

ASSESSMENTS

Montgomery Asberg Depression Rating Scale (MADRS)¹

<p>1. Apparent sadness</p> <p>no sadness 0</p> <p>1</p> <p>looks dispirited but reacts 2</p> <p>3</p> <p>appears sad most of the time 4</p> <p>5</p> <p>miserable all the time, despondent 6</p> <p>3. Inner tension</p> <p>placid, only fleeting tension 0</p> <p>1</p> <p>occasional edginess 2</p> <p>3</p> <p>continuous tension or intermittent panic 4</p> <p>5</p> <p>unrelenting dread, overwhelming panic 6</p> <p>5. Reduced appetite</p> <p>normal or increased 0</p> <p>1</p> <p>slightly reduced 2</p> <p>3</p> <p>no appetite, food tasteless 4</p> <p>5</p> <p>needs persuasion to eat at all 6</p> <p>7. Lassitude</p> <p>no sluggishness 0</p> <p>1</p> <p>difficulty getting started 2</p> <p>3</p> <p>simple routine an effort 4</p> <p>5</p> <p>needs help with anything 6</p> <p>8. Pessimistic thoughts</p> <p>none 0</p> <p>1</p> <p>fluctuating failure or self reproach 2</p> <p>3</p> <p>self accusations, ideas of guilt 4</p> <p>5</p> <p>delusions of ruin, guilt or sin 6</p>	<p>2. Reported sadness</p> <p>occasional appropriate sadness 0</p> <p>1</p> <p>sad or low but can brighten 2</p> <p>3</p> <p>pervasive sadness, still influenced 4</p> <p>5</p> <p>unvarying sadness, despondent 6</p> <p>4. Reduced sleep</p> <p>sleeps as usual 0</p> <p>1</p> <p>sleep slightly reduced 2</p> <p>3</p> <p>reduced by at least two hours 4</p> <p>5</p> <p>less than two hours sleep 6</p> <p>6. Concentration</p> <p>no difficulty concentrating 0</p> <p>1</p> <p>occasional difficulties 2</p> <p>3</p> <p>difficulty reading or in conversation 4</p> <p>5</p> <p>unable to read or converse 6</p> <p>8. Inability to feel</p> <p>normal interests 0</p> <p>1</p> <p>reduced interest 2</p> <p>3</p> <p>loss of interest or feelings 4</p> <p>5</p> <p>emotionally paralysed 6</p> <p>10. Suicidal thoughts</p> <p>enjoys life 0</p> <p>1</p> <p>wearily, fleeting thoughts of suicide 2</p> <p>3</p> <p>suicide an option but no plans 4</p> <p>5</p> <p>explicit or active plans for suicide 6</p>
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MADRS total score:

Clinical Global Impression of Illness (CGII)	Clinical Global Impression of Change (CGIC) from outset
Normal – not ill 1	Very much improved 1
Borderline illness 2	Much improved 2
Mildly ill 3	Minimally improved 3
Moderately ill 4	No change 4
Markedly ill 5	Minimally Worse 5
Severely ill 6	Much worse 6
Among the most extremely ill 7	Very much worse 7

¹ MADRS Scale (SA Montgomery and M Asberg, *British Journal of Psychiatry*, 1979, Vol. 134, pp382-389)

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PRE-ECT ASSESSMENTS				PRESCRIPTION (clinical team)			
Date	rating	rating		ECT no	ECT Date	Type (uni/bi)	Sign
	<u>MADRS</u>	<u>CGII</u>		1			
comments:							
				2			
comments:							
				3			
comments:							
				4			
comments:							
				5			
comments:							
				6			
comments:							
	<u>MADRS</u>	<u>CGIC</u>		7			
comments:							
				8			
comments:							
				9			
comments:							
				10			
comments:							
				11			
comments:							
	<u>MADRS</u>	<u>CGIC</u>		12			

- All ECT will be given BILATERALLY unless otherwise stated.
 - No more than TWO treatments should be prescribed following any ONE assessment.
 - Discuss any side-effects or lack of response with the ECT team.
 - ECT is the joint responsibility of the clinical and ECT teams.
- Use a separate sheet for each course of treatment or a time lapse of more than two weeks.

TREATMENT RECORD**PSYCHIATRIST**

ECT No	Date	Type Uni/bi	Machine type & settings	Dose delivered (mC)	Seizure length (sec)	Effective Rx no	Plan	Sign
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

ANAESTHETIST

No	Date	Premed	Anaesthetic	Relaxant	Comments and plan	Sign
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

NURSING OBSERVATIONS

PRE-ECT

No	Date	Pulse	BP	General observations (eg level of anxiety)	Sign
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

POST ECT

No	Date	Time to consciousness (min)	Pulse	BP	Comments eg BP monitoring required, note timing and describe any confusion	Sign
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

HOSPITAL NAME

CONSENT FOR ELECTROCONVULSIVE THERAPY

Patient

I consent to a course of electroconvulsive therapy (ECT), including such anaesthetics as are necessary, to a maximum of twelve treatments.

I confirm that I have had access to written information on ECT, have been able to discuss the treatment with those of my choosing and had time to make my decision.

I understand that I can withdraw consent at any time without prejudice.

Signed **date**

Doctor

I confirm that I have explained the nature and purpose of this treatment, including possible side-effects, to the above patient who has given fully informed consent.

Signed (doctor) **date**

Independent validation (if appropriate)

I confirm that, in my opinion, the above named patient has given fully informed consent to ECT.

Signed (relative/advocate)..... **date**

(please note that no one lay person can consent for another and the patient's permission should be sought before this validation of consent is made.)

Patient's detained under the Mental Health Act 1983 (MHA)

1. FORM 38 (consent to treatment) is required for any patient detained under the MHAAct who has given consent to treatment and has signed above.

or

2. FORM 39 consent has been given because the patient was € unable
€ unwilling
to give informed consent.

This consent is for a maximum of treatments from(date)