

Patients' Knowledge about ECT

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Abstract

In a three month period 103 inpatients were prescribed ECT. Half the patients (n=50) were interviewed using a forced choice questionnaire to assess their knowledge about ECT. Patients had high levels of knowledge on most aspects of ECT. Patients reported correct or near correct answers to nearly all items of the questionnaire. The only item to which they gave incorrect responses was the duration of electrical stimulus. The impressive amount of correct knowledge about ECT in patients receiving ECT can be exploited to educate prospective ECT co-patients in group discussions supervised by a nurse.

Key words -

**Electroconvulsive therapy,
Knowledge of patients,
Education**

Electroconvulsive therapy (ECT) is effective in the treatment of depression [1], schizophrenia [2] and mania [3]. Patients, however, continue to harbour reservations against ECT [4]. It has been suggested that faulty depiction by the lay media contributes to such myths [5]. The treating clinicians do not seem to educate their patients before ECT as much as they should. Nearly 50% of patients in a study expressed that no adequate explanation was given to them about ECT [6]. The patients who have received or are receiving ECT become the primary source of information to other patients to whom ECT is prescribed [7], [8].

The knowledge the patients have about ECT is hence important in two ways. It helps in information dissemination among patients who have to receive ECT but if incomplete or incorrect it contributes to reservations against ECT. Evidence points to the association of inadequate knowledge and negative attitudes [9]. Studies have examined knowledge of patients about some aspects of ECT while primarily evaluating their attitudes towards ECT. Comprehensive assessment of knowledge about ECT has been conducted in professionals [9] but not in patients. This study was conducted with the objective of assessing knowledge about ECT in patients completing a course of ECT.

Methods

All consecutive inpatients between January and April, 1990 (3 months) who were prescribed ECT after obtaining consent by the treating consultant were identified for interviewing. During this period 799 patients were admitted, 103 patients (13%) were assigned for ECT of whom 53 patients were excluded for the reasons given in Table I.

Table I - Reasons for not including the ECT patients (n=53)

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The remaining 50 patients were interviewed between 2 and 7 days after the last ECT. The stopping of ECT sessions was an independent clinical decision of the treating consultant that patient has either "recovered" or "much improved". Consent was obtained for the purposes of the study from all the patients before the interview. Patients received a diagnosis according to International Classification of Diseases 9th edition. For ease of communication they are grouped into schizophrenia and its sub-types (295) and affective psychosis either mania or depression (296). Only two patients had diagnosis other than these two. One patient had reactive psychosis (RP) and other obsessive compulsive neurosis (OCN).

A questionnaire Schedule containing 14 questions/statements was constructed. Each of these 14 items had three answers/choices. Details of development of this questionnaire has been described [10]. The items and choices were read out for all the patients by the same interviewer. The patients were expected to make one of the three choices which they considered best for each of the 14 items of the schedule. The response was given a score of 0, 1 or 2 depending on it being incorrect, nearly correct or correct respectively. The order of the three choices for each item in the schedule was random.

Results

Demographic characteristics of the patients are presented in Table II. Patients below 40 years formed over 80% of the sample. Predominance of males in the sample is a function of hospitalisation pattern; only a third of all admissions were females. Patients of urban and rural residence were equally represented. Only seven patients (14%) were illiterates. Half the patients received 4-7 ECTs (Table III).

Table II - Sociodemographic data of the sample

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Table III - Clinical data of sample

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Table IV presents the responses of the patients on the knowledge of ECT. The first four items relate to the definition, indications and efficacy of ECT. Over 90% of subjects gave either correct or near correct answers to these items. The next four items (5-8) are related to intra treatment issues. Correct knowledge was lacking with respect to where the electrodes are placed. Although majority (84%) gave

a near correct answer; electrodes are placed. Although majority (84%) gave a near correct answer; electrodes are placed on the head. Only 6% and 16% of patients had correct knowledge about the duration of stimulus and duration of fits respectively. With regard to the side effects (items 9 and 10) frequency and number of ECTs (items 11 and 12), the treatment team (item 13) and consent (items 14) over 90% of patients gave either correct or near correct responses. The total knowledge score from the 14 item questionnaire was derived by summation of scores on the 14 items. The patients had a mean (SD) knowledge score of 20.2 (3.7) (maximum score possible is 28). The range of scores in the patients was 16 to 26, modal score being 22. The influence of the demographic and clinical variables on the knowledge scores was examined. It can be seen that urban residence, literacy and skilled occupation were not associated with higher knowledge.

Table IV - Frequency of responses of psychiatric patients about the knowledge of ECT (n=50)

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Table V - Comparisons of knowledge scores about ECT in respect of socio-demographic and clinical variables

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Discussion

Improper and sensational depiction by the media is known to influence patients' acceptance of ECT [5]. Even among professionals inadequate knowledge about ECT is associated with negative attitudes [9]. Patients too have pointed out that information given to them is inadequate [11]. Other patients in the ward form the primary source of information about ECT [7], [8].

It is in this context that the knowledge of the patients completing the course of ECT gains significance. In this study patients who have completed a course of ECT have acceptable level of correct or near correct knowledge about ECT. Very few patients have incorrect knowledge.

The approach used in this study was forced choice questionnaire method. The three choices have a chance representation of 33% each. However, the answers chosen by the patients indicated that the choice of incorrect answer was less than 10%. This suggests that choice, of correct or near correct answers being high (close to 90%) was not merely chance but was reflecting truly the patients' increased knowledge. The only area where incorrect knowledge existed in a sizeable proportion of patients, was duration of electrical stimulus (Table IV).

High proportion of patients gave correct or near correct responses even on technical aspects of ECT except for duration of passage of electrical stimulus. Interestingly, socio-economic background did not influence the level of knowledge. This suggests that exposure to ECT course in a scientific milieu could itself have contributed to increased knowledge about ECT. This needs to be confirmed by examining the patients' knowledge before the course of ECT.

Going by the earlier observations that inadequate knowledge predisposes to negative attitudes [9], to

educate the patients before prescribing ECT to them. Patients who have either completed the ECT course or are nearing completion could hence form a potential source for knowledge dissemination to copatients. Patients who are identified to receive ECT, hence, can benefit from active interaction with those who have completed or are receiving ECT. It is also likely that a patient can comprehend the communication from a co-patient better; professionals may either be too technical and/or cannot reach to the level of the patient while communicating. Group interaction in the waiting hall of ECT station between the patients supervised by a mental health nurse can hence be very supportive. If this can increase the patients' knowledge on ECT, it may be expected to influence their attitudes on ECT positively.

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