



# **Electroconvulsive Therapy Annual Report**

**As Required By  
Texas Health and Safety Code, Chapter 578**



**Department of State Health Services  
March 2015**

- This page is intentionally left blank -

**Table of Contents**

**Executive Summary .....1**

**Introduction.....2**

**Background .....2**

**Fiscal Year 2014 Report Summary .....2**

**Conclusion .....3**

**Attachment 1: FY 14 ECT Summary-All Facilities**

**Attachment 2: FY 14 ECT Summary by Facility**

This page is intentionally left blank -

## **Executive Summary**

[Texas Health and Safety Code, Title 7, Subtitle C, Chapter 578](#), requires the Department of State Health Services (DSHS) to file an annual report summarizing information that it receives regarding the use of electroconvulsive therapy in the state of Texas. The report is to be filed with the Governor and the presiding officer of each house of the Legislature.

To meet the statutory requirements, Texas physicians and hospitals that provide electroconvulsive therapy submit quarterly reports relating to the administration of the therapy. The quarterly reports include information regarding the number of patients served, demographic data, information about the treatment payment, number and type of treatments, clinical outcomes, and adverse events subsequent to the treatment. Providers also report on the type of equipment used to administer the treatment.

DSHS analyzes, audits, and monitors the provision of the therapy based upon the reports, and then compiles the information into an annual report.

In fiscal year 2014, there was a 10 percent increase in the number of quarterly electroconvulsive reports submitted, when compared to fiscal year 2013. Race, gender, and age of the patients remained consistent with previous years. There was a slight increase (two percent) in the number of patients whose source of funding was public. Overall, there were fewer adverse incidents reported in 2014. However, six deaths were reported, which was double the average number for the prior five years. Reports submitted by facility, indicate four of the deaths were suicides. Mood disorder symptoms among the most severely ill patients were improved in all but about four percent of patients.

## **Introduction**

Texas Health and Safety Code, Section 578.008, requires DSHS to use information received from a mental hospital or facility to analyze, audit, and monitor the use of electroconvulsive therapy, psychosurgery, pre-frontal sonic sound treatment, or any other convulsive or coma-producing therapy administered to treat mental illness. DSHS is required to file annually with the Governor and the presiding office of each house of the Legislature a report summarizing, by facility, the information received.

## **Background**

Texas Health and Safety Code, Title 7, Subtitle C, Chapter 578 outlines the requirements of providers who offer electroconvulsive therapy. The statute:

- requires that treatment be provided only by a physician;
- prohibits use in children under age sixteen;
- outlines the process for obtaining proper consent for treatment from patients;
- requires that electroconvulsive equipment be registered, and
- requires providers to submit specific data elements to DSHS.

## **Fiscal Year 2014 Report Summary**

Electroconvulsive therapy is given as a series of treatments. Each time a provider gives a series of treatments, the provider submits one report regarding the entire series to DSHS. That is, each report represents an entire treatment-series with one patient.

Although a treatment-series represents one patient receiving a series of treatments, the four-quarter aggregate total of treatment-series may reflect patients who received treatment in more than one quarter. There were 2,466 aggregate quarterly reports (i.e., for each treatment-series administered) in fiscal year 2014, an increase of ten percent from fiscal year 2013.

Table 1 summarizes the number of aggregate quarterly reports (treatment-series) over the last six years.

**Table 1**

<u>FY</u>	<u>Reports</u>
2009	1,918
2010	2,202
2011	2,126
2012	2,079
2013	2,243
2014	2,466

In fiscal year 2014, there were 23 facilities in Texas that had registered equipment and 21 of these facilities provided patient reports. DSHS reviewed the submitted reports and identified several points of interest.

- The average number of treatments received by a patient as part of one treatment-series decreased slightly to 6.2 in fiscal year 2014 from 6.3 in fiscal year 2013.
- Patient demographics such as age, gender, and race and ethnicity were similar to prior years.
- Only one percent of treatments were among patients who were involuntarily hospitalized but who consented to treatment.
- The number of people served using public sources of payment increased slightly from 44 percent in fiscal year 2013 to 46 percent in fiscal year 2014.

Part of the DSHS analysis concentrated on patient outcomes. Fifty-seven percent of the reports listed pre-treatment severity of mood disorder symptoms as severe-to-extreme. Reports from two-to-four weeks after treatment showed less than four percent of patients with severe-to-extreme symptoms. There was a slight decrease in the rate of adverse events that occurred when compared to the prior year. Less than three percent of patients had reportable events, almost entirely as reported memory loss. Because memory loss is a known and common side effect, discussion of this risk is required prior to obtaining consent for electroconvulsive therapy in Texas. Six deaths were reported as occurring within fourteen days of treatment, which was double the average number for the prior five years. Four of these deaths were reported as suicides; the other two, autopsies were not authorized.

### **Conclusion**

Reports submitted to DSHS by providers of electroconvulsive therapy showed a ten percent increase in the number of treatment-series in fiscal year 2014 compared to 2013. There was a slight increase in the number of patients whose source of funding was public. There were fewer adverse incidents reported in 2014. Six deaths were reported within 14 days of treatment, which was double the average number for the prior five years. Mood disorder symptoms among the most severely ill patients were improved in all but about four percent of patients.