

# Assessment Of Patient's Family Knowledge About Electroconvulsive Therapy Treatment In Psychiatric Unit In Sulaimani General Hospital

تقييم معارف عوائل المرضى حول العلاج بالصدمة الكهربائية في الوحدة النفسية في مستشفى السليمانية العام

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## الخلاصة :

**الأهداف:** تهدف هذه الدراسة لتقييم معلومات عوائل المرضى الذين يتلقون العلاج بالصدمات الكهربائية. لتحديد المرضى المعرفة تحضير المريض.

**المنهجية:** دراسة وصفية من عينة غير احتمالية لـ ١٠٠ عائلة مريض يعالجون بالصدمة الكهربائية في مستشفى السليمانية العام للفترة من نوفمبر ٢٠١١ إلى أبريل ٢٠١٢. تم بناء استبيان لهذا الغرض وتم إجراء التحليل الاحصائي النسبة المئوية والوسط الحسابي.

**النتائج:** ٩٠٪ من المشاركين في عائلة المريض يقول أن العلاج بالصدمات الكهربائية يعتبر علاج، و (٧٠٪) منهم يعتبر العلاج بالصدمات الكهربائية هو اختبار. وان ٦٨٪ منهم اعتبروا ان العلاج بالصدمة ليس به موانع لاستخدامه وان ٥٠٪ اعتبروا ان العلاج بالصدمة الكهربائية خالي من المضاعفات.

**الاستنتاج:** الدراسة تشير إلى أن معظم المريض ومقدمي العناية لهم لا يوجد لديهم معلومات تكفي عن العلاج بالصدمات الكهربائية كعلاج وكذلك حول كيفية إعداد المريض قبل وبعد تلقي العلاج بالصدمات الكهربائية وخلال انعاش المريض.

**التوصيات:** أن يتم تأهيل ممرضات باختصاص التمريض النفسي للعمل في الردهات النفسية بتزويدهم بالتثقيف المناسب لمساعدة عوائل المرضى الذين يعالجون بالصدمة الكهربائية.

**كلمات البحث:** عائلة المريض، المعارف، الصدمة الكهربائية، وحدة الطب النفسي، السليمانية المستشفى العام.

## Abstract

**Objectives:** This study aims to assess the family knowledge about the patients ECT receiving. To identify patients family knowledge about the preparing patients for ECT.

**Methodology:** A quantitative design, descriptive study with A non- probability purposive sample, 100 patient's family attending the psychiatry services in a major hospital in Sulemani. was carried out in Sulemani Hospital for the period from November 2011 to April 2012. A questionnaire was developed for this purpose, data was analyzed through percentage and mean.

**Results:** 90% of the respondents in patient's family consider that ECT is a treatment, and (70 %) of them considered ECT is investigation. 68% answered the ECT has not contraindication and 50% answered ECT has not complication.

**Conclusion:** the study indicate that most of the patient and their givers they have not enough information about the ECT as a treatment as well as about how they manage and prepare the patient before and after receiving ECT and during the recovery.

**Recommendation:** psychiatric nurses working in the psychiatric word should be prepared with means and education to help patient's family caregiver with ECT receiving to reach optimum level of functioning they learn how to assume reasonability for themselves and others, establish their independence and interact in socially acceptable way with other patients and staff.

**Keywords:** patient's family, Knowledge, ECT, psychiatric unit, sulaimani general hospital.

## INTRODUCTION:

Electroconvulsive therapy (ECT), formerly known as electroshock, is a psychiatric treatment in which seizures are electrically induced in anesthetized patients for therapeutic effect. Its mode of action is unknown <sup>1</sup>. Today, ECT is most often recommended for use as a treatment for severe depression, which has not responded to other treatment, and is also used in the treatment of mania and catatonia <sup>2</sup>. It was first introduced in 1938 and gained widespread use as a form of treatment in the 1940s and 1950s <sup>3</sup>. Despite evidence that electroconvulsive therapy (ECT) is

effective<sup>4,5</sup>, and leads to shorter and less costly inpatient treatment,<sup>6</sup> it is rarely used as the first line of treatment and is generally reserved for resistant cases of depression and other psychiatric disorders.<sup>7,8,9</sup> Certain factors such as social stigma, doubts about its efficacy and safety, ambivalence among psychiatrists and doubts about its being a cost-effective alternative to antidepressant treatment, might have limited the use of ECT in the management of depression. Numerous studies have addressed the issue of knowledge and attitude towards ECT not only among the patients<sup>10, 11</sup> and their relatives<sup>12</sup> but also among the lay public<sup>13</sup>, among adolescent patients and their parents,<sup>14, 15</sup> and also among health professionals including psychiatrists.<sup>3,18</sup> Although no standard procedure for attitude assessment exists,<sup>13</sup> most of these studies have utilized a questionnaire framed from the experience of clinicians. Concerns were frequently expressed, probably because ECT was not fully understood by the patients and their families.<sup>19</sup> Electroconvulsive therapy can differ in its application in three ways: electrode placement, frequency of treatments, and the electrical waveform of the stimulus. These three forms of application have significant differences in both adverse side effects and positive outcomes.<sup>20</sup> After treatment, drug therapy is usually continued, and some patients receive continuation/maintenance ECT. In the United Kingdom and Ireland, drug therapy is continued during ECT<sup>21</sup>.

Informed consent is a standard of modern electroconvulsive therapy<sup>22, 23</sup>. According to the Surgeon General, involuntary treatment is uncommon in the United States and is typically only used in cases of great extremity, and only when all other treatment options have been exhausted and the use of ECT is believed to be a potentially lifesaving treatment<sup>24</sup>. However, caution must be exercised in interpreting this assertion as, in an American context, there does not appear to have been any attempt to survey at national level the usage of ECT as either an elective or involuntary procedure in almost twenty years<sup>25</sup>. In one of the few jurisdictions where recent statistics on ECT usage are available, a national audit of ECT by the Scottish ECT Accreditation Network indicated that 77% of patients who received the treatment in 2008 were capable of giving informed consent<sup>26</sup>. Despite the fact that the majority of psychiatric clinicians regard ECT as a safe and effective procedure, surveys of public opinion, the testimony of former patients, legal restrictions on its use and disputes as to the efficacy, ethics and adverse effects of ECT within the psychiatric and wider medical community indicate that the use of ECT remains controversial<sup>27'28'29'30'31'32</sup>. This is reflected in the recent decision by the FDA's Neurological Devices Advisory Panel to maintain ECT devices in the Class III device category for high risk devices except for patients suffering from catatonia. This will result in the manufacturers of such devices having to do controlled trials on their safety and efficacy for the first time<sup>33</sup>. In justifying their position panelists referred to the memory loss associated with ECT and the lack of long-term data<sup>34</sup>.

## OBJECTIVES

1. To identify patients family knowledge about Electroconvulsive therapy.
2. To identify patients family knowledge about the preparing patients for ECT.

## METHODOLOGY

A quantitative design, descriptive study. with A non- probability purposive sample, study carried out to assess the behavioral characteristic of in- patient diagnosed with making electro compulsive therapy (ECT) in Sulemani Hospital for the period from November 2011 to April 2012. The study was conducted at the Department

of Psychiatry, Sulaimani General Hospital with the aim to study the knowledge of patient's family towards ECT. The study was undertaken with the following objectives:

Phase 1: Framing of the questionnaire—the items for the questionnaire were drawn as following: Clinical experience of psychiatrists based on detailed interviews with patient's family who had been offered ECT. The questionnaire was initially constructed in English, later translated into Kurdish and was back translated into English. This English version was compared with the original English version to ensure content validity by acquainted academic.

Phase 2: Administration of the questionnaire to the study population: Patient's family was assessed individually by a researcher on socio-demographic variables followed by evaluation on the 10-item questionnaire. Twenty in family patients with electro compulsive therapy selected to be a sample of the study. The sample was in family patients admitted to psychiatric unit. The constructions of items were based on the following scientific resources:- The questionnaire includes the following:

Part (1): Socio-demographical data of patients with ECT, to obtain general information and including: Age, gender, marital states, level of education .occupation.

Part (2): Family caregiver's knowledge about ECT:

ECT is investigation, ECT is treatment, ECT has some contraindication, ECT has some complication, and Informed consent is required from patient or family. Do you have idea about preparation of patient pre administer receiving of ECT , Do you have idea about preparation of patient during administer receiving of ECT , Do you have idea about preparation of patient post administer receiving of ECT , Do you have idea about ECT duration , Do you have idea that ECT take with medication .

## **IMPLEMENTATION AND DATA COLLECTION PROCEDURES:**

An official permission was sought from the university of Sulaimani/college of nursing .the directorate of Sulaimani health was informed about the research and written permission had been obtained to carry it out , and the psychiatric department was informed to insure their agreement. An agreement was made by the researcher with psychiatric unit consultants about the procedures for data collection.

## **STATISTICAL METHODS:**

The statistical procedures were applied to determine the result of present study includes:

a. Description statistic

This approach includes Percentage (%) to calculate the description of sample.

b. mean and standard deviation to estimate the value of some data .

Arithmetic mean( $\bar{X}$ ):

## RESULT:

**Table (1): Distribution of the sample according to their Socio -demographical data**

Items	frequency	Percentage	Mean
Gender	F	%	X
Male	30	60	
Female	20	40	
Total	50	100	
Age group of (caregiver)			
14 – 22	3	6	35,56
22 – 30	7	14	
30 – 38	20	40	
38 – 46	13	26	
46 – 54	7	14	
Total	50	100	
Level of education			
Illiterate	18	36	
Primary	21	42	
Secondary	4	8	
Preparatory	2	4	
Institute	3	6	
University	4	8	
Total	50	100	
Type of employment			
Employed	16	32	
Unemployed	34	68	
Total	50	100	

F. = Frequency      % = percentage      x = mean

It appears from the table that most frequent age group is 30-38 years and a represent 40% , and last frequent group 14 – 22 years (6%) the mean of the ages 35,56 . most of the patients are male (60%). The table revels that most of the patients were with primary education (42%). And 4% of them are graduated from the institute. Also the table shows that most of the patients are unemployed (68%).

**Table (2): Distribution of the sample according to their psychiatric disease:**

Diagnosis:	F.	%
Depression	34	68
Schizophrenia	16	42
Total	50	100

F. = Frequency      % = percentage

It appears from the table that most frequently psychiatric disease is diagnostic depression 68%. There are many studies support the finding of this study related to their psychiatric disease in regard to the patients diagnosis.

**Table (3): Distribution of the family caregivers of the sample according to their knowledge about ECT**

Items	Knowledge about ECT.	F.	%
ECT is investigation?	Yes	15	30
	No	35	70
	Total	50	100
ECT is a treatment	Yes	45	90
	No	5	10
	Total	50	100
ECT has some contraindications	Yes	16	32
	No	34	68
	Total	100	100
ECT has some complication	Yes	25	50
	No	25	50
	Total	50	100

F. = Frequency      % = percentage

This table shows that most frequent family caregiver's knowledge about ECT is (70 %) of them say ECT is not investigation and (90%) of them say ECT is a treatment. And the most family caregivers say that ECT has no contra indications is (68%). and also about complication (50%) of them have knowledge about it.

**Table (4) Distribution of family caregiver's idea about practices of the sample receiving ECT:**

Items	Responses	F.	%
Informed consent is acquired from patient or Family caregivers	Yes	32	64
	No	18	36
	Total	50	100
Idea about preparation of patient pre. administer receiving of ECT	Yes	32	64
	No	18	32
	Total	50	100
Idea about preparation of patient during administer receiving ECT	Yes	22	44
	No	28	56
	Total	50	100
Idea about preparation of patient post administer receiving of ECT	Yes	28	56
	No	22	44
	Total	50	100
An idea about ECT recovery period	Yes	24	48
	No	26	52
	Total	50	100
ECT taken with medication	Yes	22	44
	No	28	56
	Total	50	100

F. = Frequency      % = percentage

It appear from this table that majority of the family caregivers have idea about practices of the patient receiving ECT, Informed consent is acquired from patient or Family caregivers and Idea about preparation of patient pre. Administer receiving of ECT except represented (64%) of them no have idea during receiving ECT, and also (56%) of them no have idea about recovery period.

## DISCUSSION

Majority of the sample which participated in the study are male and the age group between (30-years most of them are in primary school graduated and majority are unemployed. The <sup>35</sup> guidelines state that doctors should be particularly cautious when considering ECT treatment for women who are pregnant and for older or younger people, because they may be at higher risk of complications with ECT. There are many studies support the finding of this study related to socio-demographical characteristics in regard to patients age and gender. The present study suffered from some of the usual methodological limitations. Although the sample size compared well with most other studies on the subject, it can be argued that the number of participants was still relatively small, the NICE<sup>35</sup> state that doctors should be particularly inform relatives when considering ECT treatment younger people, regarding diagnosis, majority of the patients have diagnosed by the psychiatrist as a depression. (APA) <sup>36</sup> they shown that ECT has to be a safe and at times even lifesaving treatment for sever psychiatric disorder, including major depression with or without psychotic feature,<sup>8</sup> Researchers have demonstrated ECT to be the most effective treatment for psychiatric depression.

ECT has been shown to be a safe, effective, and at times even lifesaving treatment for severe psychiatric disorders, including major depression with and without psychotic features, mania, schizophrenia and schizoaffective disorder, catatonic states, and neuroleptic malignant syndrome<sup>36</sup>.

Regarding family knowledge reveal that numbers of the family have deficiency of the knowledge about the effect of ECT (Table 3).<sup>37</sup> According of the family caregiver's idea about practices of the sample receiving ECT this study reveal that there are insufficient Idea about preparation, of patient during pre and post administer and recovery period of ECT receiving. He mentioned that ECT is effective treatment for depressive patients who have not achieved a treatment response with medication, or other types of treatments however the prescription of these medications require special consideration to ensure their efficacy and safely to clients and less frequent ECT could be used <sup>38</sup>.Despite this, relatives of this study were poorly informed about ECT. A majority of relatives were unaware of anything more than the rudiments of the procedure; very few were familiar with most other aspects. These results mirror the dominant trend in literature, which suggests that relatives who care the patients receive ECT often know little about what it exactly involves. Some other studies from India<sup>39</sup> had earlier reported that a high proportion of relatives (>70%) had inadequate knowledge of ECT. However, on closer scrutiny the proportion of relatives with full understanding of the treatment, particularly about preparation of patient, pre care, post care and recovery, was actually much lower (30%) in these studies.

## CONCLUSION:

Most frequent age group is 30-38 years most of the patients are male. most of the patients were with primary education. Also the table shows that most of the patients are unemployed.

Most frequently psychiatric disease is diagnostic depression and most frequent family caregiver's knowledge about ECT consider it not investigation and majority of them find that ECT is a treatment.

majority of the family caregivers have idea about practices of the patient receiving ECT, Informed consent is acquired from patient or Family caregivers and Idea about preparation of patient pre. Administer receiving of ECT except represented (64%) of

them no have idea during receiving ECT, and also (56%) of them no have idea about recovery period.

### RECOMMENDATION: -

1. Psychiatric nurses working in the psychiatric ward should be produced with means and education to help patient's family caregiver with ECT receiving to read optimum level of functioning they learn how to assume reasonability for themselves and others, establish their independence and interact in socially acceptable way with other patients and staff.
2. The study recommended that the similar studies should be carried out with large number of sample participation.
3. Provide the psychiatric ward by a competent counselor or nurse to assist the patient and their caregivers to intervention and education oriented program in order to well informed about ECT.

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