

ECTAS
ECT ACCREDITATION
SERVICE



ECT Minimum Dataset 2014-15

Activity Data Report – England, Wales, Northern
Ireland & Republic of Ireland

Editors: Nicky Buley, Sophie Hodge, Emma Hailey

Report released September 2015

Publication no: CCQI217

Contents

Summary	2
Introduction	4
Definitions.....	4
The surveys.....	4
Acute Courses of ECT.....	5
Age range	5
Reason for referral	6
Mental Health Act status	8
Number of treatments	11
Clinical outcomes	13
Maintenance ECT.....	15
Age	15
Reason for referral	16
Mental Health Act status and capacity to consent	17
Frequency	17
Aggregated data; acute courses of ECT.....	19

Summary

In 2014/15, 81 (68%) clinics in England, Wales, Northern Ireland and Republic of Ireland submitted data.

Acute courses of ECT

- 2,148 courses were given. 179 people had more than one course during the year.
- 65% patients were female.
- The mean age of patients was 61.
- The most common reason for referral was major depression (84% patients).
- The mean number of treatments per course was 9.5.
- 51% patients were informal and had capacity to consent to treatment at the start of the course.
- Most patients (52%) were rated 'severely ill' at the start of treatment.
- 92% showed clinical improvement by the end of treatment.

Maintenance ECT

- 155 people were undergoing maintenance ECT during March 2015.
- 74% patients were female.
- The mean age of patients was 65.
- The most common reason for treatment was recurrent depression (92% patients).
- 83% people were seen as outpatients.
- 85% patients were informal and had capacity to consent to treatment.
- The most common frequency of treatments was monthly (29.7% patients).

Table 1: Summary table showing data on acute courses of ECT

Acute courses of ECT – comparison 2012/13 and 2014/15		
Domain	2012/13	2014/15
Number of courses	2022	2148 (6% increase)
Gender	66% female; 34% male	65% female; 35% male
Mean age	62	61
Most common reason for referral	Depression 86%; Catatonia 2%	Depression 84%; Bipolar depression 5%
Mental Health Act Status at start of course	42% detained; 58% informal	45.2% detained; 54.8% informal
Capacity to consent at start of course	61% capacitous; 39% non-capacitous	59.7% capacitous; 40.3% non-capacitous
Mean number of treatments	9.3	9.5
Clinical global impression score, start of course	47% patients rated 'severely ill'	52% patients rated 'severely ill'
Clinical outcome at end of course	90.3% patients improved	92% patients improved

Table 2: Summary table showing data on maintenance courses of ECT

Maintenance ECT – comparison 2013/2015		
Domain	2013	2015
Number of people receiving maintenance ECT	160	155 (3% decrease)
Gender	76% female; 24% male	74% female; 25% male
Mean age	67	65
Most common reason for referral	Recurrent symptoms of depression 92%	Recurrent symptoms of depression 92%
Patient status	82% outpatients	83% outpatients
Mental health act/capacity status	82% informal and capacitous	85% informal and capacitous
Most common frequency of treatments	Fortnightly/monthly	Monthly

Introduction

The ECT Accreditation Service (ECTAS) was established in 2003 to improve standards of practice in ECT services in England, Wales, Northern Ireland and the Republic of Ireland. ECTAS is managed by the Royal College of Psychiatrists' Centre for Quality Improvement.

Since its inception, ECTAS has received requests for basic national activity data. In response to this, ECTAS undertook a national survey in 2012 to collect a comprehensive dataset relating to people who received ECT in England, Wales, Northern Ireland and the Republic of Ireland over a one year period. The results of this were published in August 2013¹ and May 2014². In 2014, ECTAS repeated this survey, with the aim of establishing a more detailed national picture of ECT, and beginning to look at trends over time. This report details the findings of the repeat survey and compares the results with the amalgamated findings from the previous two reports.

Definitions

For the purpose of this report an acute course of ECT is defined as a series of individual ECT treatments, usually given twice weekly, to alleviate the symptoms of a diagnosed mental illness, typically depression, mania, catatonia and bipolar disorder and less frequently, schizoaffective disorder and schizophrenia. The course of treatment is discontinued when there is sufficient improvement in the symptoms.

Maintenance ECT (also referred to as continuation ECT) is defined as ECT usually delivered at intervals of between one week and three months, that is designed to prevent relapse of illness. The purpose of maintenance ECT is to give the treatments as infrequently as possible whilst preventing a relapse of symptoms.

The surveys

The dataset survey was carried out with the co-operation of ECTAS member clinics. Each member clinic was asked to complete a brief online survey for every patient who began an acute course of ECT between April 1st 2014 and 31st March 2015. The survey was based on that used for the Minimum Dataset in 2012, the only alterations being the removal of a question on ethnicity and the addition of some guidance notes under the question 'reason for referral for ECT'. Clinics were asked to record:

- The patient's age;
- Gender;
- Reason for their referral;
- Mental Health Act status at the start and end of the course;
- Capacity to consent to treatment at the start and end of the course;
- Severity of illness at the start of treatment using the Clinical Global Impression Scale (CGI);
- Clinical outcome following treatment using the CGI;
- Whether the person had received more than one acute course of ECT during the period, and if so, how long it had been since the previous course.

In March 2015, clinics were asked to submit a separate questionnaire for every patient receiving maintenance ECT at that point. Again, clinics were asked to record the age of the patient, their gender, their Mental Health Act status and their capacity to consent. They were also asked to record the frequency of treatments and whether that person received treatment as an inpatient or an outpatient.

¹(Cresswell, J & Hodge, S, *ECT Minimum Dataset: Activity Data Report – England and Wales*)

²(Cresswell, J, Buley, N & Hodge, S, *ECT Minimum dataset: Activity Data Report – Republic of Ireland and Northern Ireland*)

Acute Courses of ECT

ECTAS estimates that there were 119 clinics in England, Wales, Ireland and Northern Ireland delivering ECT between April 2014 and March 2015. 91 of these clinics are currently ECTAS members, and of these, 81 clinics submitted data, equating to 68% of all clinics in these countries. Of those clinics, 71 were in England, 4 were in Wales, 4 were in the Republic of Ireland and 2 were in Northern Ireland.

2,148 acute courses of ECT were given to 1,969 people. Of these, 1,278 (65%) were female and 691 (35%) were male. 179 people received more than one acute course of ECT during the year. Excluding non-respondents, the data showed that 20,286 individual treatments were given in the time period.

In 2012, 80 clinics took part in the dataset. 2,022 courses of ECT were given to 1,856 people. This amounted to 18,057 individual treatments (excluding non-respondents). There were therefore 126 (6%) additional acute courses of ECT in 2014 compared with 2012, and 113 (6%) additional people received an acute course of ECT. This increase is not solely explicable by one extra clinic participating in the data collection (an increase of 1%). The proportion of males to females remained constant; in 2012, females accounted for 66% of treatments, and males 34%.

Age range

Respondents were asked to give the ages of people who received an acute course of ECT. The mean age was 61, the mode was 70 and the median was 64. Table 3 shows the breakdown of ages in ten year intervals, and figure 1 shows the age distribution. Table 4 shows the age range breakdown in terms of working age adults and older adults.

Table 3: Age Range breakdown

Age	Number of people	% of people
Under 18	3	0.2
18 - 29	78	4.0
30 - 39	141	7.2
40 - 49	257	13.1
50 - 59	305	15.5
60 - 69	461	23.4
70 - 79	497	25.2
80 - 89	207	10.5
Over 90	16	0.8
Non respondents	4	0.2

Figure 1: Age distribution of people who received an acute course of ECT

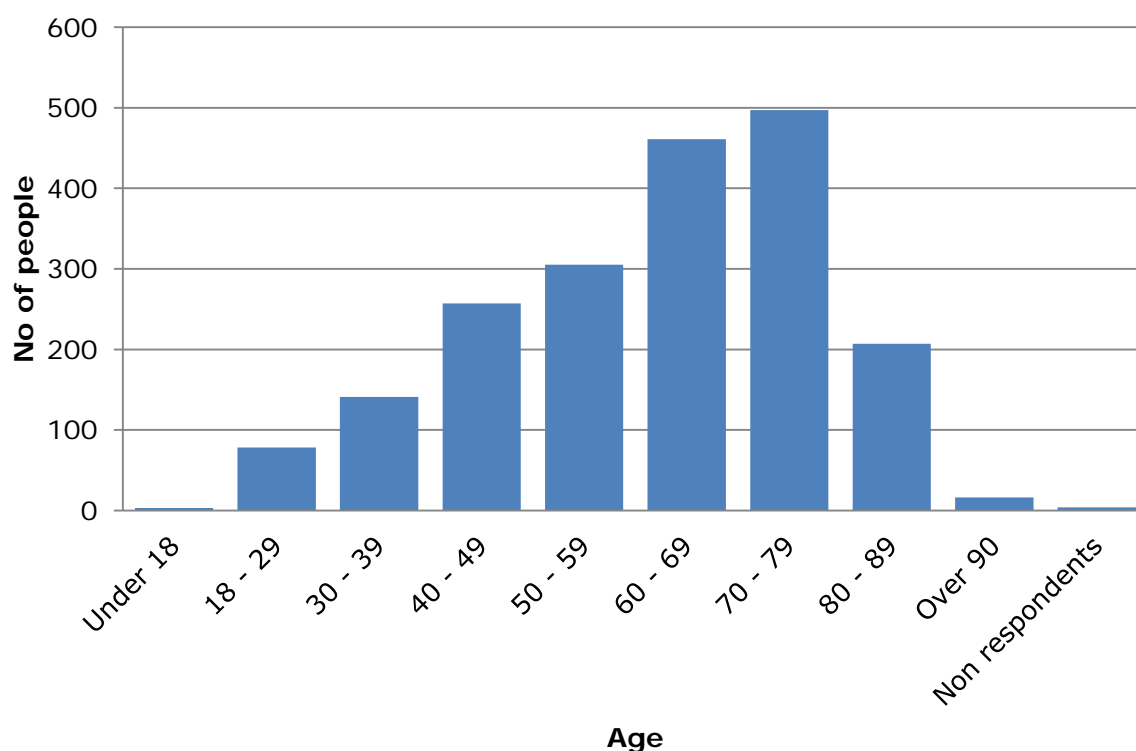


Table 4: Age range breakdown showing young people, working age adults and older adults.

Age	Number of people	% of people
Under 18	3	0.2
18 - 65	1032	52.4
Over 65	930	47.2
Non respondents	4	0.2

In 2012, the mean age was 62, the mode was 52 and the median was 64. As with gender, the age range of people receiving ECT is very similar across the two data sets.

Reason for referral

Respondents were asked to state the reason for referral for ECT, i.e., the illness that the patient was referred for. The vast majority of patients (84.4%) were referred for depression. The second most common reason for referral was bi polar depression, which

accounted for 5.4% of people. Where this question was left incomplete, or where respondents recorded the symptoms rather than the illness, this has been recorded under 'non-respondents' in table 5.

Table 5: Reason for referral for ECT

Diagnosis	Number of people	% of people
Acute Polymorphic Psychotic Disorder	1	0.05
Adjustment disorder	2	0.09
Antenatal depression	1	0.05
Anxiety	2	0.09
Atypical anorexia nervosa	1	0.05
Bi polar disorder	15	0.70
Bi polar - depression	117	5.4
Bi polar - mania	21	0.98
Borderline personality disorder	1	0.05
Catatonia - cause not stated	30	1.40
Catatonia - depression	15	0.70
Catatonia - schizo-affective disorder	1	0.05
Catatonia - schizophrenia	5	0.23
Depression	1812	84.4
Diagnosis uncertain - psychotic depression or some form of organic cause	1	0.05
Drug induced psychosis	1	0.05
Emotionally unstable personality disorder - depression	3	0.14
Mania	22	1.02
OCD	2	0.09
OCD - depression	1	0.05
Persistent Delusional Disorder	1	0.05
Personality disorder - depression	1	0.05
Post-natal depression	5	0.23
Post-natal psychosis	2	0.09
Post-traumatic stress disorder - depression	1	0.05
Psychosis	4	0.19
Schizoaffective disorder	14	0.65
Schizoaffective disorder - depression	21	0.98
Schizoaffective disorder - mania	3	0.14
Schizophrenia	27	1.26
Schizophrenia - depression	7	0.33
Non-respondents	8	0.37

In 2012, depression was also by far the most common reason for referral, accounting for 86.4% of acute courses. The second most common reason or referral was catatonia – cause not stated (2.1%). Interestingly, only 20 different reasons for referral were

recorded in 2012, whereas 31 different reasons have been recorded in this round of data collection. It should be noted that some extra guidance was added to the questionnaire in 2014, prompting respondents to enter the illness that the patient was referred for, rather than only the symptoms of the illness.

Mental Health Act status

Respondents were asked to record the patient's Mental Health Act status and capacity to consent at the start and at the end of the acute course of ECT. Figure 2 below shows patients' Mental Health Act status at the start and end of the course, and figure 3 shows the percentage of people who had capacity and the percentage of people who lacked capacity at the start and the end of the course.

Figure 2: Mental Health Act status at the start and the end of the acute course of ECT

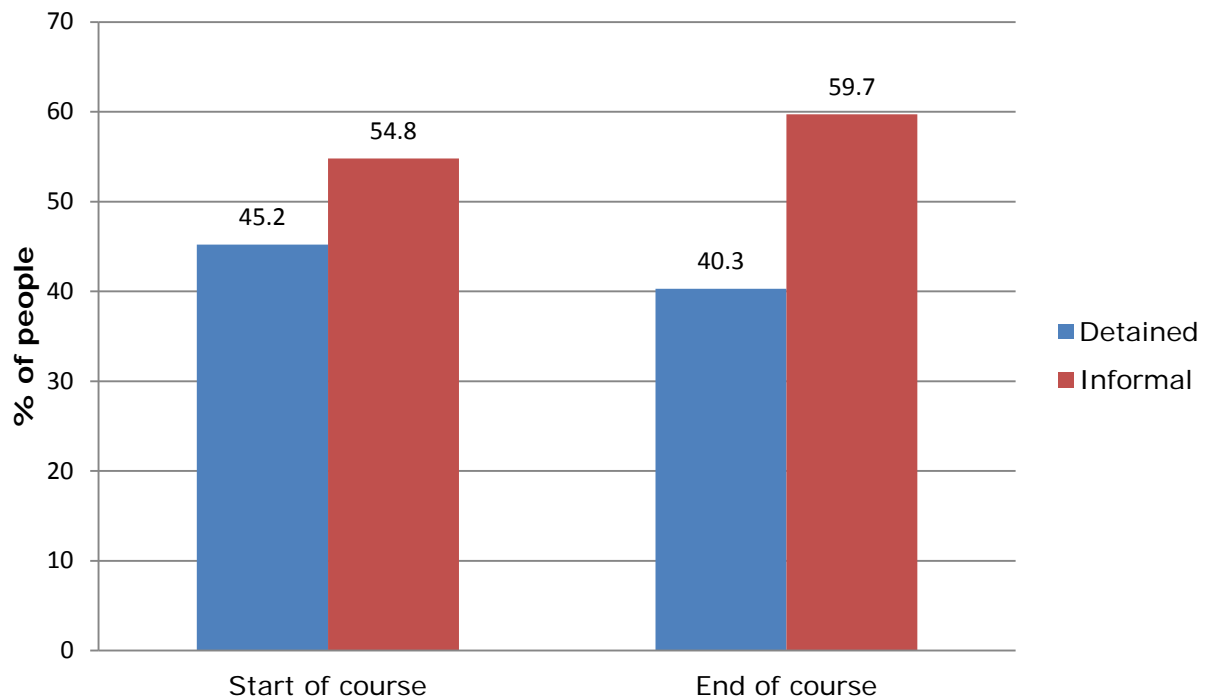
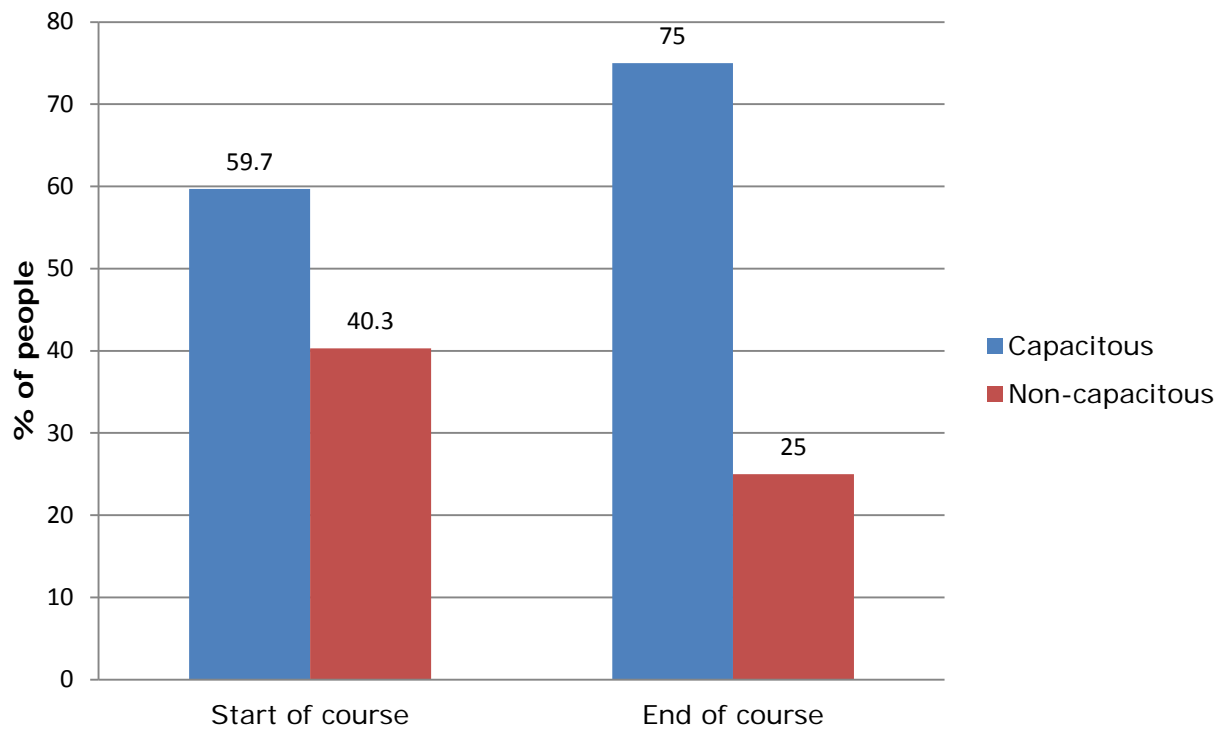


Figure 3: Capacity to consent at the start and end of the acute course of ECT



The majority of patients (51.4%) were both informal and capacitous at the start of treatment. 36.9% were detained and non-capacitous, 8.3% were detained and capacitous and 3.4% were informal and non-capacitous. The percentage of informal and capacitous patients was slightly higher at the end of the course (57.3%), and the proportion of detained, non-capacitous patients reduced slightly to 22.5%. 17.7% of patients were detained and capacitous and 2.4% were informal and non-capacitous.

Of those patients who were detained, 10.8% had been made informal by the end of the course of ECT. 26.5% of people who lacked capacity at the start regained capacity during the course of treatment. 2% of people who were informal became detained, and 1.6% of people lost capacity.

Table 6 shows a breakdown of the changes in Mental Health Act status and capacity to consent over the duration of the acute course.

Table 6: Mental Health Act status and capacity to consent at the start and end of the acute course of ECT

Status at start of course (no of people)	Status at end of course	Number of people	% of people
Detained, capacitous (178)	No change	140	78.7%
	Detained, non-capacitous	8	4.5%
	Informal, non-capacitous	0	0.0%
	Informal, capacitous	30	16.9%
Detained, non-capacitous (792)	No change	461	58.2%
	Detained, capacitous	231	29.2%
	Informal, non-capacitous	3	0.4%
	Informal, capacitous	97	12.2%
Informal, capacitous (1105)	No change	1082	97.9%
	Detained, non-capacitous	11	0.1%
	Detained, capacitous	10	0.9%
	Informal, non-capacitous	2	0.2%
Informal, non-capacitous (73)	No change	47	64.4%
	Detained, non-capacitous	4	5.5%
	Detained, capacitous	0	0.0%
	Informal, capacitous	22	30.1%

The data on Mental Health Act status and capacity to consent is similar to that in 2012. In 2012, 54% of patients were informal and capacitous at the start of the course, 35%

were detained and non-capacitous, 7% were detained and capacitous and 4% were informal and capacitous. In 2012, 10% of people who were detained became informal and 40% of people who lacked capacity regained capacity.

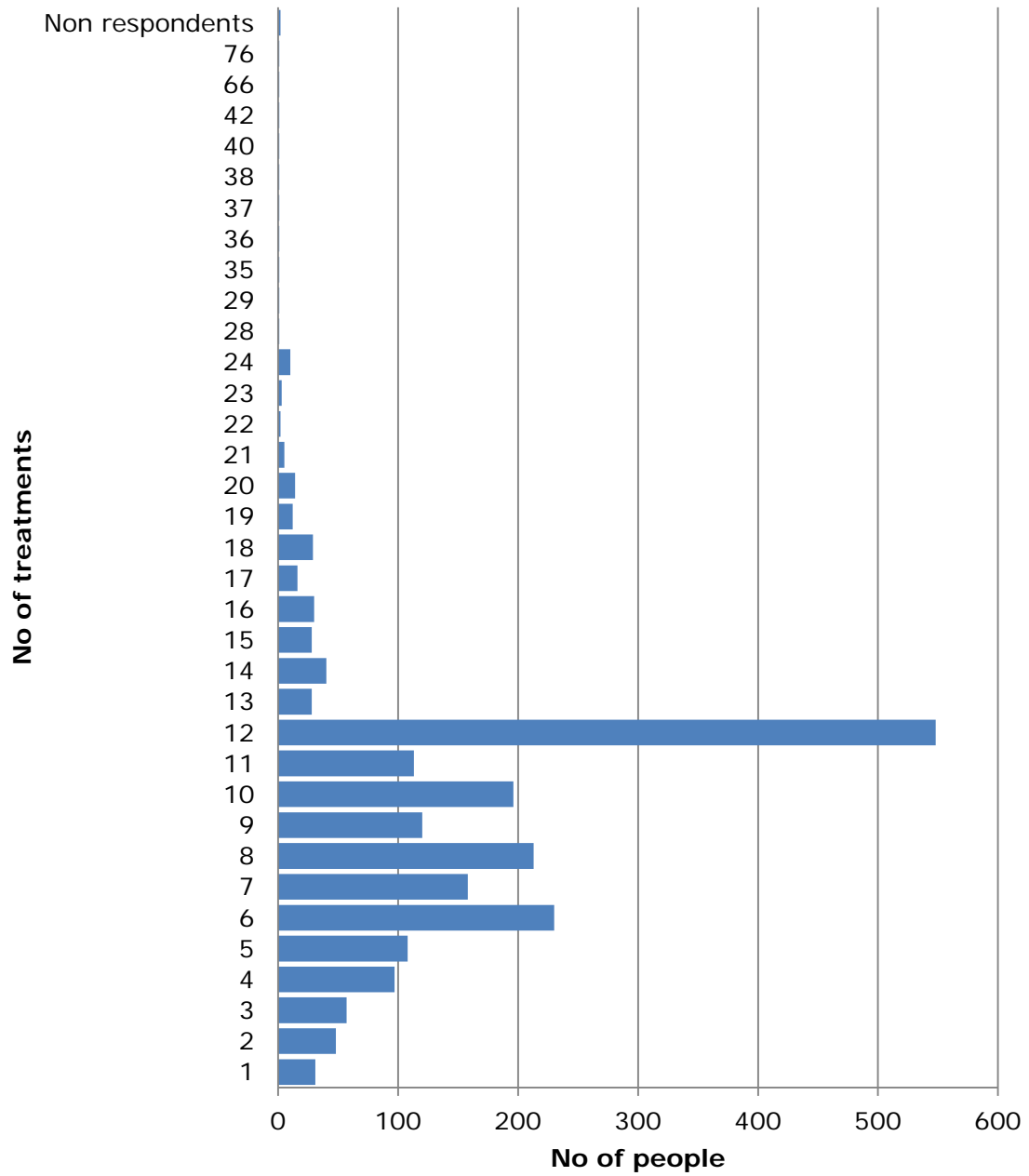
Number of treatments

Respondents were asked to record the number of treatments the patient received. The mean number of treatments was 9.5, the median was 10 and the mode was 12. Table 7 below shows the number of treatments patients received, and Figure 4 shows the distribution.

Table 7: Number of treatments

No of treatments	Number of people	% of people
1	31	1.4
2	48	2.2
3	57	2.7
4	97	4.5
5	108	5.0
6	230	10.7
7	158	7.4
8	213	9.9
9	120	5.6
10	196	9.1
11	113	5.3
12	548	25.5
13	28	1.3
14	40	1.9
15	28	1.3
16	30	1.4
17	16	0.7
18	29	1.4
19	12	0.6
20	14	0.7
21	5	0.2
22	2	0.1
23	3	0.1
24	10	0.5
28	1	0.05
29	1	0.05
35	1	0.05
36	1	0.05
37	1	0.05
38	1	0.05
40	1	0.05
42	1	0.05
66	1	0.05
76	1	0.05
Non respondents	2	0.09

Figure 4: Distribution of number of treatments



This data is almost identical to the data from 2012, when the mean number of treatments was 9.3, the median was 9 and the mode was 12.

Clinical outcomes

Respondents were asked to use the Clinical Global Impression Scale to rate the severity of illness at the start of treatment, and the clinical outcome at the end of treatment. The majority of people (51.7%) were rated as severely ill at the start of treatment, and much improved (41.3%) by the end of treatment.

Tables 7 and 8, and figures 5 and 6, show the CGI score at the start and the end of treatment.

Table 7: CGI score at the start of treatment

CGI at start	Number of people	% of people
Borderline mentally ill	5	0.2
Mildly ill	45	2.1
Moderately ill	589	27.4
Severely ill	1111	51.7
Amongst the most severely ill	398	18.5

Figure 5: CGI score at the start of treatment

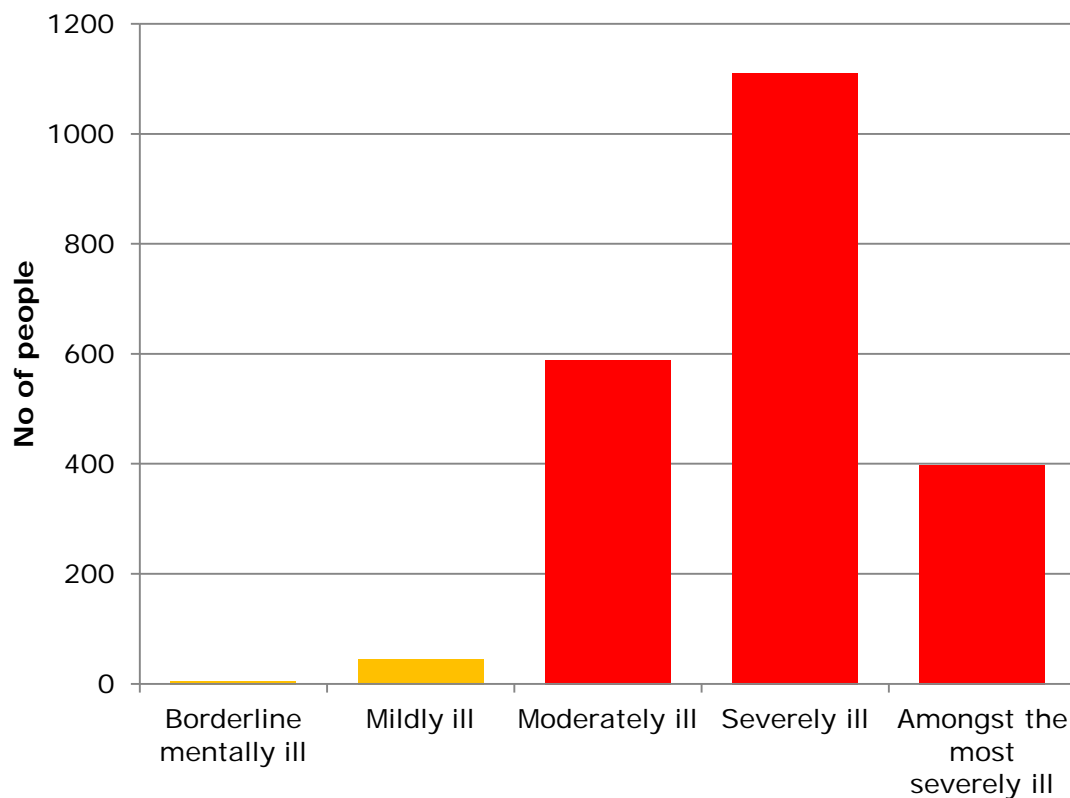
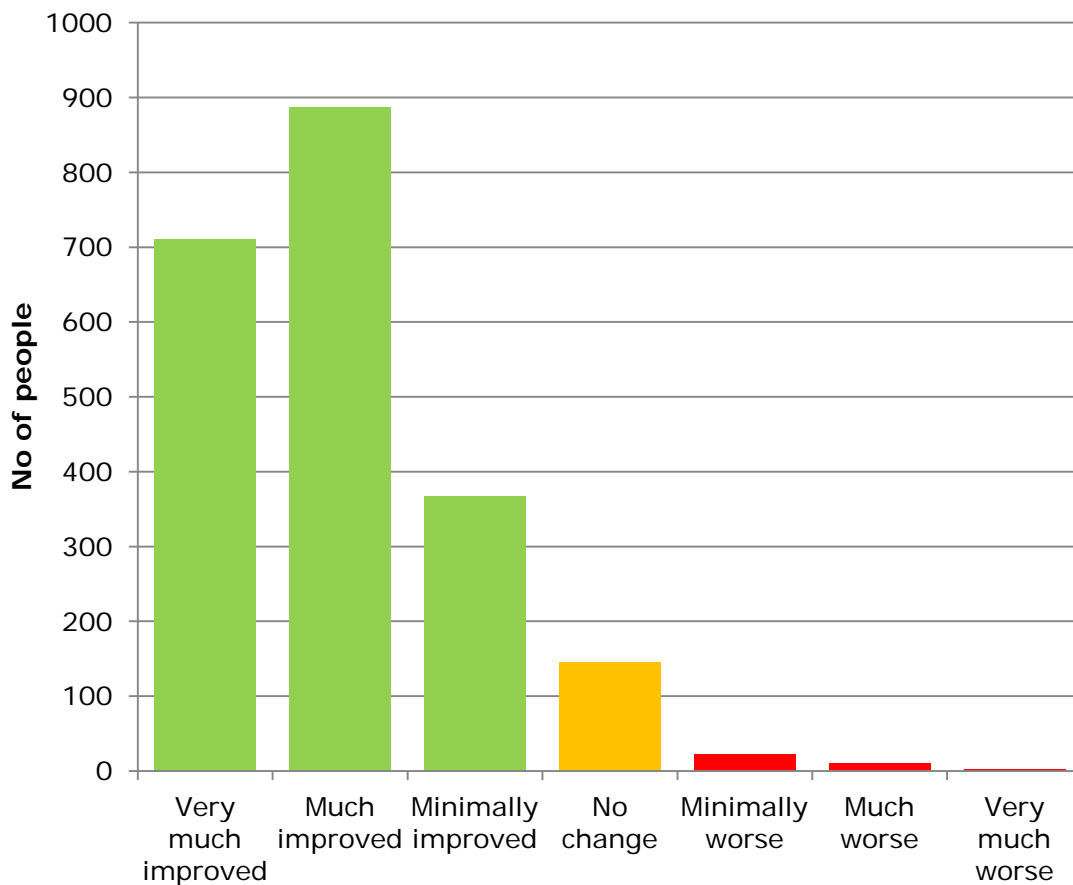


Table 8: CGI score at the end of treatment

CGI at end	Number of people	% of people
Very much improved	711	33.1
Much improved	887	41.3
Minimally improved	368	17.1
No change	146	6.8
Minimally worse	23	1.1
Much worse	10	0.5
Very much worse	3	0.1

Figure 6: CGI score at the end of treatment



In 2012, the majority of people (47%) were severely ill at the start of the course, and much improved (41.7%) by the end of the course. The distribution of CGI scores both at the start and the end of the course was very similar.

Maintenance ECT

In March 2015, there were 155 people receiving maintenance ECT. Of these (excluding non-respondents), 74% were female, and 25% were male. 83% were receiving maintenance ECT as outpatients, and 16% were receiving being treated as inpatients.

In March 2013, 160 people were receiving maintenance ECT. 67% of them were female, and 24% were male. 81.9% of people received treatment as outpatients, and 18% as inpatients.

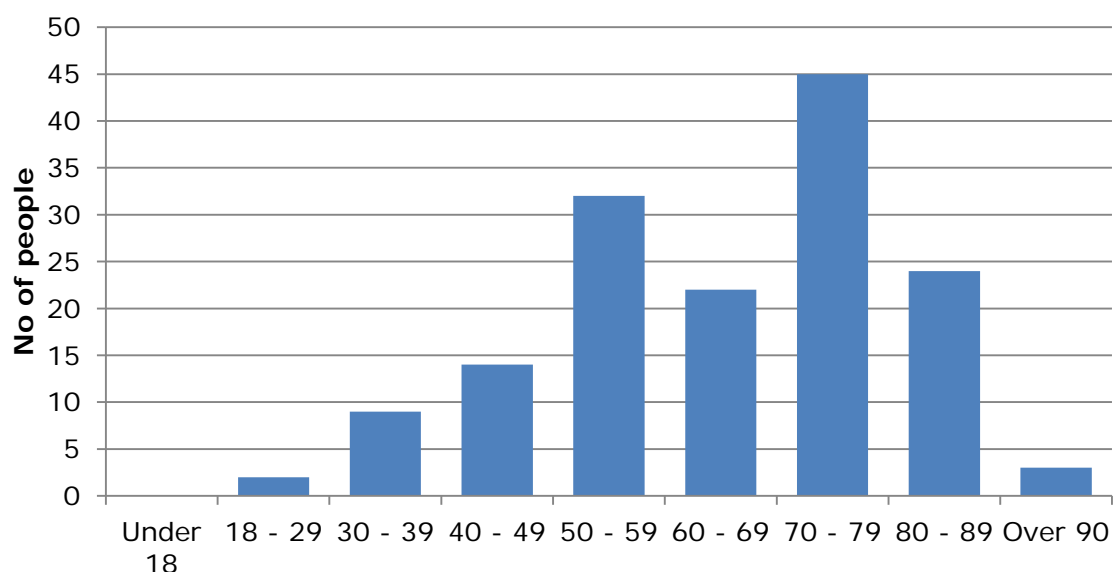
Age

Respondents were asked to record the age of the person receiving maintenance ECT. The mean age was 65, the mode was 71 and the median was 68. Table 9 below shows the age breakdown of people receiving maintenance ECT, and figure 7 shows the age distribution.

Table 9: Age range breakdown of people receiving maintenance ECT

Age	Number of people	% of people
Under 18	0	0
18 - 29	2	1.3
30 - 39	9	5.8
40 - 49	14	9.0
50 - 59	32	20.6
60 - 69	22	14.2
70 - 79	45	29.0
80 - 89	24	15.5
Over 90	3	1.9
Non respondents	4	2.6

Figure 7: Age distribution of people receiving maintenance ECT



The data for March 2013 was very similar; the mean age of people receiving maintenance ECT in March 2013 was 67, the mode was 73 and the median was 71.

Reason for referral

The majority of people (92.3%) were receiving maintenance ECT for recurrent symptoms of depression. There were various other reasons for referral, but for each of these, only one person was referred. Table 10 below shows the reasons for referral.

Table 10: Reason for referral for maintenance ECT

Reason:	Number of people	% of people
Recurrent symptoms of depression	143	92.3
Catatonia	1	0.6
Emotionally Unstable Personality Disorder - depression	1	0.6
Psychotic depression	1	0.6
Recurrent schizo-manic disorder	1	0.6
Schizo-affective disorder	1	0.6
Schizo-affective disorder - depression	1	0.6
Somatization/atypical depression	1	0.6
Symptoms of depression and mania	1	0.6
Recurrent symptoms of mania	1	0.6
Recurrent symptoms of psychosis	1	0.6

In March 2013, the majority of people (91.8%) were referred for recurrent symptoms of depression. As with the data above, where there were other reasons for referral, each of these were recorded for only one person.

Mental Health Act status and capacity to consent

The majority of people receiving maintenance ECT were informal and capacitous (85%). Table 11 below shows Mental Health Act status and capacity to consent.

Table 11: Mental Health Act Status and capacity to consent of people receiving maintenance ECT

Mental Health Act Status/Capacity	Number of people	% of people
Informal, capacitous	132	85.2
Informal, non-capacitous	9	5.8
Detained, non-capacitous	10	6.5
Detained, capacitous	4	2.6

In March 2013, 81.9% of people were informal and capacitous; again a similar figure to March 2015.

Frequency

The majority of people (29.7%) were receiving maintenance ECT monthly. Very few people received it less frequently than this. Table 12 below shows the frequency with which people were receiving maintenance ECT.

Table 12: Frequency of maintenance treatments

Frequency	No of people	% of people
Twice weekly	1	0.6
Weekly	19	12.3
Every 10 days	3	1.9
Every 2 weeks	48	31.0
Every 3 weeks	24	15.5
Monthly	46	29.7
Every 5 weeks	2	1.3
Every 6 weeks	3	1.9
Every 7 weeks	1	0.6
Dependent on assessment/patient request	3	1.9
Non respondents	1	0.6

In March 2013, the most common frequency was equally split between every two weeks and monthly. As with the data on acute courses, therefore, it would appear that a very similar client group was receiving maintenance ECT in both March 2013 and March 2015.

Aggregated Data – acute courses of ECT

Clinic number	Number of courses	Number of treatments	Mean number of treatments	Mode number of treatments	% rated as improved
1	12	183	15	12	100
2	13	125	10	7	85
3	16	143	9	12	81
4	7	79	11	12	100
5	31	295	10	12	94
6	68	677	10	6	97
7	35	335	10	12	97
8	37	301	8	6	95
9	37	346	9	12	97
10	21	214	10	12	90
11	55	504	9	12	91
12	34	318	9	12	88
13	33	222	7	6	100
14	25	232	9	12	96
15	38	387	10	6	87
17	19	176	9	8	79
18	29	299	10	12	83
19	30	344	11	8	77
20	52	500	10	12	90
21	27	257	10	10	85
22	15	128	9	8	100
23	31	261	8	12	77
24	18	148	8	12	100
25	11	119	11	6	64
27	4	28	7	1/8/9/10	75
28	19	180	9	12	95
29	26	233	9	6	96
30	37	282	8	6	100
31	13	119	9	12	92
32	3	35	12	10/12/13	100
33	30	270	9	12	97
34	22	226	10	12	95
35	77	887	12	12	97
37	38	315	8	12	89
38	2	19	10	5/14	100
39	31	319	10	12	90
41	43	427	10	12	95
42	21	322	15	10	100
43	38	372	10	10	92
44	36	398	11	12	86
45	26	237	9	12	96
46	16	184	12	12	88
47	19	239	13	12	89
48	19	154	8	6	95
49	25	235	9	10	100

50	39	393	10	393	92
51	41	348	8	12	80
52	22	152	7	6	100
53	27	227	8	10	100
55	16	187	12	12	94
56	13	144	11	12	100
57	12	150	13	12	100
58	30	221	7	6	83
60	30	251	8	8	93
61	18	163	9	10	83
62	17	162	9	12	88
63	3	33	11	8/12/13	67
64	17	194	11	6	100
65	17	194	11	6	100
66	36	398	11	12	86
67	36	301	8	12	81
68	22	175	8	12	82
69	25	286	11	12	100
70	27	285	11	12	81
71	23	170	7	12	96
72	54	549	10	12	89
75	46	368	8	12	87
76	26	195	8	12	85
77	3	13	4	2/3/8	100
78	21	232	11	12	100
79	26	284	11	12	85
80	116	871	8	8	94
81	27	356	13	12	85
82	4	47	12	12	75
83	21	216	10	12	86
84	22	194	9	12	91
85	2	13	7	1/12	50
86	20	156	8	9	85
87	37	249	73	7	97
88	11	121	11	12	100

ECTAS

The Royal College of Psychiatrists

21 Prescott Street

London

E1 8BB

T: 020 3701 2653

E: ECTAS@rcpsych.ac.uk

W: www.rcpsych.ac.uk/ECTAS