

# Assessment of Patients' views on the Quality of Care During Receiving Electroconvulsive Therapy in Psychiatric Ward

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**Abstract- Background:** Electroconvulsive therapy (ECT) has been used in Iraq for more than 40 years and continues to have an important role in clinical psychiatry. It involves the passage of an electric current across the head of a person undergoing general anesthesia, who has also had a muscle relaxant administered, to induce a convulsion.

**Objectives:** The purpose of this article to Assess of Patients' views on the quality of care during receiving Electroconvulsive therapy in psychiatric ward in Ibn-Sina Teaching Hospital / Mosul City.

**Materials and Method:** A descriptive test conducted on the psychiatric unit in Ibn-Seena Teaching Hospital (ISTH) in Nineveh Governorate, Collecting date started 1st May 2019 extended to end June 2019. which is considered the unique psychiatric governmental unit in the Mosul City. Sample consisting (754) patients (M and F) The hospital is in Mosul .

**Results:** The results indicated that there the sample size (754) Patients . The majority of our patients were male (72.8%) while (24.8%) were females. the more respondents were aged (31-40 Y) approximately (38.2%). (84 per cent) were married, their residence (82.7%) were urban.

**Conclusion:** The findings of the study are concluded that the Patient views are important indicator of quality of care and should be used to improve ECT practice. Anxiety about ECT is helped by supportive and caring staff. Improvements could be made to practices related to waiting for and recovering from ECT

**Index Terms-** Patient, Electroconvulsive Therapy, Psychiatric ward.

## I. INTRODUCTION

Despite efforts over the past 50 years by antipsychiatry movements, electroconvulsive therapy (ECT) remains recognized as an effective psychiatric treatment<sup>(1)</sup>. Being a controversial treatment, ECT has been extensively investigated for its efficacy, clinical indications and contraindications, safety, side-effects (such as brain damage), mode of action and ethical

aspects<sup>(2)</sup>. Therefore, the auditing of ECT administration by psychiatric services is as essential for psychiatrists as the treatment is beneficial for particular psychiatric conditions<sup>(3)</sup>. Electroconvulsive therapy (ECT) has been used in Iraq for more than 40 years and continues to have an important role in clinical psychiatry. It involves the passage of an electric current across the head of a person undergoing general anesthesia, who has also had a muscle relaxant administered, to induce a convulsion. It is usually given as a course of six to ten treatments two or three times a week. ECT is used mainly in the treatment of severe depressive episodes. It is used when medication has not been effective, the severity of symptoms means it is not possible to wait for the effects of antidepressant medication to become apparent, or the side-effects to or risks associated with medication make ECT the most appropriate treatment option. A meta analysis by the United Kingdom ECT Review Group (2013) confirmed its efficacy in the treatment of severe depression<sup>(4)</sup>. ECT also has an important, well-researched and well-documented role in the treatment of other specific psychiatric and medical conditions, again when treatment has not been effective, is not tolerated, or a rapid response is necessary due to the severity of the patient's medical or psychiatric condition. The United States Surgeon General has found that "on balance, the evidence supports the conclusion that modern ECT is among those treatments effective for the treatment of select severe mental disorders, when used in accord with current standards of care, including appropriate informed consent" (United States Department of Health and Human Services 2019). In recent decades, there have been major improvements in the technical aspects of the delivery of ECT. Also, as in other branches of medical practice, there has been a move in psychiatry towards the use of quality audit tools to monitor and improve standards of practice<sup>(5)</sup>. The first major review of ECT delivery was performed in England in the early<sup>(6)</sup> This audit cycle has been repeated in the United Kingdom on two occasions<sup>(7,8)</sup> and has shown a documented improvement in the technical aspects of delivery, while noting a decrease in the use of ECT and major regional variations in its use. A similar audit of ECT practice has also been undertaken in Scotland (SEAN National Audit 2011). In

2010 the Iraq Ministry of Health decided to establish baseline data on the quality of ECT delivery in Iraq. Therefore, a policy approved by the Ministry of Health and an audit of the technical aspects and quality of ECT delivery was initiated. This audit was undertaken to determine whether the technical standards of ECT delivery in Iraq are as high as is practicable. Iraqis need to be sure that if they or a loved one are to receive ECT, treatment will be delivered in as safe a way as is possible, while ensuring the highest chance of the treatment being effective. The Ministry of Health also considered it was important that a process of ongoing reflective ECT practice be established. Finally, the objective of this report was to Assess of Patients' views on the quality of care during receiving Electroconvulsive therapy in psychiatric ward in Ibn-Sina Teaching Hospital / Mosul City.

II. METHODOLOGY:

A descriptive test conducted on the psychiatric unit in ISTH in Nineveh Governorate, which is considered the unique psychiatric governmental unit in the Mosul City. Sample consisting (754) patients (M and F) The hospital is in Mosul city is a 400 -bed teaching hospital treating Iraqis patients of varying backgrounds. The psychiatric wards are mainly for acute conditions with a short stay limit that rarely exceeds 3 weeks. The researchers using confidentiality and assured the patients those participants' rights are protected. Researchers demanded the involvement of patients and told them that questions would be asked about their quality of care during receiving Electroconvulsive therapy. Collecting date started 1st May 2019 extended to end June 2019. This study was translated into and developed the instrument into Arabic language. This researcher-developed tool consists of two sections: one, demographic data: age, gender, marital status, residential, Service setting and diagnosis, two: Kershaw Scale, 2007<sup>(9)</sup>, To describe and analyze the findings of the study, the statistical means used were: Frequency and Percentage.

III. RESULTS:

**Table(1): Research Sample Demographic Statistics (N=754)**

Variable	Number	%
<b>(A) Gender</b>		
M	567	75.2%
F	187	24.8%
<b>(B) Age</b>		
(20-30 Y)	178	23.6%
(31-40 Y)	288	38.2%
(41-50 Y)	189	25.1%
(50-or more Y)	99	13.1%
<b>(C) Martial status</b>		
Married	633	84 %
Signal	93	12.3%
Widowed	28	3.7%
<b>(D) Residence</b>		
Urban	624	82.7%
Rural	130	17.3%
<b>(E) Service setting</b>		
In-patient	598	79.3%
Out-patient	156	20.7%
<b>(F)Diagnosis</b>		
Severe depression	215	28.5%
Resistant mania	102	13.4%
Catonia	32	4.4%
Puerperal psychosis	13	1.6%
Schizophrenia	361	47.9%
Other	31	4.2%

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**Table (2): Questions asked and quantitative results.**

Questions	Yes N (%)	No N (%)	Partly N (%)	Don't know N(%)
1. Were you accompanied to the ECT clinic by a member of staff?	680(90.2)	50(6.6)	6(0.8)	18(2.4)
2. Did the accompanying member of staff stay with you throughout the treatment?	512(67.9)	76(10)	20(2.6)	132(17.5)
3. Did you know the member of staff who accompanied you?	558(74)	64(8.5)	52(6.9)	42(5.6)
4. When you arrived were you introduced to all those who would be present during your treatment?	480(63.7)	123(16.3)	48(6.3)	74(9.7)
5. Did clinic staff check that you still agreed to have ECT before your treatment?	430(57)	138(18.3)	8(1)	152(20)
6. Were clinic staff friendly and reassuring?	724(96)	4(0.5)	12(1.5)	24(3.1)

7. Was the clinic clean and comfortable?	720(95.5)	0(0)	6(0,8)	24(3.1)
8. Do you think that you were properly cared for immediately after treatment?	664(88)	12(1.5)	28(3.7)	40(5.3)

**Discussion:**

Table (1): show that the sample size (754) Patients . The majority of our patients were male (72.8%) while (24.8%) were females. the more respondents were aged (31-40 Y) approximately (38.2%). (84 per cent) were married, their residence (82.7%) were urban, which is very similar to Asian patients having ECT but different from trends in Western countries, where patients are usually elderly. The main indication for ECT was schizophrenia (47.9%), followed by severe depression (28.5%), resistant mania (13.4%) catatonia (4.4%), others (2.4%) and Puerperal psychosis (1.6%)(Table 1).The results of this audit generally fit within the frame of recommendations set by Ministry of Health , This audit provided the first opportunity to gather national data on the use of ECT. The average number of applications per course was 3.5, much less than 9.0 reported in the USA, , that of the UK (6.5) , Bahrain (6.35) and KSA ( 8.1). The findings of this study are in accordance with: <sup>(10,11)</sup> .But it is different from the findings McKersie (2011) who stated that the average age of admission for ECT was (57.49)<sup>(12)</sup> . And finally Garg et al. (2011) indicated that 43.3% were between 26 and 35 years of age, the mean age of the patients was 31.53 ± years with a range of 21 to 45 years.The difference in the findings may be due to sampling technique or the tools of assessment used in the above studies <sup>(13)</sup> .This may be due to that still a considerable number on plain ECT and many of them dropped out without full recovery , The number of ECT treatments was ( 163 ) per 6 months and those treated by psychopharmacology was 320 for the same period , so about half of the patients were treated by ECT , this make us to improve the standard of ECT to decrease drops out and enhance the patients improvements , Although ECT is a valid psychiatric treatment there is no consensus on how frequently it should be used.inspite of availability of anesthesia but still a considerable number of patients ( 36.19% ) recived plain Ect , this need more elaboration and discussion with other local psychiatrists and more descusion with national person in charge . Although one room for treatemnet and recovery and this is not consistant with the policy , where the policy allocate two separated room , but it did not make matter at leats at this time.The machine used at Ibn Seena Teaching Hospital was the old type , which is not recommended the policy , as it produces seizures at higher levels of electrical energy and results in more cognitive impairment compared to the modern, brief-pulse, wave-form producing machines The selection of modern, brief-pulse with EEG recording needs to be reconsidered .In countries where data have been collected rates of use have fluctuated. This may reflect factors such as the availability of other treatment options, consumer preferences, culture, demographic changes and legislative frameworks. The finding that only bilateral ECT was used fits with the more convincing evidence that bilateral ECT is more effective than unilateral . It is interesting that although the treatment schedule was decided by the individual consultant, it was still within recommended guidelines, being not more than three times per week.The training of those involved in ECT administration at Ibn Seena Teaching Hospital , especially psychiatrists and anaesthetists, needs to be

reviewed and promoted according to the recommendations and policy of ministry of health(MOH). These should include basic lectures, practical sessions, regular teaching and training update sessions.

IV. CONCLUSION:

This study concluded that the Patient views are important indicator of quality of care and should be used to improve ECT practice. Anxiety about ECT is helped by supportive and caring staff. Improvements could be made to practices related to waiting for and recovering from ECT.

V. RECOMMENDATION:

This study recommendation that the importance of providing suitable areas in which patients can wait before and after ECT, and the need to minimize waiting times. Patient feedback is crucial to the delivery of improved care. Clinics should seek regular feedback from patients on their experience of ECT, and use patients’ views to continually raise standards of care.

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