PROTOCOL FOR MAINTENANCE ECT

1. Overview

‘Maintenance ECT’ is defined as ECT delivered at intervals of usually between one week and three months that is designed to prevent relapse of illness. Maintenance ECT is not recommended under NICE guidelines but may be permissible in some circumstances.

2. Responsibilities (of referring team)

If prescribing maintenance ECT the following protocol should be adhered to:

- The RMO should record in the patient's notes the reasons for proposing maintenance ECT as opposed to alternative treatments.

- The decision should be discussed fully with the patient and their family or carers.

- An informal second opinion should be sought if the patient is not detained under the MHA.

- The decision to recommend maintenance ECT should be discussed with the ECT consultant.

- The risks and benefits of maintenance ECT should be recorded in the patient’s notes.

- A statement of capacity should be recorded prior to commencement.

- A consent form stipulating the number of treatments should be completed. The maximum being 12 or the maximum treatments needed over a six month period (whichever is the lower).

- Consent should be renewed after 12 treatments or six months – whichever is sooner. A further statement of capacity and second opinion should also be sought at this time and recorded.

- Patients should undergo the usual clinical investigations before ECT commences.

- Clinical progress, cognitive functioning and side-effects should all be assessed at regular intervals.

Maintenance ECT should be discontinued at the earliest opportunity when the patient has recovered sufficiently and is stable or when the side-effects of ECT outweigh the benefits.

For patients detained under a section of the Mental Health Act, a formal second opinion is required and the Section 12 Doctor should be informed that the patient is being consented for maintenance ECT.