



**Immanuel  
BEHAVIORAL SERVICES  
ELECTROCONVULSIVE INFORMATION AND EDUCATION**

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U.S. District Court Middle District of Florida <b>PLAINTIFFS EXHIBIT</b>
Exhibit Number: <u>PI. 31</u>
Case Number: <u>8:20-cv-01724</u>
<u>JEFFREY THELEN v. SOMATICS, LLC</u>
Date Identified: _____
Date Admitted: _____

**What is ECT?** Electroconvulsive therapy (ECT) is a treatment for severe episodes of major depression, mania, and some types of schizophrenia. It involves the use of a brief, controlled electrical stimulus to produce a seizure within the brain. This seizure activity is believed to bring about certain biochemical changes which are expected to cause your symptoms to diminish or to even disappear. An initial course of ECT treatments, generally 6-12, given at a rate of three per week, is required to produce such a therapeutic effect; although sometimes a smaller or larger number may be necessary.

**How is ECT administered?** ECT is usually administered three times a week, on Monday, Wednesday, and Friday. It can be given on either an inpatient or outpatient basis. You will not eat or drink after midnight the night before each treatment. After you arrive for the treatment, a small needle is placed in a vein so that medications to put you to sleep and relax your muscles can be given. The treatment itself is given in a special ECT Treatment Room, where ECT is administered by your Psychiatrist who has had training and experience in this type of treatment. You will be brought into the treatment room on a hospital cart, after which a blood pressure cuff will be placed on your arm and a number of electrodes will be placed on your scalp, chest, and finger, so that brain waves (EEG), heart waves (EKG), and body oxygen levels can be monitored. An anesthesiologist or anesthetist will provide you oxygen to breathe by mask, and medications will be given by IV which will put you to sleep.

Within a minute after the injection of the anesthetic medication, you will be asleep, and the medication to relax your muscles will be given. A mouth guard will be placed to protect your mouth and teeth. Within one to three minutes, your muscles will be relaxed. A controlled electrical stimulus, lasting a fraction of a second to four seconds, will then be applied across the two stimulus electrodes, which will typically be placed either on both temples (bilateral ECT) or on the right temporal and top of the head (unilateral ECT). The electrical stimulus will trigger a seizure within the brain, which typically lasts around a minute. The muscular response to the seizure is greatly reduced by the muscle relaxant drug given prior to the stimulation. Very little body movement usually occurs.

Within a few minutes after the seizure, when you are breathing well on your own, you will be moved to a nearby room where, you will wake up within 5-10 minutes. Because of the anesthetic drug and the effects of having had the seizure, you will temporarily feel somewhat groggy. Usually within 20-30 minutes after leaving the treatment room, you will be brought back to your room (if you are an inpatient), or you will go to the ECT Waiting Room (if you are an outpatient) where you will wait until you are ready to leave the hospital (typically an hour or more).

**Is ECT effective?** Although there have been many advances in the treatment of mental disorders in recent years, ECT remains the most effective, fastest, and/or safest treatment for some individuals, particularly when alternative treatments, usually medications, are either not effective or not safe. Your doctor will discuss with you why ECT is being recommended in your case and what alternative treatments may be available.

ECT is most effective in major depression, where it has a strong beneficial effect in 50-90% of patients, depending on the case. Still, there is no guarantee that ECT or, for that matter, any treatment will be effective. In addition, while a course of ECT (or an alternative) may bring an episode of illness to an end, it will not in itself prevent another episode from occurring weeks, months, or years later. Because of this, you and your doctor will need to consider additional treatment to follow any ECT that you receive. Such treatment generally consists of medications, psychotherapy, or additional ECT treatments.

**Is ECT safe?** All treatments have risks and side effects, even no treatment at all. Prior to ECT, you will undergo a medical and psychiatric evaluation along with lab, x-rays, and EKG testing to make sure that the treatments can be administered in the safest, most effective manner possible. Your medications may also be adjusted to minimize the risk and maximize the effectiveness of the treatments. For most patients, the side effects of ECT are relatively minor. More common side effects involve headache, muscle soreness, and nausea which are usually mild and can be prevented or at least diminished by medications. Potential risks are rare and include mortality, temporary or permanent heart abnormalities, oral injuries, reactions to medications, injuries to muscles, bones or other parts of body, prolonged seizures, and permanent memory loss.

Confusion and memory problems may build up over a course of ECT, but diminish as soon as the treatments have stopped. However, because of the harmful effects that mental disorders themselves often have on memory function, some patients successfully treated with ECT actually report an improvement in memory. When memory problems occur, they vary considerably from patient to patient, but are usually greater for larger numbers of treatments or when both sides of the head are stimulated (bilateral ECT). Because of the possibility of memory loss, it is recommended that important life decisions be postponed until any major effects of ECT on memory have worn off (usually within 2-6 weeks following completion of the treatment).

ECT-related memory problems can be of two types: Difficulty remembering new information, and a loss of some memories from the past, particularly the recent past, e.g., during and just prior to receiving ECT. In this regard, the ability to learn and remember new information returns to one's usual level over a period of days to weeks after ECT. The ability to remember material from the past, i.e., prior to ECT, likewise tends to return to normal over a similar time period, except that in this case, some memories from the recent past, mainly days to months prior to the treatments, may be delayed in recovery or even permanently lost. Patient surveys have reported longer gaps in memory. However, patient surveys have indicated that most patients receiving ECT are not greatly disturbed by memory effects and would have ECT again if it was felt to be indicated.

**Other information on ECT.** Please feel free to ask your doctors or nursing staff any questions you have about ECT. A variety of types of information are available concerning this type of treatment, including videotape material. You should understand that ECT is a treatment for which you (or your legal guardian, if applicable) must consent for on a voluntary basis, and that consents for future treatments can be withdrawn by you (or your representative's) request at any time.