

N108 Care for Clients with Psychosocial Problems in Adaptation and Adjustment

# Treatment Modalities: Electroconvulsive Therapy (ECT)

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At the end of this session, you should be able to:

- List the indications for ECT
- Explain the side effects of ECT
- Discuss the nursing responsibilities pre, during, and post ECT





- the oldest and most effective therapy
   available for the treatment of severe major
   depression and other psychiatric disorders.

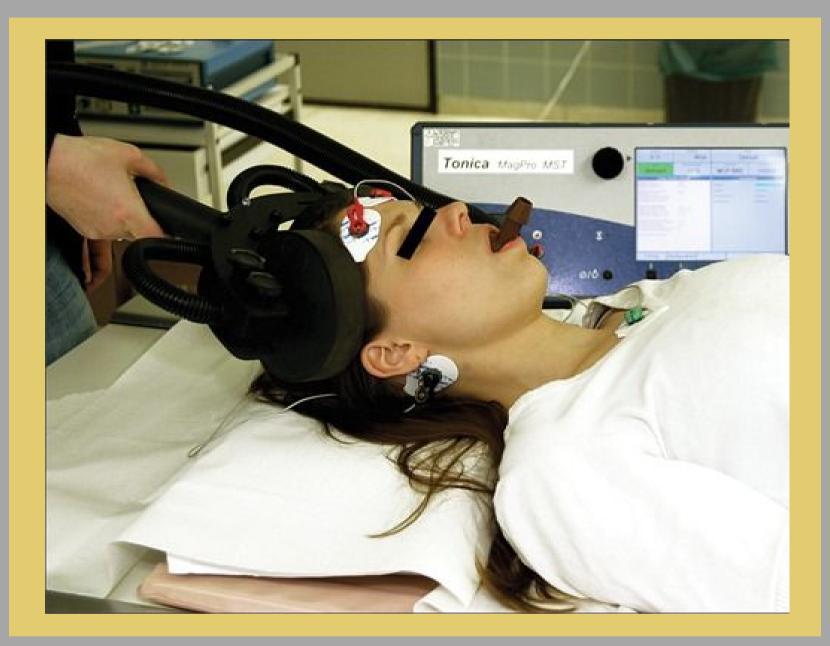
   Although it remains controversial
- Much of this controversy stems from the historical use of ECT and from its
   representation in films and in the media





 involves the administration of an electric current to the head of an anaesthetized client to produce seizure activity while motor effects are prevented with a muscle relaxant





- ECT works more quickly than antidepressant drugs, although the outcome after three months is similar
- several times a week over a three- to sixweek period
- client is put under general anaesthesia and therefore they have no memory of the experience





#### Indications

- When an urgent response is needed client's life is threatened in a severe depressive disorder.
- resistant depressive disorder, following failure to respond to treatment with antidepressant medication.
- resistive psychosis
- Clients who develops neuroleptic
   malignant syndrome with antipsychotics





# ECT in disorders other than major depression



#### Catatonia

- powerful anti-catatonic therapeutic effect, regardless of the underlying diagnosis, with extremely high response rates.
- considered the preferred treatment for patients whose response to benzodiazepines, which constitute the first line treatment for these conditions, is inadequate.





# ECT in disorders other than major depression



#### Mania

 largely reserved for use in severely ill patients who are either treatment resistant to anti-manic psychotropic agents or require urgent response because of potentially life-threatening manic excitement or catatonic presentations.





# ECT in disorders other than major depression



# Schizophrenia

- used in combination with antipsychotic medications
- for patients with severe positive symptom (psychotic) schizophrenia and schizoaffective disorder who have not responded to antipsychotic medication alone





### Side Effects

- Memory impairment; associated with both anterograde and retrograde amnesia
- 10 years of cognitive performance data in relation to ECT concluded that there is no evidence of cumulative cognitive deficits associated with repeated ECT courses (Kirov et al., 2016)





- Client and family education about ECT
- Check consent
- 6-8 hrs. NPO
- Remove dentures, glasses, contact lenses, hearing aids, jewelries, etc.
- Make sure that the patient does not have any makeup on





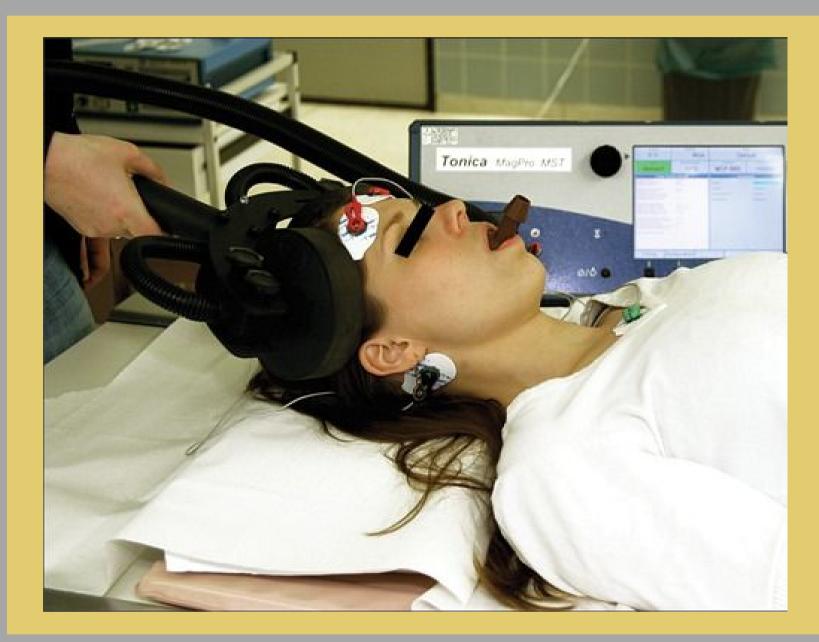
- Give preoperative medications as ordered:
  - o ex. glycopyrrolate (Robinul) or atropine
- Take initial vital signs prior to the procedure





- Transfer the patient on a trolley from the waiting room to the ECT room on a well padded bed and placed in a comfortable dorsal position or supine position. A small pillow is placed under the lumber curve.
- Apply ECG electrodes, BP cuff, and pulse oximetry sensor (not on same extremity as BP cuff).
- Give a short acting anesthetic agent.
   Thiopental .25mg to .5 mg , IV and Succynyl choline 30-50 mg. The dose of drug may vary from patient to patient.





- Prepare EEG electrodes, per treatment specifications.
- Prepare scalp and stimulus ECT electrodes (unilateral vs. bilateral) and apply paste to electrodes.
- Support the shoulder and arms of the patient. Restraint the thigh with the help of a sheet
- Hyperextension of the head with support to the chin.





- Administer oxygen
- Apply jelly to the electrodes
- Make the observations of the convulsions.
- The presence of initial tonic stage which lasts for 10-15 seconds followed by clonic stage which lasts for 25-30 sec then there is a phase of muscular relaxation with stertorus respiration (flaccid stage).





- Do suction immediately
- Restore respiration by giving O2 if necessary.





- Observe and record the vital parameters
- Place the patient on side lying position,
   clean the secretions
- Transfer the patient from recovery room.
   record vital signs every 15 min for 30 min
   and once in every 30 min till the patient
   recover to the normal stage





- Allow the patient to sleep for 30 min to one hour
- Reassure the client and reorient to the ward
- Allow the patient to have tea or any drinks
- Documentation: Record the procedure, physical and mental status and any behavioral changes or lack of such changes

