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ECT KILLS

FACT OR FICTION

Background



ELEKTROCONVULSIV TERAPI
(ECT-BEHANDLING) OG DØDSFALD
- en udredning

2010

Use of ECT in Denmark

ECT-behandlinger i Danmark (Oplysninger fra LPR)


	2000	2001	2002	2003	2004	2005	2006	2007
ECT-behandlinger	2.336	3.237	4.686	15.174	16.606	19.173	19.389	19.127
ECT-behandlede patienter	260	313	460	1.399	1.563	1.786	1.774	1.772



A new registration system was implemented



Method

- Total registered death cases
 - $N = 78$
 - All death certificates were collected
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Deaths

Tidsrum mellem seneste ECT-behandling og død (Oplysninger fra LPR)

Tid fra ECT til død	2000	2001	2002	2003	2004	2005	2006	2007
Samme dag					2	2	2	
Dagen efter	1		1	1	4		2	1
2 dage efter	1			1	1		1	
3 dage efter					1		1	
4-9 dage efter		1		3	3	2	4	
10-19 dage efter	2	1	2	4	6	4	4	1
20-31 dage efter			1	1	2	9	7	

Causes of death


Dødsårsag	Antal	Kommentarer
Sulcidium	20	4 patienter døde dagen efter ECT 3 patienter døde 2 dage efter ECT
Ulykke	3	
Hjerte-lunge sygdom	32	4 patienter døde samme dag som ECT 2 patienter døde dagen efter ECT
Cancer	5	
Apoplexi	3	
Svækkelse	1	Patienten døde samme dag som ECT
Dehydratio	1	
Sepsis	1	
Andet	1	
Mangelfuld dødsattest	3	Alle 3 patienter døde dagen efter ECT
Ukendt	8	1 patient døde samme dag som ECT
I alt	78	


The Conclusion


- *Sundhedsstyrelsen finder ikke, at denne udredning har påvist en sammenhæng mellem ECT-behandling og dødsfald.*
- The National Board of Health does not find that this report has demonstrated a connection between ECT treatment and cause of death

Recommendations

- Indication for ECT must be stated in the patient file
- The effect of the ECT treatment must be evaluated systematically and stated clearly in the patient file.
- A treatment plan must be made for each patient where duration and frequency of ECT is clearly stated
- For patients with heart disease, extra caution must be exercised by the treating physician

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- The patient must have completed a full physical examination before initiation of ECT treatment
 - Pre-treatment physical examination of the patient includes: ECG, Hb, Na, K, Crea, Glucose, stet. Pulm/Cor. BP/Pulse, Height/
 - Weight, Allergies,

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- A pre-treatment risk-assessment must be made by the psychiatrist/anaesthetist.
 - This assessment should include evaluation of the need for special pre-treatment physical examinations (e.g. Cardiac tests)
 - and what to do, if intubation might be necessary

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- The local written instructions must also address :
 - how to handle pre-treatment evaluation of the acutely unstable patient
 - how patients in maintenance treatment should be monitored