

Mental Health Commission reports a steady decline in the use of Electroconvulsive Therapy

Mental Health Commission publish report on the use of ECT in 2011

Friday 8th March 2013. There has been a decline in the use of Electroconvulsive Therapy (ECT) and in the administering of ECT to patients who are unable or unwilling to give consent to treatment, for the fourth year in a row, according to the Mental Health Commission (MHC).

A report published by the Commission today shows a 4.3% reduction in the total number of programmes of ECT during 2011. 332 ECT programmes were administered to 262 individuals, during 2011 which when compared to 2010 (347), 2009 (373) and 2008 (407) shows a steady decline. 262 individuals equates to a rate of 5.7 people per 100,000 total population who received ECT in 2011. The majority (78.6%) had one programme of ECT in the reporting period. The average age of individuals who received ECT was 56 and there were a higher proportion of females (69.8%) than males (30.2%). The age and gender profile of people that had ECT in 2011 was similar to 2010 and mirrors what was reported in neighbouring jurisdictions of Northern Ireland and Scotland.

Also reported was a steady decline in the administration of ECT where the patient was unable or unwilling to give consent to treatment. In 2011, 7.5% of ECT programmes were administered without consent compared to 10.1% in 2010, 11.8% in 2009 and 12% in 2008. The majority of persons who were administered ECT in 2011 were capable of giving their consent to the treatment. In 2011, the Commission was notified of 25 programmes of ECT where a patient was either unwilling or unable to give consent and the administration of ECT without consent proceeded. This represents 7.5% of all programmes.

The majority (77.4%) of those who were administered ECT had a diagnosis of Depressive disorders. This diagnostic grouping was followed by Schizophrenia (10.1%) and Mania (7.8%).

Commenting on the publication of the report, Mr John Saunders, Chairman of the Mental Health Commission said, "The use of ECT has fallen year on year since 2008 and this is very much welcomed. We also see from this report that the number of patients who received ECT and did not consent to it has also reduced. It is the Commission's long-standing view that it should not be possible to administer ECT to a patient who is unwilling to receive it."

Sixty-eight approved centres returned data to the Commission. In 2011, 20 approved centres reported that they administered ECT, in comparison to 23 in 2008, 2009 and 2010. Nine approved centres referred one or more patients to another approved centre for treatment and the remaining 39 indicated they do not use this treatment at all.

St Patrick's University Hospital recorded the highest number (129) programmes of ECT in 2011 which amounts to over one-third (38.9%) of all ECT administered during the year. Department of

Psychiatry, Waterford Regional Hospital reported the second highest number of programmes (36) which represents 10.8% of all programmes, followed by St John of God Hospital limited (26)

The consultant psychiatrist responsible for the care and treatment of the individual is required to indicate the reasons for prescribing ECT. The most prevalent reason cited was that medication had proven ineffective ('refractory to medication'); it accounted for 61.9% of all programmes of ECT. An urgent need for treatment ('rapid response required') was indicated in 11.1% of programmes and in 15.9% of programmes the consultant psychiatrist cited 'multiple indications' (a combination of two or more reasons) medication had proven ineffective combined with an urgent need for treatment was the most common combination.

In 2011 the most common outcome reported by consultants psychiatrists on completion of a course of treatment was 'complete recovery' (38.3%) followed by 'significant improvement' (36.2%). The majority, 94.7% of programmes some level of improvement was indicated.

ENDS

Issued by Murray Consultants on behalf of The Mental Health Commission

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NOTES TO EDITOR

Electro-convulsive Therapy (ECT) is a medical procedure in which an electric current is passed briefly through the brain via electrodes applied to the scalp to induce generalised seizure activity. The person receiving treatment is placed under general anaesthetic and muscle relaxants are given to prevent body spasms. Its purpose is to treat specific types of major mental illnesses.

A programme of ECT refers to no more than 12 treatments prescribed by a consultant psychiatrist.

A "centre" means. An "approved centre" is a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder that is registered pursuant to the Mental Health Act 2001. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the 2001 Act.

The Commission has produced *Rules Governing the Use of Electro-convulsive Therapy (ECT)* and a *Code of Practice on the Use of Electro-convulsive Therapy (ECT) for Voluntary Patients*, which regulate the administration of ECT in approved centres.