Welcome to the re-launch of the ECTAS newsletter! At ECTAS, we promote an inclusive, interactive approach to quality improvement and we hope that the newsletter will give you the opportunity to share developments, knowledge and ideas with your peers. If you have any comments or suggestions about what you would like to see in future editions, then you can contact the ECTAS team using the details below.

We have been very busy at ECTAS over the past few months, with lots of teams working hard to go through the peer review process and become accredited. ECTAS also celebrated its 10th birthday in May this year, and many members joined in the celebrations in Birmingham, which included several interesting presentations, tasty brain-shaped cakes and some yo-yoing!

T 020 7977 6696
E ECTAS@cru.rcpsych.ac.uk

In this issue...
ECT Handbook  3rd edition
   Page 1

News and events
   Page 2

Tales from the front line
   Page 3

Recent publications
   Page 3

Ketamine augmentation of ECT to improve outcomes in depression
   Page 4

ECT Handbook Third Edition

The recently published Third Edition of the ECT Handbook presents the latest clinical guidelines on the prescription and practical administration of ECT. Inside, editors Dr Jonathan Waite and Dr Andrew Easton discuss the third edition, and consider how things have moved forward since the second edition was published ten years ago.

The 3rd edition of The ECT Handbook is now available, providing up to date advice on the practice of ECT and its use in the treatment of psychiatric and neuropsychiatric disorders. There are also useful appendices with various new forms and information. At the time of the publication of the 2nd edition of the handbook, the continuing use of ECT was under threat. (Continued overleaf)
NICE had just published its Technology Appraisal on ECT. The tone of this report was quite hostile, the review panel paid particular attention to the views of service users and their complaints of adverse effects, rather than the scientific evidence showing that ECT was an effective treatment. The report recommended that ECT should only be used in effect as a treatment of last resort, as well as dismissing maintenance ECT as non-effective. In response to the negative publicity which surrounded the report, the Royal College of Psychiatrists launched two initiatives. One was to set up ECTAS, the other was to produce a 2nd edition of The ECT Handbook, prefaced by a position statement on the place of ECT in contemporary psychiatry.

Ten years on it is time for another edition of the Handbook. The NICE Clinical Guideline on Treatment of Depression in Adults (2009) has superseded the 2003 Technology Appraisal in respect of the treatment of depression. The tone of the revised guidance is less hostile and recognises a wider role for the use of ECT in depression, as well as leaving it firmly in the hands of clinicians to judge the place for maintenance treatment. The ECT Committee welcomes these changes and revised their views on the role of ECT in contemporary psychiatry. We have tried to offer some help on how to comply with NICE guidance on monitoring patients during treatment, but we are aware that there are no entirely satisfactory instruments for assessing cognition and autobiographical memory.

The other major development since the previous edition has been change in the law. New legislation on mental capacity and compulsory treatment of mental disorders has been introduced in England & Wales, Scotland and the Republic of Ireland. A new chapter on Consent, Capacity & the Law offers guidance on how clinics can change their practice in response to the new laws.

It is fair to say that the whole handbook has been extensively revised and updated, with new chapters on the mode of action of ECT, cognitive adverse effects, dental effects, other brain stimulation techniques and patient and carer perspectives, as well as one on the inspection of ECT clinics. The chapters on ECT prescribing and practice and the use of psychotropic drugs before and after ECT have been completely re-written.

As editors we would like to issue one apology – the revised Information for patients and carers does not meet the recommendations of Chapter 9 (or ECTAS Standard 4.46.1) and include information about dental risks of treatment.

We have tried to balance the need to produce a concise manual to assist clinics in techniques of treatment and also offering a comprehensive review on the relevant literature. The process of updating the Handbook goes on and we welcome feedback on how it can be improved for the future.

Dr Jonathan Waite (Consultant Psychiatrist, Nottingham)
Dr Andrew Easton (Consultant Forensic Psychiatrist, Leeds)

News & Events

Standards reference group

The standards reference group will take place in October this year, and you should have already received a consultation document. Please send any comments or suggestions on the standards to ECTAS no later than 2nd September 2013.

Peer reviewer training

ECTAS peer reviewer training will take place on 25th September 2013. This course is now full, but we are operating a waiting list. Please contact ECTAS with any queries.
Tales from the front line...

Janet Clarke is the Senior Nurse at the Hadrian Clinic in Newcastle, who have been members of ECTAS since 2003 and are currently accredited as excellent. We asked Janet some questions about being a part of the ECTAS process.

Why did you first decide to get involved with ECTAS?
It was at the very beginning of ECTAS – our ECT Consultant at the time discussed the idea with the ECT team. Accreditation as a concept was very new back then but we leapt at the opportunity to get an objective base line on our practice and make any identified improvements. We have enjoyed the process from those early days to our current self review and are proud to now hold accreditation with excellence!

What is the most rewarding part of your job?
Obviously seeing patients improving and in most cases so quickly once they start on a course of treatment – makes all the difficult administration requirements related to ECT worthwhile!

What is the most challenging part of your job?
I think I have this problem in common with a lot of ECT suites nation-wide! It is referrer compliance with the assessment, review and post treatment monitoring of patients. We have a range of initiatives we are currently trying in order to address this, e.g., more robust teaching/refresher session for consultants, clinicians’ guides to an ECT referral, reviewing the ECT policy to make a more streamlined, simple to follow pathway, changes to our electronic patient records to make physical health examination documents more accessible, and use of a telephone checklist for initial information provision. Fingers crossed for improvements!

How do you feel that Hadrian Clinic has benefitted from being a part of ECTAS?
Tremendously! We are able to quote our accreditation status and use it as a lever to effect changes, to protect our resources and increase where required, to ensure we have all required up to date equipment, highly trained staff, to standardise escort training and role, and to ensure patients have the best possible treatment experience.

How would you like to see ECTAS develop in the future?
We would like to see ECTAS standards turning their attention to referrers. We feel referrers should be acknowledging more the specialist nature of ECT and the fact that yes, even though it does require the completion of a lot of legal and clinical documentation, this is in order to ensure patient safety and the best possible outcomes. It should be given the same respect as any other speciality treatment, similar to that which could be expected in general medicine e.g. kidney dialysis or chemotherapy – no one would expect to engage in these treatments if it wasn’t done to a high standard with everyone involved focussing consistently on their respective roles.

Recent Publications

ECTAS often receives queries from members regarding up-to-date information on ECT in published literature. Below, Professor Declan McLoughlin (Professor of Psychiatry, Dublin) shares links to two recent papers from his group. You can read more online by following the hyperlinks in this article.

Measuring retrograde autobiographical amnesia following electroconvulsive therapy: historical perspective and current issues
Semkovska, M and McLoughlin, DM
This article reviews issues surrounding the measurement of ECT-associated retrograde autobiographical amnesia, and looks at future directions for reliable, specific measurement.

Relapse following successful electroconvulsive therapy for major depression: a meta-analysis
Jelovac, A, Kolshus, E and McLoughlin, D
This article provides a systematic overview of the existing evidence regarding post-ECT relapse.
Several ECT Clinics are currently participating in a clinical trial looking at ketamine augmentation of ECT. Below, the Ketamine-ECT team outline the clinical study they are undertaking, and provide details of how to get further information.

ECT clinics, from five NHS Trusts, across the north of England are currently participating in the Ketamine-ECT study, funded by the EME*, led by the University of Manchester and sponsored by Manchester Mental Health and Social Care Trust. This clinical trial is investigating whether giving ketamine, as an adjunct to the standard anaesthetic agent during ECT, can reduce the cognitive impairments that many patients experience after ECT and reduce the number of treatments needed to achieve remission. The trial is the largest multi-site study of ECT for around 50 years and aims to recruit 160 patients. A mechanistic brain imaging study in a subgroup will investigate the mechanisms involved.

There is increasing evidence that ketamine is a rapid and effective treatment for treatment resistant depression, but is impractical in everyday use. Pre-clinical and preliminary human data suggest that ketamine can protect against the cognitive effects of ECT and hasten speed of response. However, before ketamine augmentation is used routinely a definitive trial is needed to demonstrate benefits.

Ian Anderson, Professor of Psychiatry at The University of Manchester and former ECT lead in central Manchester, is the Chief Investigator on the trial. Professor Anderson says, “this trial has the potential to change the way we provide ECT, improve patient outcomes and lead to a better understanding of how ECT works.”

Janet Clarke, Senior Nurse from the participating Hadrian Clinic in Newcastle has found involvement in research a positive experience, ‘The ECT team were a little apprehensive at first, but the study has run smoothly and we have now come to regard the clinical trials staff as part of our team. Our initial apprehension has been replaced with confidence and we have been inspired to involve ourselves in another ECT-related study. We are looking forward to keeping up this great work into the future!’

For more information about the study, please contact the Ketamine-ECT team at ketECT@manchester.ac.uk or visit their website at www.ketECT.org

ECTAS email discussion group
The ECTAS email discussion group provides a forum for members to ask questions and share ideas. Earlier this year, we made some technological changes which may have resulted in some contact details being lost. If you or a colleague have stopped receiving emails and would like to, or if you work in a member clinic and would like to join the group, please email ‘JOIN’ to ECTAS@cru.rcpsych.ac.uk.