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Electroconvulsive Therapy

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Electroconvulsive (ECT) involves the delivery of electrical stimulation via pulses that induces a seizure within the brain. Studies report remission rates of major depressive disorders as high as 50-70% of patients after completing their ECT therapies (Daskalakis et al., 2021). ECT therapy courses typically involve 6 - 12 procedures scheduled two to three times weekly, with studies to support evidence of over 80% of patients having some positive responses to treatment (Hashimoto, K. (2020). This article will be presented through testimony of staff/faculty who have cared for patients who experience ECT.

“People aren’t aware how far ECT has come – you’re not awake in a chair with a bowl over your head. It’s a sedated procedure where everyone is involved – anesthesia, nursing, doctors, it’s amazing.” (W. Scibilia RN, personal communication, June 23, 2021)

Misconception is a common theme when asking someone about his or her understanding of Electroconvulsive Therapy (ECT). Team members of UC San Diego Health (UCSDH) have a very different perspective. Nurses can attest to the incredible impact as their patients enter treatment catatonic, unable to communicate or interact, to what staff and families describe as nothing short of a miracle. A “return” of their loved one: talking, smiling, and participating in the world around them. Stigma surrounding the use of ECT as a treatment option for depression has dissipated as staff have been exposed

to the dramatic outcomes patients experience. The team’s support for patients and families, collaboration, education, human respect and individualized care has been an incredible journey for all involved.

“I was skeptical when we began treating patients with ECT; I even asked my manager if ECT really works. They shrugged with a maybe or “I hope so”. Since then I’ve seen remarkable changes from their demeanor and affect, and give credit to ECT for the improvements. As I got more involved with the ECT Program and expansion, I’m inspired by the success rate of ECT. It made me think that with education, we can take the stigma away and people will not view ECT as such a controversial treatment anymore” (S. Roberto RN Nurse Manager, personal communication, June 21, 2021.)

“Pts come in catatonic – we don’t know who they were as a person.



Lindsay Holt, PhD, RN, CPAN, graduated with her BSN from Georgetown University and joined UC San Diego Health as a new graduate nurse in the SICU. For the last 12 years she has worked in Perianesthesia within multiple roles, currently as a PeriAnesthesia Educator. She received her MSN and PhD from the University of San Diego and enjoys using research to improve best practices, with publications in multiple journals and textbooks.

After six treatments, you start to see transition, progression. By 12 treatments they are a new person – you see them, you talk to them, and it is a miracle. There are many cultural barriers, stigmas. There is a lot of education provided by the nurses and the doctors. We include the family, we respect their opinions, and sometimes the choice to try ECT takes time. It is understandable how hard it is to make the decision to have an ECT – I would be scared too. We are advocates, but we occasional doubt the process the same as everyone else. (W.Scibilia RN, personal communication, June 23, 2021).

In San Diego County, UC San Diego Health System and Kaiser Permanente are two of the few hospitals that offer ECT as a treatment option for depression in Southern California, working collaboratively to care for all of their patients here at UCSDH. As more space and workforce has been required to meet the needs of the county, these two health systems joined forces to provide collaborative care to patients. They have learned from each other, and grown together to ensure best practice with the support of psychiatric departments, doctors, anesthesia providers, and nurses. This relationship answers a call from the community looking for ECT as an answer to their chronic depression that has otherwise been left unanswered.

“I can remember my first patient. She was catatonic. She would not move, would not make eye contact. She had a lot of family support and her mother was a big advocate. Over the course of her treatment, I watched her go from complete catatonia to interacting with me. Much of what I felt was being blown away by severity of the patient’s illnesses. People do not understand how prevalent mental illness is. If your arm is missing, it is something you can see. Mental illness you cannot – especially those on the outside. I have built a lot of relationships with these patients, and developed personal connections with regulars which allows me to have comfortable conversations about sometimes uncomfortable topics with those new to the program which I have felt has helped improve the experience across the board. It also enables me to support families more” (R. Dunlay RN, personal communication, June 10, 2021).

When asked about the team he works with and his perception of their feelings toward ECT, psychiatrist Dr. Sewell says the best way to describe it is gratifying. He has seen the evolution of nurses’ response to the procedure from hesitant to reassuring. He is very proud to hear when nurses tell their patients, especially before their first procedure, “Don’t be afraid, I’ve seen what it can do and it works.” There is no better outcome he could hope for than to see nurses comforting the patient and advocating for the therapy, with the conviction that they will soon feel better. Dr. Sewell compares it to a pebble in a pond, encouraging conversation where each person will be able to walk away and share his or her positive experience with others, in hope to decrease the stigma that surrounds ECT. Staff cherish the relationships developed through these treatments, their positive energy and confidence an indescribable support to patients and their families.

“I have seen patients transition from a catatonic state to where they will have an engaged conversation with you. I like to show the procedure to everyone who is interested. Nursing students will shadow the staff during the procedure, and are always grateful for the opportunity. I’m an advocate for ECT, and want people to see how great it is” (C. Villaluna Assistant Nurse Manager, personal communication, June 10, 2021).

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Cresilda Newsom DNP, MSN, RN started her nursing career in ICU as a new grad in 1997 and moved to Perianesthesia nursing in 2004. She has an MSN with a focus in nursing education and earned her Doctor in Nursing Practice (DNP) from Samuel Merritt University in 2014. She started working for UC San Diego Health as bedside clinician in PACU in 2011. She has since transitioned to other UC San Diego Health leadership roles. She currently works as a Perianesthesia Nurse educator for both La Jolla and Hillcrest campus.