What Is the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA?

The Resnick Neuropsychiatric Hospital (RNPH) at UCLA is one of the world’s leading centers for comprehensive patient care, research and education in the field of mental health. It is the major psychiatry teaching facility of the UCLA Center for the Health Sciences, one of the nation’s leading medical centers. The Resnick NPH at UCLA is staffed by UCLA faculty members of Psychiatry, Neurology, Medicine, Pediatrics, Nursing, Psychology, Social Work, Special Education, and many other professional disciplines. The professional faculty is assisted by resident physicians, interns, fellows, and other postgraduate trainees.

Each patient is under the direct care of an attending psychiatrist, who, in most cases is assisted by a resident physician and aided by a team of professional colleagues. Often, it is advantageous for the families and/or caregivers of patients to become involved actively in the plan for treatment, both during hospitalization and afterward. Special procedures and personnel are employed to ensure the most effective involvement of families and/or caregivers in the care of patients at the Resnick NPH at UCLA.

Patient Concerns/Complaints

The Resnick NPH at UCLA faculty, staff, and trainees are committed to providing quality health care. We want you to be satisfied with the services we provide. If you have a concern or complaint about your care here, please direct your comments to your nurse or doctor first. If the problem cannot be resolved at the unit level, you are free to contact the NPH Patient Relations Specialist for assistance. The NPH Patient Relations Specialist can be reached at (310) 825-6962 or extension 56962 from a hospital phone. The NPH Patient Relations Specialist is available from 8 A.M. to 5 P.M. Monday through Friday.
Patient’s Rights

If your concern or complaint is specifically related to your Rights as a Patient, you might also wish to discuss them with someone outside of our hospital staff. If so, please refer to the “Patient’s Rights Handbook” that you were given on admission. The nursing staff will have extra copies if you need one. The handbook will give you information on how to contact your patient’s rights advocate.

Confidentiality

Information concerning your treatment at the Resnick Neuropsychiatric Hospital at UCLA is confidential. For this reason, the RNPH is prohibited by law from releasing patient information to family or others without the explicit authorization of the patient. There are a few exceptions to this rule, which your doctor can explain to you.
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Introduction

This booklet is for patients who are considering or receiving ECT as a form of treatment, and for interested family and friends of those patients. To receive the greatest benefit from ECT, it is helpful to know what to expect from the treatment. We hope this booklet will help you understand ECT, provide accurate information about ECT, maximize your benefits gained from ECT, and minimize complications or difficulties. Please read this information carefully so that you can discuss with your treatment team any question or concerns you may have.

Important Phone Numbers

Patient Access/Admission .......................(310) 267-8008
7:30 a.m. - 8 p.m. Monday-Friday

UCLA Access .............................................800-825-9989 (ex. 1)

Note: We have gone to great effort to ensure that all information in this booklet concerning ECT and related information is accurate at time of publication, and consistent with The American Psychiatric Association Task Force Report on The Practice of Electroconvulsive Therapy (APA Press, Washington, DC). As medical research and practice advance, we advise that the readers follow the advice of the attending physician directly involved in their care or the care of their family member.
What is Electroconvulsive Therapy?

ECT treatments involve passing a small amount of electrical current passed between two electrodes placed on the head, in order to produce a monitored, short duration seizure which affects the entire brain. There are two ways that the electrodes may be placed on a patient’s head: “bilateral,” where the electrodes are placed on both temples of the head, and “unilateral,” where one electrode is placed on the temple and the other is placed on top of the head. Your physician or ECT consultant will explain both types of electrode placement and help you determine which option is most appropriate for you.

Though the mechanisms by which this helps patients is not entirely understood, a series of repeated controlled seizures may help restore normal function in those centers of the brain that modulate and regulate sleep, appetite, energy, thoughts, and mood. As a result of a series of ECT treatments, patients may regain normal or improved functioning. A series of ECT treatments is necessary to produce therapeutic benefits and lasting results. On average, most patients receive between 6 to 12 treatments in their treatment series, usually administered 3 times a week (Monday, Wednesday, and Friday). More or fewer treatments may be necessary for you, as this treatment is individualized for each patient.

After your initial ECT course or series has been completed, your psychiatrist may recommend continuing with “Maintenance ECT” as an ongoing treatment for your condition. Maintenance ECT is done on an outpatient basis and at a reduced frequency of treatments, which is individually determined based on clinical factors. Most patients eventually taper ECT gradually, with longer and longer intervals between treatments. Maintenance ECT may decrease the need for psychotropic medications and may help prevent relapse. However, some patients do not receive any ECT after the acute phase but must still return to a treatment plan to maintain improvement. The ECT treatment team, your psychiatrist, your family, and you will work together to make decisions after the initial treatment course. Each patient is different and will receive recommendations tailored to the individual’s needs.
Why Has ECT Been Recommended For You?

ECT is frequently recommended:

• After other treatments (e.g. psychotherapy, medication, and/or partial hospitalization) have been tried but have failed to produce acceptable symptom relief.

• If you have a psychiatric condition for which ECT is the most effective treatment.

• If ECT has been more effective for you in the past than alternative treatments.

• If medications have caused adverse side effects that cannot be tolerated.

• If your symptoms are so severe that you cannot function; your symptoms are causing extreme pain and suffering; your general health is seriously being threatened; or if you are acutely and actively suicidal.

• If, after a thorough evaluation and review of reasonable alternatives, you choose to have ECT.

There may be other reasons why ECT is been recommended for you. If you have any questions, please consult your physician.
Questions about ECT

- **How effective is ECT?** Antidepressants are successful in producing relief of symptoms in about 60% to 70% of patients with severe depression, depending on individual characteristics. In patients who are not resistant to medications, ECT may be effective in between 80% to 90% of these patients. In patients who are not responding to medications, ECT may be effective in between 50% to 60% of patients. It is important that your physician or ECT consultant discuss with you what your chances of response might be and also how much better you might be expected to get.

- **How fast does ECT help?** Patients receiving ECT usually have symptom relief from depression, mania, or thought disorders (where a person has lost contact with reality and has delusions) in approximately 1-2 weeks. In contrast, antidepressant or antipsychotic medications, may take between 4-12 weeks in order for patients to experience maximal symptom relief.

- **What are the benefits of ECT in comparison to other forms of treatment?** Benefits are similar to those of antidepressant medication. There should be an improvement in mood, a decrease in agitation, and you should experience more energy and interest, improved appetite and sleep, and improved ability to function so that you can return to normal daily activities.

- **When is ECT the treatment of choice?** ECT often is the treatment of choice when a person has very serious signs and symptoms of depression, such as thoughts of suicide, severe malnutrition or major loss of function in daily life; symptoms of psychosis, such as extreme negativism and withdrawal, hallucinations, or delusions; or states of catatonia or a complication of medications such as Neuroleptic Malignant Syndrome.

- If you have any questions about ECT, please discuss them with your treating psychiatrist and / or ECT Department staff.
Risks

ECT treatments are administered after a patient has been given general anesthesia and is asleep and completely unaware and unconscious. As with any procedure where anesthesia is administered, some risk is involved. It is standard procedure for an anesthesiologist to evaluate every patient who is going to receive ECT and to obtain their consent separately for anesthesia. An anesthesiologist is present at every ECT procedure and administers all anesthesia medications and monitors patients closely. Prior to ECT, you will undergo a careful medical, and laboratory evaluation (i.e. blood work tests, electrocardiogram) to make sure that the treatments are administered in the safest, most effective manner possible. Your medications may be adjusted to optimize medical conditions, minimize any risk, and maximize the effectiveness of the ECT treatment. Monitoring your vital signs before, during, and after treatment is done to assure the treatment safety. During the ECT treatment, pulse and blood pressure tend to rise and sometimes heart rhythm may vary. Vital signs typically return to pre-ECT levels spontaneously, but if they do not, medical intervention is initiated immediately and resolved in the treatment room to ensure safety and stability. Patients are then moved to the recovery room to be monitored until fully awake and are ready for discharge.

ECT is considered a very safe procedure. The rates of significant injury or mortality are extraordinarily low even though ECT is commonly performed on elderly patients or patients with chronic or serious medical conditions. Death is extremely rare and occurs only once in approximately every 100,000 patients or one in a million treatments, which is less than the rate associated with general anesthesia alone.

Any questions you have regarding major medical problems, or medications you are taking, or about how anesthesia may affect you, please discuss with your physician and the ECT Department staff.
The Consent Process

In recommending ECT, your psychiatrist or ECT consultant will provide vital information about the risks, side effects, and benefits of ECT. This information, serves the very important purpose of enabling you and your family to make an informed decision about giving consent to receive ECT treatments. In addition, this information may decrease any anxiety you and your family may feel about ECT.

The procedure itself will be explained, and other possible treatments will be discussed. If interested, you are welcome to see the ECT treatment suite and recovery room.

After this explanation of ECT, you are required by California State law to wait 24 hours or more to think about the information; only after 24 hours may you sign an ECT consent form. It is important that you (and if you wish, a significant other) read and fully understand the consent form. Another psychiatrist who is not involved in your treatment will then interview you to determine if you understand the consent process and have the ability to give informed consent to the ECT procedure. In California, the law requires that the consent process must be repeated every 30 days.

As a voluntary patient, it is your right to accept or refuse ECT at any time, even after you have gone through the consent process and signed the consent form or have started ECT treatments.

In certain rare cases, if your illness impairs your legal competency to give consent for treatment, a court hearing will be necessary before ECT is provided. This takes a special judicial procedure and will involve your psychiatrist and a lawyer.
Tests and Diagnostics before ECT

Before ECT is started, your medical as well as psychiatric condition will be carefully assessed through:

- A complete medical history and physical examination, including a review of past or current medical problems.
- Laboratory screening (blood tests).
- An electrocardiogram to assess your heart.
- Pre-op consultation with an anesthesiologist.
- Other consultations with other specialties if warranted, e.g. cardiologist, neurologist, or dentist.
- Complete psychiatric consultation including past and/or current problems.
- Cognitive assessment (for example, memory function, awareness of date and location).

It is important to inform your doctor of:

- Any active medical conditions such as hypertension, any cardiac problems, diabetes, sleep apnea or other respiratory signs and symptoms, and gastroesophageal reflux.
- Allergies
- Previous surgeries and your response to any anesthesia.
- Family psychiatric disorders and response to treatment.
- Past and present medications, as thoroughly as possible.
- Your diet, including consumption of alcohol, caffeine and any non-prescription medications, nutritional supplements, or herbal or folk remedies.
- If you are or could possibly become pregnant, or intend to become pregnant.

Even if your medical conditions are being managed by other doctors, your psychiatrist and treating ECT physician will need to know the facts in order to treat you safely and effectively.

Procedures and assessments may be repeated throughout the course of ECT to determine its effectiveness and side effects, and to aid in determining your treatment course. It is general practice for your psychiatrist to discontinue, decrease, taper or change some of your current medications. Alcohol, illicit drug use and smoking cigarettes are not allowed while you are receiving ECT. Ingestion of prohibited substances or noncompliance with ECT procedures may result in abrupt termination of ECT treatments at the RNPH at UCLA.
How ECT Is Administered

A skilled and experienced team consisting of an attending ECT psychiatrist, an attending anesthesiologist, and a nurse administer the treatment in the ECT suite. An intravenous line (IV) is placed prior to the treatment, so medications can be given that will induce deep sleep, relax muscles and administer any other medications needed to manage your physical response before the seizure. Because general anesthesia is given for the procedure, you cannot eat or drink after midnight before the ECT, but your doctor may order certain needed medication to be given orally with small sips of water prior to the ECT treatment.

After changing into a hospital gown, you will be brought into the treatment room on a gurney. A blood pressure monitor will be placed on your arm and a blood pressure cuff on your ankle. Your brain waves, heart activity and blood oxygen levels will be monitored by electrodes placed on your head (EEG), chest (EKG), and finger (pulse oximeter).

Within seconds after the anesthetic medication is administered, you will be asleep. A muscle relaxant medication is given to prevent muscle contractions during the seizure. Within one to three minutes, your muscles will be relaxed. The attending anesthesiologist will assist your breathing throughout the entire treatment with oxygen provided via a face mask. Just before the electrical stimulus is given, a soft rubber mouthpiece (bite-block) is inserted into your mouth to protect your teeth.

A controlled electrical stimulus will then be applied across the two stimulus electrodes, which will be placed either on both temples (bilateral placement) or on the right temple and the top of the head (unilateral placement). The electrical stimulus will trigger a seizure within the brain which typically lasts about one minute. Muscle relaxation medication prevents or minimizes any body movements during ECT treatment, so that there is no muscular response (convulsion) during the brain seizure. The EEG measures the duration of the seizure using brain wave monitoring. Due to the anesthesia, you will not be aware of the seizure as it is occurring.

A few minutes after the seizure, when it has been established that you are in a stable condition, the anesthesiologist and psychiatrist will move you from the treatment room to the adjacent recovery room. Nurses will continue to monitor your blood pressure, pulse, breathing, and level of alertness as you recover. Because of the anesthetic medication and the effects of having the seizure, you may have a headache, feel groggy, be somewhat disoriented, or possibly feel confused initially in the recovery room. The nursing staff in the recovery room will monitor and assist you as you recover, and will provide comfort and reassurance.
Possible Side Effects of ECT

- **Mental confusion and disorientation (to place, time or situation):**
  Usually lasting ½ to 2 hours after ECT. This is due to the combined effects of the seizure and anesthesia. The recovery room nurse will reorient you as needed.

- **Headache:**
  Lasts from 2-4 hours but is easily relieved with over-the-counter pain medication. If the headache persists, seek the attention of your doctor. Modifications can be made before the ECT treatment to decrease the likelihood of headaches. You may need stronger medication for pain relief.

- **Muscle/Jaw Soreness:**
  This is temporary and can be treated with an over-the-counter pain reliever.

- **Nausea:**
  Is temporary and usually caused by the anesthesia medications. You may receive medication to decrease nausea and prevent vomiting.

- **Memory Loss:**
  You will be unconscious from the anesthesia during the treatment, so you will not remember the treatment itself, and likely, some events just prior to the treatment (e.g. starting of the IV). Memory of past events may be “foggy” and some information may be difficult to recall. New material may be quickly forgotten. In most patients these memories and learning difficulties resolve and disappear within a few weeks after the course of ECT has ended, although you probably never will remember clearly some of the things which occur during the time you receive ECT.

- **Grogginess/Sedation/Weakness:**
  This is most likely the result of the anesthesia and seizure effects. The recovery room nurse will stay with you until you are fully recovered (awake, oriented, and able to sit up and drink fluid).

- **Unsteadiness with Walking:**
  Because you have just had anesthesia, you may require assistance when you walk. Your walking should return to normal after you have fully recovered. However, you will be transported by wheelchair to your awaiting vehicle or hospital room for your safety and comfort. Later, you will need a nurse or caregiver to walk with you to provide safety until you can walk independently with steady gait.
Additional Information

• Driving and the operation of heavy machinery are not permitted during the day of ECT and should be minimized as much as possible on days between treatments, at least during the initial series of treatments.

• Because you will not have had anything to eat or drink since midnight the night before your ECT, you will need to replenish your food and fluid intake according to your doctor’s recommendations.

• Explore various types of pain relieving medications with your doctor. Sometimes different pain relievers will be effective for one symptom but not another.

• For outpatients experiencing persistent side effects: Notify the ECT nurse or doctor if you have sought medical treatment from another physician or any practitioner for side effects of ECT.
Persistent Side Effects

Some side effects of ECT may persist after the treatments have stopped. Forgetting events that happened prior to, during, and for 2-3 weeks after the completion of ECT can occur. There may be temporary reduction in the ability to learn and retain new information. Some individuals are greatly distressed by these problems, while others are not terribly bothered by them. Sometimes, patients do not remember the depressive episode or hospitalization itself. Most patients find that their ability to remember actually improves because their depression has improved as a result of the ECT treatments. It is well known that poor concentration and difficulty paying attention resulting in memory disturbances are common symptoms in many psychiatric conditions. If memory disturbance is persistent and bothersome to you, even during the ECT course, discuss it with your psychiatrist and the ECT treatment team. Modifications can be made that may decrease memory difficulties.
Limitations of ECT

Although ECT usually results in the relief of symptoms, not all people will respond equally well. As with other forms of treatment, some people will recover promptly whereas others will recover but then will relapse and require further treatment. Still others may fail to respond at all or only experience partial benefit. Although ECT is given only for those conditions for which it has been shown to be beneficial, accurate prediction of response in any given person is not yet possible. There are never any guarantees that ECT will work.

It is important to remember that ECT treats the acute phase of the psychiatric condition (e.g., depression) and does so efficiently. Because patients experience the relief of incapacitating symptoms, one is better equipped to return to normal functioning.

Many patients will need to continue with some form of psychiatric treatment after the initial course of ECT is completed. Although a course of ECT is usually effective over the short term, and sometimes in the long term, some personal problems resulting from a psychiatric illness will not be directly helped by ECT. Psychotherapy or other forms of counseling or partial hospitalization program may be recommended to deal with these difficulties. Sometimes it is very helpful for family members to be involved in therapy with you. Each patient is an individual, and the overall treatment plan needs to be tailored for each person.

Your doctor may recommend antidepressant medication or other medication(s) to help maintain your recovery after your course of ECT is completed. This may be to help prevent a relapse of psychiatric symptoms, or to address some symptoms which did not resolve completely. On occasion, medications that did not work prior to ECT or had lost their effectiveness may be beneficial after ECT. Sometimes, your psychiatrist will recommend maintenance ECT (outpatient ECT administered on a weekly basis then gradually decreased to as little as every few months). A third option may be the combination of ECT at a reduced frequency plus medications. It is of great importance that you are involved in your recovery and collaborate with your psychiatrist to establish the most effective treatment for lasting results.
Convalescence and Decision Making

During your ECT treatments, and for about one month after, it is important not to make major financial, business or personal decisions unless you discuss it with your family or with your doctor. We do not recommend that you drive a car, operate dangerous tools or machinery, or use hazardous materials during the active phase of ECT or especially the day of an ECT treatment. After your discharge from the hospital, we recommend that your activity be supervised by a responsible family member or significant other or caregiver.

Precautions are necessary due to the impairment of memory and difficulty with learning new material (largely temporary) which are potential side effects of the ECT treatments. The convalescent period varies with each person. It is important that you continue to keep your follow-up appointments with your doctors (psychiatrist and primary care physician) and follow through on your discharge plan so they can monitor your convalescent period and recovery.
Directions for Stewart and Lynda Resnick
Neuropsychiatric Hospital at UCLA
(Through the Mattel Children’s Hospital entrance)
ECT Outpatients
(310) 267-9147

Take the Wilshire Boulevard exit from the San Diego (405) Freeway. Go east on Wilshire Boulevard to Galey Avenue. Turn north (left) on Gayley Avenue and proceed to Charles E. Young Drive South. Turn Right at Charles E. Young Drive South. Make an immediate Right into the 1st Driveway.

Drive to the Mattel Children’s Hospital entrance. Medical Center Parking is $3.00 if you have a handicap sign. There is a fee for other parking for valet or other medical center parking.

- If you are parking, call us from the Lobby Reception Waiting area at extension #79147.
- If you are dropping off in front of Mattel Children’s entrance, call us from your car when you arrive (310) 267-9147. Please do not leave until an ECT staff has picked up the patient. Let us know if you will need a wheel chair.
- If this is your first out patient treatment or you need to be re-consented for ECT, please allow extra time for processing the necessary legal paper work before the procedure.
- Please notify the ECT staff where you can be reached. Please call in 1 hour to check the patient’s status. Cell phones do not always work inside the hospital.

Again, patients must not drive themselves to and from ECT treatments.
Patients and visitors to Ronald Reagan UCLA Medical Center, Resnick Neuropsychiatric Hospital at UCLA and Mattel Children's Hospital UCLA have valet parking services available on Westwood Plaza. When leaving, you will retrieve your vehicle from the Valet Lobby located on Level P.

Patient drop-off is available at all entrances. Alternate parking is available on campus.

For information regarding long-term discounted parking permits, contact Patient Affairs at (310) 267-9113. For current parking rates and more information, go to www.transportation.ucla.edu or call (310) 206-7275.
Resources

There is an exorbitant amount of information about ECT on the Internet. Other sources of information about ECT may be recommended by your psychiatrist or ECT Department staff. Beware that there is inflammatory information about ECT in literature and on Internet sites. Access the more accurate Psychiatry-based sites such as:

Internet Addresses

http://www.psych.org

http://www.apa.org

http://www.mayohealth.org
Personal Records

Date: ____________________
ECT #: ___________________
Treating ECT Psychiatrist: ________________________
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