

**ECTAS**  
ECT ACCREDITATION  
SERVICE



# ECT Minimum Dataset

Activity Data Report – England & Wales

1 April 2012 – 31 March 2013

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## 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.

This report looks at the results of a national survey of ECT in 2012. ECTAS has received various requests for basic national activity data since its inception. In 2006 ECTAS appointed an honorary specialist registrar in psychiatry to conduct a study looking at the provision of ECT in England, one of the aims being to measure the number of ECT treatments being delivered in England and compare this with previous Department of Health surveys in 1999 and 2002. The method employed was a postal survey asking about the number of ECT treatments delivered between 1<sup>st</sup> January and 31<sup>st</sup> March 2006. ECTAS received responses from 56 of 76 Mental Health Trusts and from this we estimated that approximately 1300 people had received about 6800 treatments of ECT.

In 2012 ECTAS, with the cooperation of its member clinics, undertook a national survey, to collect a more comprehensive dataset relating to people who received ECT over a one year period. This report focuses on the data collected for England and Wales.

### 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 delivered at intervals of usually between one week and three months that is designed to prevent relapse of illness.

### The Surveys

Each ECTAS member clinic was asked to complete a simple web-based questionnaire for every person who began an acute course of ECT between April 1<sup>st</sup> 2012 and March 31<sup>st</sup> 2013. They were asked to record the person's age, gender, ethnicity, the reason for referral for ECT, the person's Mental Health Act status and level of capacity to consent to ECT

before the start of the treatments and record if this changed during the course of treatments. Also they were asked to rate the severity of the person's illness at the commencement of the treatment and the clinical outcome following the treatments. Finally, they were asked if the person had received more than one course of acute ECT between the specified dates and how long between each course.

In March 2013 clinics were asked to submit a separate questionnaire for each person currently receiving a course of maintenance ECT. This consisted of the person's age, gender, ethnicity, the reason for maintenance ECT and the person's Mental Health Act status and capacity to consent to the treatments. They were also asked to state the frequency of the treatments and whether the person received them as an inpatient or outpatient.

Due to the nature of the survey no direct conclusions have been drawn from the data to allow the readership to consider their own. A report will be published looking at correlations and further analysis in the future.

## Aggregated Data

### Acute Courses of ECT

There were 104 clinics providing ECT in England and Wales between April 2012 and March 2013. This report contains the data from 78 clinics. (75%).

One thousand eight hundred and ninety five acute courses of ECT were given to 1729 people. 166 people received more than one course of acute ECT. Of these 1143 were female (66%) and 584 were male (34%).

From the data provided (excluding non-respondents) 1827 acute courses of ECT consisting of 17043 individual treatments were given. The mode or most frequent number of treatments was 12, the median 9 and the average number of treatments per course 9.3.

### Ethnicity

In the questionnaire the respondents were given a free text box to record the person's ethnicity. It was found that clinics record this in different ways, using different coding categories; this means that the report cannot determine the ethnicity of those in a generic category such as white, British, Asian and white European. The results are tabled below.

Table 1: Ethnicity

Ethnicity	No. people	Ethnicity	No. people	Ethnicity	No. people	Ethnicity	No. people
African	4	Oriental	1	Polish	4	White Caucasian	41
Black African	4	Bangladeshi	1	Russian	1	White Danish	1
White African	2	Bengali	3	Caucasian	13	White English	5
Afro Caribbean	8	Asian Pakistani	1	English	5	White European	16
Jamaican	1	Pakistani	9	Black British	6	White Irish	13
Somali	1	Bulgarian	1	British	144	White Scottish	1
Arabic	2	Cypriot	2	British Asian	3	White UK	9
Egyptian	1	French	1	British Indian	2	White Welsh	3
Iranian	2	Greek	1	British Pakistani	1	White Other	7
Asian	24	Hungarian	2	White	39	Other	2
Asian Chinese	4	Italian	2	White American	1	Mixed	2
Asian Indian	9	Maltese	1	White British	1285	Non respondent	38

## Age range

The respondents were asked to give the ages of all the people who received an acute course of ECT. The mode ages were 65 and 74, the median age 64 and the mean age 62 years. Table 2 shows the breakdown of ages in 10 year intervals and table 3 shows those under 18 years of age, those of working age and older adults. Figure 1 shows the age distribution.

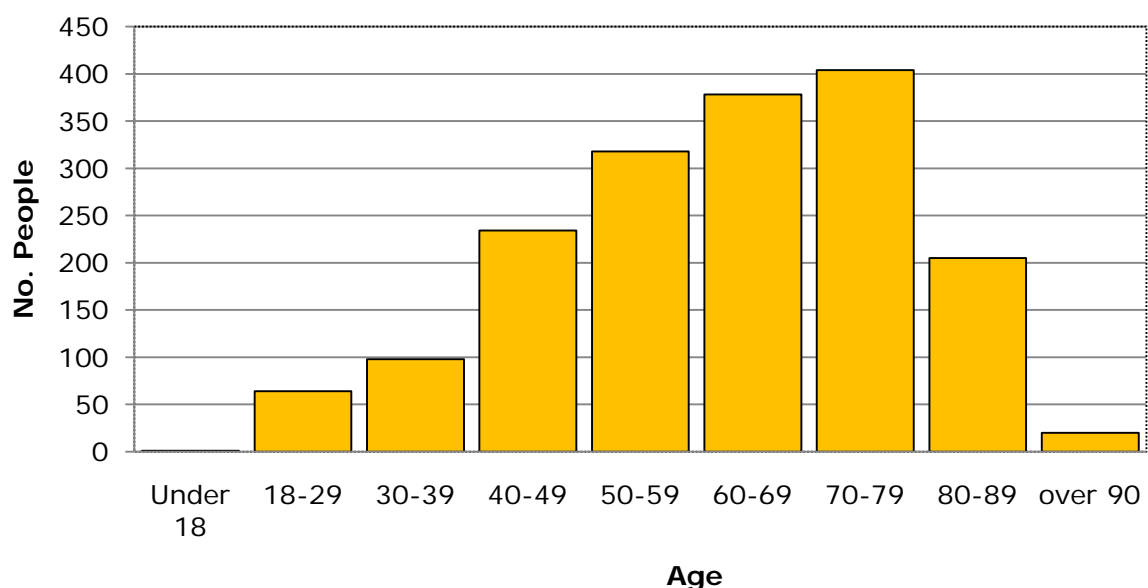
Table 2: Age range

Age	Number People	% People
<b>under 18</b>	1	0.1
<b>18-29</b>	64	3.7
<b>30-39</b>	98	5.7
<b>40-49</b>	234	13.5
<b>50-59</b>	318	18.4
<b>60-69</b>	378	21.9
<b>70-79</b>	404	23.4
<b>80-89</b>	205	11.7
<b>over 90</b>	20	1.2
<b>Non-respondents</b>	7	0.4

Table 3: Age range breakdown

Age	Number People	% People
<b>Under 18</b>	1	0.06
<b>18-64</b>	891	51.5
<b>over 65</b>	830	48
<b>Non-respondents</b>	7	0.4

Figure 1: Age distribution of people who received ECT



## Reason for Referral

The respondents were asked to give a reason for referral to ECT. Table 4 shows the responses. Note: those who responded with reasons such as not eating and drinking, refusing medication and ECT itself, where ECTAS could not determine the illness, have been categorised with 'other' or the 'non-respondents' in the table below.

Table 4: Reasons for referral

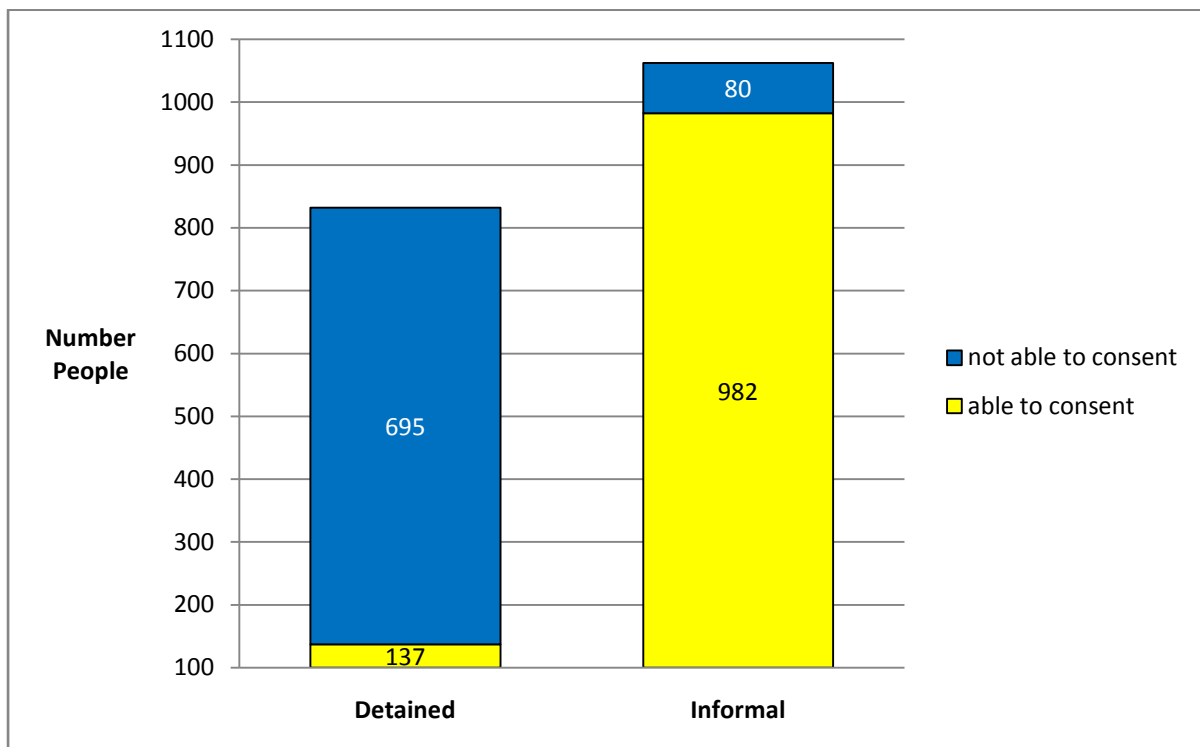
Reason for referral	Number People	% People
Anxiety	1	0.1
Bipolar disorder - depression	39	2.1
Bipolar disorder - mania	3	0.2
Bipolar disorder	21	1.1
Catatonia - cause not stated	41	7.8
Catatonia - depression	11	0.6
Catatonia - schizophrenia	8	0.4
Depression	1637	86.4
Mania	13	0.7
Mixed affective psychosis	3	0.2
Neuroleptic Malignant Syndrome	1	0.1
Peri-natal depression	1	0.1
Post-natal depression	14	0.7
Persistent delusional disorder	1	0.1
Psychosis	9	0.5
Schizoaffective disorder -depression	9	0.5
Schizoaffective disorder	6	0.3
Schizophrenia	9	0.5
Schizophrenia - mood disorder	4	0.2
Other	18	1
Non-respondents	46	2.4

## Mental Health Act Status

Respondents were asked to record the Mental Health Act status and the capacity of people to consent to ECT at the commencement of the treatments and then to indicate if this status changed during the course. Figure 2 shows this broken down into status and ability to consent.

15% of people who were detained and able to consent at the start of the treatment course were informal patients, able to consent by completion of the course. Of those who were detained but unable to consent, 31% were able to consent by the end of the course. 46% of those who were informal patients, unable to consent regained the ability to give consent during the course of treatment.

Figure 2: Patients' status at the start of the course of ECT





## Number of ECT treatments

The respondents were asked to state the number of ECT treatments given during the acute course of ECT. Table 5 shows the number and percentage and Figure 3 the distribution. Table 6 shows the mode, median and mean number of treatments given to people depending upon their status.

Table 5: Number of Treatments

Number Treatments	Number People	%
1	24	1.3
2	36	1.9
3	43	2.3
4	79	4.2
5	102	5.4
6	209	11
7	127	6.7
8	191	10
9	122	6.4
10	156	8.2
11	88	4.6
12	486	25.6
13	24	1.3
14	31	1.6
15	15	0.8
16	21	1.1
17	12	0.6
18	21	1.1
19	4	0.2
20	6	0.3
21	4	0.2
22	6	0.3
23	3	0.2
24	3	0.2
25	1	0.1
26	2	0.1
27	3	0.2
30	4	0.2
31	2	0.1
33	1	0.1
48	1	0.1
Non-respondents	68	3.6

Figure 3: Number of Treatments

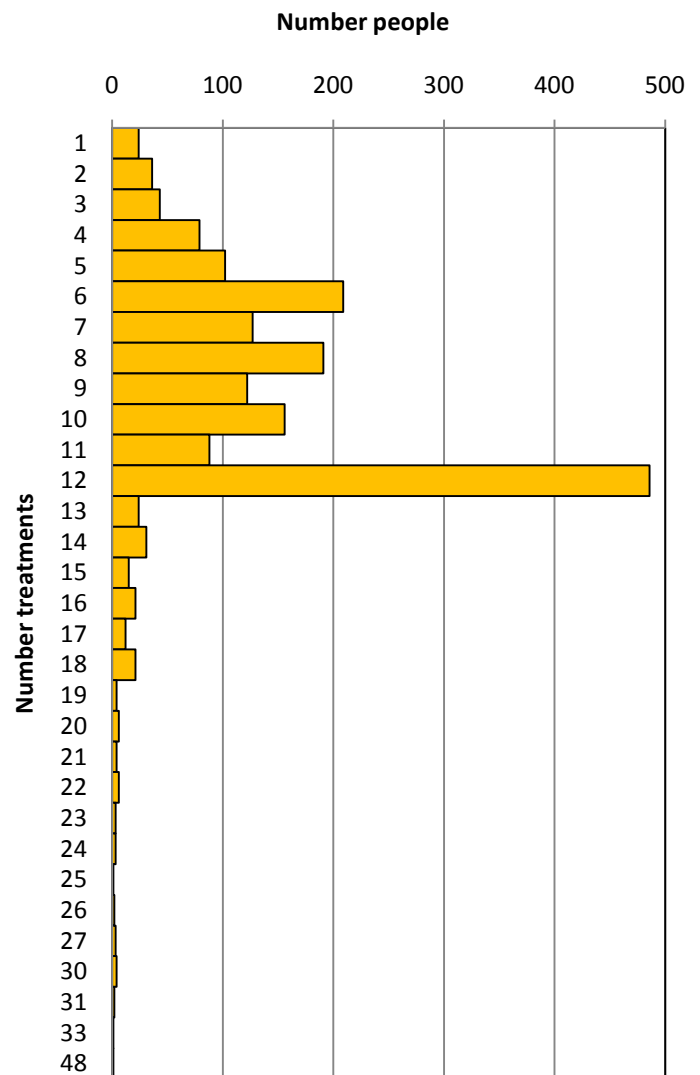


Table 6: Number of treatments by status

Status	Number of treatments		
	Mode	Median	Mean
Detained, able to consent	12	8	8.6
Detained, not able to consent	12	10	9.33
Informal, able to consent	12	9	9.4
Informal, not able to consent	12	10	10.1

## Clinical outcomes

The questionnaire asked for the responders to rate the severity of illness for each person at the commencement of the acute course of ECT using a simple clinical global impression scale. They were then asked to rate the clinical outcome at the end of the course. The results are shown in Tables 7, 8 and 9, and Figure 4.

Table 7: Severity of illness at the beginning of the course of ECT

Rating	Number of People	% People
Normal, not at all ill	2	0.1
Borderline mentally ill	10	0.5
Mildly ill	43	2.8
Moderately ill	559	29.5
Severely ill	896	47.3
Amongst the most severely ill	342	18.1
Non-respondents	43	2.3

Table 8: Clinical outcome following the course of ECT

Rating	Number of People	% People
Very much improved	588	31
Much improved	793	41.9
Minimally improved	331	17.5
No change	113	6
Minimally worse	16	0.8
Much worse	6	0.3
Very much worse	6	0.3
Non-respondents	42	2.2

Figure 4: Clinical outcome following the course of ECT

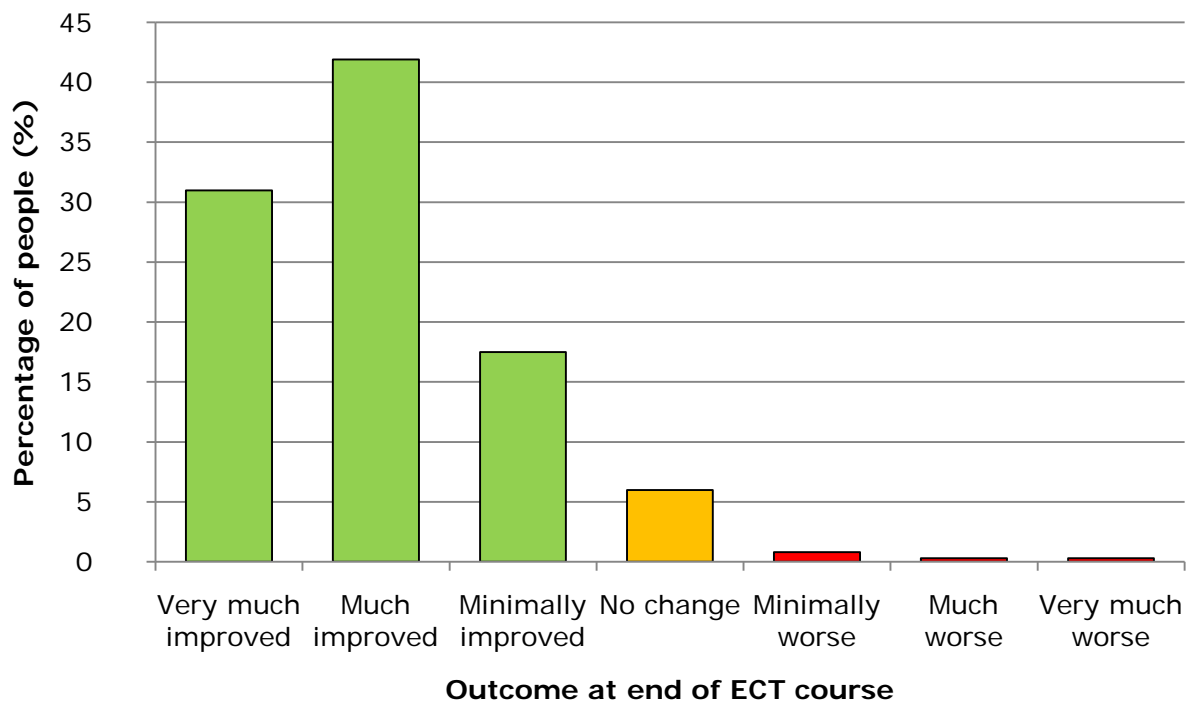


Table 9: Clinical outcome showing improvement of, no change in, and worsening of symptoms

Outcome	Number of People	% People
Improved	1712	90.3
No Change	113	6
Worse	28	1.5



## Maintenance ECT

One hundred and forty six people were receiving maintenance ECT in March 2013. Of these 108 were female (74%) and 38 (26%) were male.

26 (18%) people were receiving the treatments as an inpatient and 119 (82%) as an outpatient (there was 1 non responder to the question).

### Age Range

Table 10 and Figure 4 show the breakdown of ages in 10 year intervals and Table 11 shows those of working age and older adults. Nobody under the age of 18 was receiving maintenance ECT.

Table 10: Age range of people receiving maintenance ECT

Age	Number People	% People
<b>18-29</b>	3	2
<b>30-39</b>	6	4.1
<b>40-49</b>	10	6.8
<b>50-59</b>	23	15.8
<b>60-69</b>	30	20.5
<b>70-79</b>	43	29.5
<b>80-89</b>	29	19.9
<b>over 90</b>	2	1.4

Figure 4: Age range of people receiving maintenance ECT

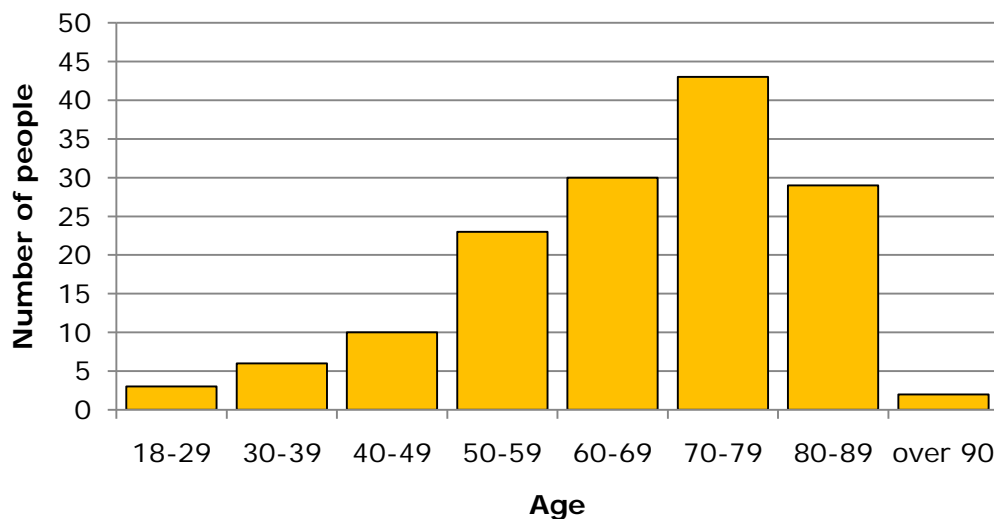


Table 11: Working-age and older adults receiving maintenance ECT

Age	Number People	% People
<b>18-64</b>	56	38.4
<b>over 65</b>	90	61.6

## Reason for Maintenance ECT

Table 12: Reasons for maintenance ECT

Reason	Number People	% People
Recurrent symptoms of depression	134	91.8
Bipolar disorder - recurrent symptoms of mania	1	0.7
Organic mood disorder with recurrent symptoms of depression	1	0.7
Other - relapse prevention	1	0.7
Poor response to other treatments	1	0.7
Rapid cycling bipolar disorder	1	0.7
Recurrent psychotic symptoms and paranoia	1	0.7
Recurrent symptoms of mania	1	0.7
Schizophrenia	1	0.7
Schizophrenia with recurrent symptoms of depression	1	0.7
Schizophrenia, treatment resistant psychosis	1	0.7
Treatment resistant schizoaffective disorder	1	0.7
Treatment resistant schizophrenia	1	0.7

## Mental Health Act Status and Capacity to Consent

Table 13: Mental Health Act Status and capacity to consent to ECT for those receiving maintenance ECT

Status	Number People	% People
Detained, able to consent	3	2
Detained, not able to consent	8	5.5
Informal, able to consent	118	80.8
Informal, not able to consent	14	9.6
Non-respondents	3	2

## Frequency of ECT Treatments

The purpose of maintenance ECT is to give the ECT treatments as infrequently as possible whilst preventing a relapse of symptoms. Table 14 shows interval between treatments for those receiving maintenance ECT. The most frequent interval between treatments was 2 weekly (34%), followed by monthly (28%), 3 weekly (13%) and every week (12%). The longest interval between treatments was 10 weeks (1%).

Table 14: Intervals between maintenance ECT treatments

Frequency	Number of people	% people
1 week	17	11.6%
1-2 weeks	2	1.4%
2 weeks	49	33.6%
2-3 weeks	4	2.7%
3 weeks	19	13.0%
3-4 weeks	2	1.4%
4 weeks	41	28.1%
5 weeks	1	0.7%
6 weeks	3	2.1%
10 weeks	1	0.7%
Non-respondent/unable to determine	7	4.8%

## Individual Clinic Data

### Acute Courses of ECT

Clinic Number	Number of courses	Number of treatments	Mode number of treatments	Mean number of treatments	% people rated as improved
1	15	167	12	11.9	80
2	21	175	12	8.3	71
3	12	87	12	7.9	100
4	25	219	12	9.1	100
5	27	315	12	11.6	96
6	59	453	5/6	8.3	90
7	32	286	12	8.9	90
8	31	258	6	8.3	97
9	40	364	12	9.3	93
10	27	291	12	10.8	85
11	46	317	12	9	91
12	21	177	12	8.4	90
13	26	190	6	7.6	92
14	26	219	12	8.7	96
15	61	565	12	9.6	90
16	1	12	12	12	100
17	27	254	6/12	9.4	81
18	40	283	4	7.2	95
19	30	446	12	14.8	97
20	1	12	12	12	100
21	19	175	12	9.2	100
22	11	106	11/12	10.6	100
23	32	225	8	7	94
24	9	68	8	7.5	100
25	9	106	12	11.7	100
26	14	111	12	7.9	100
27	12	83	3/7/10/12	7.5	83
28	18	134	10	9.6	100
29	21	225	12	10.7	86
30	23	210	12	9.1	91
31	22	172	12	7.8	100
32	31	232	6/12	8.9	94
33	21	194	12	10.2	95
34	20	208	10/12	10.4	No data
35	33	305	12	9.2	81
36	30	304	12	10.1	100
37	10	85	12	8.5	90
38	12	96	12	8	92
39	61	454	6/12	7.8	93
40	3	35	9/12/14	11.6	100
41	39	346	12	9.1	92
42	19	236	12	12.4	95
43	34	327	6	9.6	94
44	6	52	7	8.6	100
45	34	342	12	10.7	88
46	20	248	9/12	12.4	90



47	16	158	12	10.5	94
48	10	64	7	7.1	90
49	25	258	12	10.8	100
50	20	175	7	9.2	95
51	20	155	12	7.8	90
52	15	126	8	8.4	100
53	7	60	6	8.6	57
54	8	77	6/8	9.6	88
55	15	149	12	9.9	No data
56	17	135	12	8.4	100
57	15	128	9/12	8.5	93
58	31	276	12	9.2	90
59	4	38	7/12	9.5	100
60	25	188	5/8	7.5	92
61	25	196	6	8.2	88
62	21	226	12	10.8	95
63	31	260	12	8.6	94
64	17	196	12	11.5	100
65	21	186	6	8.9	100
66	38	271	6	7.5	97
67	28	262	12	9.4	82
68	23	179	8/10	7.8	70
69	35	339	12	9.7	97
70	32	323	12	10.1	91
71	41	382	12	10.1	95
72	50	531	12	10.8	94
73	7	77	10	11	100
74	54	471	12	9.1	96
75	50	444	11	9.1	90
76	26	213	12	9.7	81
77	15	104	5	6.9	100
78	21	227	12	9.6	90

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