

Common Side Effects After Treatment

Occasionally, a patient may have a headache, muscle aches or nausea after the ECT treatment. These side effects can be treated with medications before and/or after the ECT. If you experience any of these side effects, please inform the treatment team. Once the team is aware of the side effects, measures can be taken to prevent them in future treatments.

Some patients may exhibit confusion resulting from the combination of anesthesia and/or ECT treatment. Acute confusion, if it occurs, typically lasts for 30 minutes to one hour. Patients will be closely observed by the treatment team during this time for the patient's safety.

Memory loss is one of the greatest concerns of patients that receive ECT treatments. There are two different kinds of memory loss that may occur during the course of ECT treatments.

- First is the loss of short-term memory during the period of time the patient is receiving ECT treatments.
- The second type of memory loss that may occur involves memory loss of past events. Recent past events (two to six weeks before treatment) are more sensitive to ECT treatments. However, some patients may describe "spotty" memory loss for events that occurred as far back as six months before beginning ECT and this memory impairment is potentially permanent. Although it is rare, some patients have reported a more significant memory loss of events dating back further than six months prior to receiving ECT treatments.

What To Expect After ECT

ECT is an extremely effective treatment and is only one component of a complete treatment regimen. After ECT, medications will likely be required as maintenance therapy and psychotherapy may be recommended as well.

Because depression is often a relapsing illness, patients may experience repeated episodes of depression even if they respond well to ECT. When repeated episodes of depression occur, doctors may recommend a taper of ECT over a course of several weeks to months. This is a considerable commitment by patients and their families to continue ECT maintenance, the avoidance of lengthy re-hospitalizations and additional medication trials, is often worth any inconveniences.



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**24-Hour Crisis
Hotline**
1-800-824-7907
or
988

ECT THERAPY

Electroconvulsive Therapy (ECT)



The Treatment

The night before a treatment, the patient will not eat or drink after midnight and those that take medication for high blood pressure, stomach reflux or significant medical condition, may do so with a sip of water.

Shortly after the patient arrives, an IV is inserted to allow medication to be administered for both the ECT and the patient's comfort. Pads with wires are placed on the patient's head and upper body to monitor brain waves and heart during the procedure. Blood pressure cuffs are placed on both the upper and lower right leg and an arm. The cuff on the arm is used to monitor blood pressure while the cuffs on the leg are used to prevent the muscle relaxant medication from traveling to the patient's foot.

The patient is given medication to make them sleepy and an oxygen mask is placed over the nose and mouth to provide additional oxygen during the procedure. Once asleep, a muscle relaxant is administered and once the muscles are sufficiently relaxed, a pulse of electricity is administered to the patient. Seizures will vary but generally last in the 25 to 45 second range. The pulse excites the brain cells causing them to fire in unison and produces a seizure.

An ECT treatment generally lasts 10 to 20 minutes and the patient is closely monitored at all times. Once awake and vital signs are stable, the patient is moved to the recovery area where the nurse continues to monitoring the patient an additional 20 to 30 minutes. The patient is then provided with a snack and either returned to the inpatient unit or released to normal outpatient treatment plan.

Your Treatment Team

ECT Treatment is performed by a team of medical professionals consisting of a psychiatrist, an anesthesiologist, and nursing staff. The psychiatrist, Dr. Glen Oriaifo, delivers the ECT stimulation and the anesthesiologist administers medications and monitors vital signs throughout the procedure. After treatment the nursing staff continues to monitor the patient's progress until they are released.



About ECT

Electroconvulsive therapy (ECT) is most commonly used to treat patients with severe depression who fail to respond to medications or who are unable to tolerate the side effects associated with the medications. ECT may also be the treatment of choice for patients who need a more rapid response than medications can provide, including those who are severely agitated, delusional, suicidal, not eating or drinking, and those who suffer from catatonia.

The use of ECT is not limited to the treatment of depression, but may also be used to stabilize bipolar illness during extreme episodes of mania or depression. ECT can also be used to halt psychotic episodes associated with schizophrenia. Once the patient is stabilized, medications are started or resumed.

Number of Treatments Needed

ECT Treatment is typically six to twelve treatments and generally administered three times a week. The number of treatments a patient will need is based on the severity of their symptoms and how rapidly they respond to treatment.

It takes six treatments before major improvements in a patient's symptoms are noticed, however family members, friends, and caregivers may see mild improvements as early as the third treatment. Improvements may include increase in activity level, improved sleeping patterns, or mild increase in appetite.

The treatment team will monitor the patient's response to treatment and combined with the patient's input, will determine the number of treatments the patient will receive.

Electroconvulsive Therapy (ECT) is administered by Psychiatrist, Dr. Glen Oriaifo.

If you would like more information or have questions regarding ECT treatment, please contact Dr. Oriaifo by calling 812.885.3292.

