



History, Advantages, Problems and Challenges

WHO CAN GIVE ECT IN SWEDEN?

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**TRADITIONALLY ECT IS GIVEN
BY PSYCHIATRISTS**

BACKGROUND AND DEVELOPMENT

- ECT-units often had an experienced nurse who taught young doctors to "push the button".
- Young doctors lacked experience, stayed a short time
- Senior doctors often had other priorities

- In 1990; a model for delegation to non-doctors
- Nurses and assistant nurses
- ECT teams
- Growing number of clinics
- Often 3-4 persons, but sometimes up to 10.
- Attendance of NACT meetings
- Annual courses in Bergshammar (www.bergshammar.se)

REGULATIONS IN SWEDEN

- A doctor needs to be in the room/nearby during ECT administration according to anesthetic procedure
- No regulation in "who should push the button" exists.



A MODEL FOR DELEGATION

- Delegation from head of department (chefsöverläkare)
- Stable employment (nurse or assistant nurse)
- Adequate training
 - Sufficient number of guided treatment sessions
 - Theoretical background
- Qualification test
 - Theoretical (written)
 - Practical (observed treatment)
- Time-limited



ADVANTAGES OF DELEGATION

- Stable routines
 - Experience
 - Continuity
 - Nursing care
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- Formation of teams
 - NACT meetings



PROBLEMS WITH DELEGATION

- **Education for doctors**
- Treatment can be performed safely – doctors are not needed in the treatment room
- Without well trained doctors – who is responsible for training and guidance?
- Development based on science
- Research
- **Clinical follow-up**



CLINICAL FOLLOW UP

- Doctors prescribe ECT
- Clinical evaluation during treatment is essential for evaluation and decision on further treatment
- Important information at treatment sessions
 - Patient report
 - Observations
- Concerns and questions; patients and relatives
- Communication with the doctor who prescribes ECT, if not at the unit



DIFFERENT MOTIVATIONS FOR DELEGATION

- More "profit" in doctors seeing out-patients, "anyone can push the button".
 - ECT will be prescribed and evaluated by a doctor without knowledge of the art of ECT administration.
- Expert team with continuity and experience, where the doctor do evaluation and prescription of ECT, and also, sometimes, the administration.
 - ECT will be prescribed and evaluated by a doctor with knowledge of the art of ECT administration and possibility of psychopharmacological adjustments



MODEL IN PITEÅ, SWEDEN

- ECT performed by a limited number of persons
 - 2 senior doctors
 - 1 assistant nurse
 - 1-2 doctors training in psychiatry (ST-läkare)
- Participation of doctors essential
- Nurses perform follow-up interview for out-patients
 - Observations, patient report and function related to
 - Antidepressant effect
 - Side-effects
 - Concerns from patients and relatives
 - Treatment planning
- Senior ECT doctor in clinical follow-up
- Weekly review



CONCLUSIONS AFTER 20 YEARS WITH DELEGATION OF ECT IN SWEDEN

- ECT can be safely and excellent administered by nurses and assistant nurses.
- Delegation of ECT have diminished the presence of psychiatrist in the ECT suite, and the knowledge of the art of administration, prescription and evaluation of ECT in the general psychiatrist population have been reduced .



FUTURE

- Delegation is the future...
- ...together with the Swedish psychiatrists recapture of the ECT suite...

