

## ASSESSMENTS

### Montgomery Asberg Depression Rating Scale (MADRS)<sup>1</sup>

<p><b>1. Apparent sadness</b></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><b>3. Inner tension</b></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><b>5. Reduced appetite</b></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><b>7. Lassitude</b></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><b>8. Pessimistic thoughts</b></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><b>2. Reported sadness</b></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><b>4. Reduced sleep</b></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><b>6. Concentration</b></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><b>8. Inability to feel</b></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><b>10. Suicidal thoughts</b></p> <p>enjoys life 0</p> <p>1</p> <p>weary, 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 <b>1</b>	Very much improved <b>1</b>
Borderline illness <b>2</b>	Much improved <b>2</b>
Mildly ill <b>3</b>	Minimally improved <b>3</b>
Moderately ill <b>4</b>	No change <b>4</b>
Markedly ill <b>5</b>	Minimally Worse <b>5</b>
Severely ill <b>6</b>	Much worse <b>6</b>
Among the most extremely ill <b>7</b>	Very much worse <b>7</b>

<sup>1</sup> 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**

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

**ANAESTHETIST**

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

<b>NURSING OBSERVATIONS</b>
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**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 (Scotland) Act 1984 (MH(S)A)***

1. FORM 9 (consent to treatment) is required for any patient detained under the MH(S)Act who has given consent to treatment and has signed above.

*or*

2. FORM 10 consent has been given because the patient was € unable  
€ unwilling  
to give informed consent.

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