Consultee and commentator responses to the review proposal consultation for NICE Technology Appraisal Guidance no. 59 on the use of electroconvulsive therapy (ECT)

Consultee / commentator	Comment
British Association for Psychopharmacology (BAP)	Thank you for your letter of 28th August regarding the above proposal. The BAP view is that this would be an acceptable, and in some respects desirable, way to proceed. There is new evidence relating to aspects of the indications and use of ECT. This is related largely to its use for depression thus bringing it within the scope of the current guideline development process for depression. It was not entirely clear from your letter whether inclusion of review of ECT within the Depression Guideline would preclude any future Health Technology Appraisal of ECT? Our view would be that there are likely to be issues relating to the practicalities of use of ECT, and its use in other clinical conditions, that would merit review of the Technology Appraisal Guidance (TA059) at some stage in the future. These issues are probably not all appropriate for inclusion in work on the Depression Guideline. However, issues relating to the indications for use of ECT in depression, and the ways in which it is used for these indications, are clearly appropriate to the work on the Depression Guideline and this would be a good opportunity to address new findings relevant to these.
Dantec Dynamics Ltd	Thank you for sending documents, I would imagine that most of the input will come from members of the ECT Group at the Royal College of Psychiatrists. If there are requirements for any technical information on Somatic LLC equipment, namely the Thymatron System IV or DGx systems then we will be happy to help. Plaese feel free to contact me in the future.
Department of Health	Thank you for the opportunity to comment on NICE's proposal to update the guidance relating to the use of ECT, and the treatment/management of depression in primary and secondary care. We agree with your proposals, but feel that it should be made clear that transcranial magnetic stimulation is also reviewed in this context.
Mental Health Act Commission	The Mental Health Act Commission has considered the letter of 28 August from XXXX concerning the NICE decision to update guidance on ECT within the guideline for the treatment and management of depression. We have no comments on the approach as such, but wish to draw attention to two factors that revision of the ECT guidance should take into account. 1. Since the introduction of the ECT Accreditation Service (ECTAS) in 2003, our experience indicates that there has been a reduction in the number of ECT suites in some areas. This means some patients may have to travel further when receiving the treatment. Guidance should cover the extra support that such patients will require, both whilst

	travelling to and from the treatment suite, and in relation to additional anxiety that patients may experience as a result of not receiving the treatment locally. 2. Guidance will need to be updated in light of the Mental Health Act 2007, to reflect changes in the law in respect of ECT due to come into force next year. It is the Commission's understanding that from that point ECT may only be given to a capable detained patient with his/her consent, or to an incapable detained patient with a certificate from a Second Opinion Appointed Doctor, which must not conflict with an advance decision of the patient. (However, the provision for urgent treatment in the Mental Health Act will remain unchanged.) Also from that point ECT may only be given to under 18 year olds, whether informal or detained, with a certificate from a Second Opinion Appointed Doctor.
NHS Quality Improvement Scotland	Further to XXXX's letter of 28 August, NHS Quality Improvement Scotland has no comment to make on the proposal to update the guidance within the guideline on the treatment and management of depression in primary and secondary care and we note that the current guidance will stand until the new guideline is issued to the NHS.
Royal College of Nursing	Nurses working in the mental health area of health have reviewed proposals to update the above existing technology appraisal guidance within the clinical guideline for the treatment and management of depression in primary and secondary care. There are no further comments to make at this stage on behalf of the Royal College of Nursing. Thank you for the opportunity to comment.
Royal College of Psychiatrists	Whilst I accept that the review process in principle is logical given the position of ECT in treatment of depression it is clearly not the only area of treatment for which it is used. I am concerned that this may result in some loss of clarity and that there needs to be a way of ensuring that all aspects are covered. I am also wondering whether the Royal College and specifically the Special Committee is involved in the review given the remit of the committee. I look forward to hearing from you,
UK Advocacy Network	I am writing in response to the letter I recieved from XXXX dated 28 August 2007, to give comments on behalf of the UK Advocacy Network Trustee Board on the Health Technology Appraisal regarding shock treatment. UKAN's policy on ECT, as voted by our member groups at our Annual General Meeting, is that we call for this 'treatment' to be suspended until there is conclusive proof that it is safe. In the opinion of the majority of groups that make up our membership there is significant evidence that ECT is damaging. We believe the fact that it appears to help some people would not be seen as an adequate reason for continuing it's use in any other form of medicine.

	Given this policy we would certainly welcome a review of the NICE Technology Appraisal Guidance in the hope that a new review would reach such a conclusion. However, given that ECT is not solely used for people with a diagnosis of depression, it is difficult to see that it could be dealt with fully under the guideline on the treatment and management of depression. Since it is such a controversial treatment, we would support a separate review. We note that there have been significant developments in thinking about this 'treatment', and call your attention to a paper 'Memory and Cognitive Effects of ECT: Informing and Assessing Patients, by Harold Robertson and Robin Pryor, published in Advances in Psychiatric Treatment (2006) vol.12, 228-238. We would agree with the conclusion of this paper that 'clinicians should fully inform patients of the possible permanent adverse effects of the treatment, which include amnesia, memory disability and cognitive disability, and should provide follow-up testing using relevant instruments'. If this 'treatment' is to continue, then adequate follow-up testing, and ongoing monitoring should certainly be a part of good practice.