the psychiatric illness poses a threat to the patient's life or health status).

ECT may be particularly beneficial in treating those who are depressed, at high risk of suicide, experiencing psychosis, unable to eat or drink, or catatonic.

## Risks and side effects

Although ECT is generally safe, risks and side effects may occur.

Common side effects include headaches, muscle soreness, and nausea.

Serious complications from general anesthesia are rare, but may include heart and lung problems, stroke, infection, or death. Serious of life-threatening risks are very rare.

Some patients experience some degree of temporary cognitive impairment during a course of ECT.

Most patients find that a small degree of temporary memory difficulty is a reasonable side effect to tolerate, given the likelihood of substantial improvement in depressive and other psychiatric symptoms.

## ECT treatment schedule

ECT treatments are typically given three times a week. A typical series consists of six to 12 treatments but can be less or more, depending on the patient's specific illness and response to treatment.

**Continuation ECT** refers to ECT treatments that are given for up to six months after the initial ECT series. The goal of continuation ECT is to prevent relapse (i.e. becoming depressed again), which can happen, even after a successful ECT series.

For some patients with multiple and/or severe depressive episodes, longer term use of ECT beyond six

months may be recommended. This is known as **maintenance ECT**. The schedule of continuation/maintenance ECT can vary from one treatment per week to one treatment per month, depending on the severity of illness and risk for relapse.

Continuation ECT usually starts with weekly treatments. The treatment interval is then gradually lengthened as the patient remains well. If relapses occur, another ECT initial series may be advised. The goal of any ECT services is to provide the fewest treatments necessary to keep you well.