

ECT During the Current Crisis

As Agreed by RCPsych NI ETC Leads – 2 April 2020

Patients receiving ECT are usually amongst the most psychiatrically unwell and are likely to be severely affected by a halt in treatment. During the current Covid-19 crisis, anaesthetic and mental health teams may not be able to continue the current level of ECT services across the Trusts.

However, it is important to recognise that ECT can be a life-saving treatment and any reduction of service should be done in consultation between Psychiatrists and the anaesthetic service. In the event of a reduction in ECT availability, patients should be prioritised on clinical grounds.

Priority 1

ECT should continue as before when it is necessary to save the life or prevent serious and imminent deterioration in the patient's physical condition. This includes patients who are stuporose, whose oral intake is very poor, or whose depressive symptoms are so severe as to lead to a significant risk of suicide. This group may also include patients with unremitting mania

Priority 2

It is desirable to continue to provide ECT to patients whose condition is causing severe suffering, or to prevent rapid deterioration to one of the conditions described in Priority 1

Priority 3

ECT should continue to be considered and discussed with the anaesthetic service as a treatment option in cases of treatment resistant depression, or when the patient has had a previous good response to ECT. However, we recognise that there may have to be a delay in offering treatment to this group given the current crisis.

All decisions should be made on a case by case basis, with full discussion between the consultant psychiatrist, the ECT service and the anaesthetic service