

KNOWLEDGE AND ATTITUDE AMONG STABLE PSYCHIATRIC PATIENTS AND RELATIVES REGARDING ELECTROCONVULSIVE THERAPY

Ms. P. Vijaya nirmala¹, T.K sreedevi²

¹M.SC Nursing, PES College of Nursing, Kuppam, Chittoor Dist, Andhra Pradesh-517425.

²Assistant Professor, PES College of Nursing, Kuppam, Chittoor Dist, Andhra Pradesh-517425

ABSTRACT: A study to assess the knowledge and attitude of patients and relatives regarding ECT with a view to develop an information booklet in psychiatry OPD ward at PESIMSR Hospital Kuppam, Chittoor Dist, AP, **Objectives.** 1. To assess the knowledge and attitudes of patients and relatives regarding electroconvulsive therapy. 2. To compare mean deference between knowledge and attitude among patients and relatives regarding ECT, 3. To find out the association between knowledge and attitude scores of patients and relatives regarding electroconvulsive therapy with selected demographical variables. **Research approach and design:** Non experimental quantitative approach and descriptive research design. **Research setting:** PES hospital Kuppam. **Study permission and ethical Clearance:** the study permission was obtained and ethical clearance obtained from IRC and IEC of PESIMSR Kuppam. **Sampling technique:** Non Probability convenient sampling technique was adopted **Tools:** It consists of 4 sections they are 1. Demographic variables of the patients: 2. demographic variables of the relatives: 3. knowledge questionnaire related to ECT 4. Attitude questionnaire related to ECT: **Data collection:** The data collection method used for the study was the interview schedule. **Results:** The study results revealed that knowledge and attitude of the stable psychiatric patients and relative were low and there were no significant relationship between knowledge and attitude scores of the stable psychiatric patients and relatives. Hence the nurses need to take active role in educating psychiatric patients and relatives regarding ECT as part of routine care in the psychiatric ward as well as OPD.

Key words: ECT, OPD, stable psychiatric patients, IRC, IEC

1. INTRODUCTION

Mental illness is nothing to be ashamed of. It is a medical problem, just like heart disease or diabetes.

Diagnosis of a mental disorder is not the same as a need for treatment. Need for treatment takes into consideration how severe the symptoms are, how much symptoms cause distress and affect daily living, the risks and benefits of available treatments and other factors (for example, psychiatric symptoms complicating other illness). Mental health treatment is based upon an individualized plan developed collaboratively with a mental health clinician and an individual (and family members if the individual desires). It may include psychotherapy (talk therapy), medication or other treatments. Often a combination of therapy and medication is most effective. Complementary and alternative therapies are also increasingly being used. Extensive research has found ECT to be highly effective for the relief of major depression. Clinical evidence indicates that for individuals with uncomplicated, but severe major depression, ECT will produce substantial improvement in approximately 80 percent of patients. It is also used for other severe mental illnesses, such as bipolar disorder and schizophrenia. ECT is sometimes used in treating individuals with catatonia, a condition in which a person can become increasingly agitated and unresponsive. A person with catatonia can seriously injure themselves or develop severe dehydration from not eating or drinking. ECT is typically used when other treatments, including medications and psychotherapy, haven't worked. ECT is also used for people who require a rapid treatment response because of the severity of their condition, such as being at risk for suicide. ECT's effectiveness in treating severe mental illnesses is recognized by the American Psychiatric Association, the American Medical Association, the National Institute of Mental Health, and similar organizations in Canada, Great Britain and many other countries. Although ECT can be very effective for many individuals with serious mental illness, it is not a cure. To prevent a return of the illness, most people treated with ECT need to continue with some type of maintenance treatment. This typically means psychotherapy and/or medication or, in some circumstances, ongoing ECT treatments. [1]

The Electroconvulsive therapy (ECT) is a treatment indicated for symptoms of severe mental illnesses, including psychosis, mania, catatonia, and depression. Electroconvulsive therapy (ECT) is a procedure, done under general anaesthesia, in which small electric currents are passed through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in brain chemistry that can quickly reverse symptoms of certain mental health conditions. [2]

ECT is primarily used for treatment of depression, less often for schizophrenia and mania. It is mostly used in very severe, treatment-resistant states. ECT is used quite frequently in developing countries. Research from India has established the efficacy of ECT in depression, schizophrenia, catatonia and mania. The practice of ECT has also been extensively investigated, as have the mechanisms underlying its effect. There is also some literature on the awareness and perceptions of patients and family members concerning the treatment. Ethical and legal aspects of administering the treatment have been widely debated as well. [3]

2. OBJECTIVES

- 2.1. To assess the knowledge and attitudes of stable psychiatric patients and relatives regarding electroconvulsive therapy.
- 2.2. To compare mean deference between knowledge and attitude among stable psychiatric patients and relatives regarding ECT.
- 2.3. To find out the association between knowledge and attitude scores of stable psychiatric patients and relatives regarding electroconvulsive therapy with selected demographical variables.

3. MATERIAL AND METHODS:

3.1. Research approach: Non experimental quantitative approach

3.2. Research design: Descriptive research design

3.3. Variables: Knowledge and attitude related to ECT among stable psychiatric patients and relatives.

3.4. Research setting: PES hospital Kuppam and it is accredited with NABH, NABL., The essential psychiatric OPD, and ward.

3.5. Population and sample: The study population comprised of stable psychiatric patients and relatives those who are admitted in psychiatry ward and those who are coming to psychiatric OPD at PESIMSR hospital, Kuppam, based on power analysis total 50 participants were allotted to each group.

3.6. Sampling technique: Non Probability Convenient sampling technique was adopted

3.7 Study permission and ethical Clearance: the study permission was obtained and ethical clearance obtained from IRC and IEC of PESIMSR Kuppam.

4.8. Tools: It consists of 4 sections 1. Demographic variables of the patients: 2. Selected demographic variables of the relatives: 3. Knowledge questionnaire related to ECT, 4. Attitude questionnaire related to ECT.

3.9. Validation of the tool: content validity of the instruments was assessed by obtaining opinion from experts in the field of mental health nursing. Reliability of the tool was done by using cronbach's alpha coefficient formula for checking reliability the calculated knowledge questionnaire reliability score value was 0.859 among stable psychiatric patients and relatives. And the calculated attitude questionnaire reliability score value was 0.819 among stable psychiatric patients and relatives

3.10. Data collection: The data collections of the study were done through interview method. The investigator obtained oral concern from the stable psychiatry patients and relatives followed that individual interview schedule were done for each participants

3.11. Conceptual frame work: Rosen stock's Becker and mainman's health belief model were applied for this study.

4. RESULTS:

The study finding revealed that

4.1. Frequencies and percentage distribution of selected demographical variables of patients in regard with:

- **age of the patients:** about 25(50%) of the patients were belongs to age group of 20-40 years, 18(36%) of them were belongs to age group of 41-60 years and 7(14%) of them were are belongs age group of 61-80 years above,

- **Gender of the patients:** about 30(60%), 20(40%) of the them were male and female patients respectively.
- **Marital status of the patients:** about, 24(48%) of them were Married, 18(36%) of them were un married and 3 (6%), 5 (10%) of them were divorced, and Widow respectively.
- **Religion of the patients:** about 35(70%) of them were are belongs to Hindu, and 3(6%), 12(24%), of them were belongs to Christians, and Muslims respectively.
- **Education of the patients:** about 12(24%) of them were had Primary education and 20(40%), 18(36%) of them were had secondary and graduation respectively and none of them were in no formal education categories..
- **Place of living:** about 26(52%), 24 (48%) of them were living in urban, rural areas respectively.
- **Religion of the patients:** about 34 (68%), 16(32%) of them were in nuclear and Joint family respectively.
- **Diagnosis of the patients:** majority of them about 20(40%) were had Drugs /Alcohol dependence syndromes. 12(24%) of them were had neurotic disorders, 10(20%) of them were had mood disorders and only 8(16%) of them were had increased psychotic diseases.
- **recreational facilities at home of the patients:** about,6(12%) of them were had radio facility at home,8(16%) of the were had the habit of reading magazines and news papers at home and 14(24%) of them were had all the above facilities at home,
- **Previous history of ECT of the patients:** majority about 48(96%) of them were not had the electroconvulsive therapy during their course of treatment and only about 2(4%) of them had ECT 3-4years back,

4.2 Frequencies and percentage distribution of selected demographic variables of relatives in regard with:

- **age of the relatives:** most of the relatives about 27(54%) were belongs to age group between 20-40 years, 14(28%) of them were belongs to age group of 41-60 years and 9(18%) belongs to age group of 61-80 years
- **Gender of the relatives:** about 29 (58%), 21(42%) of them were male and female respectively.
- **Marital status of the relatives:** about, 26(52%) of them were married and 20(40%), 0(0%) and 4(8%) of them were un married, divorced and widows respectively.
- **Religion of the relatives:** about 35 (70%) of them were belongs to Hindu religion, and 12(24%) of them were Muslims, 3(6%) of them were belongs to Christians.
- **education of the relatives:** almost 21 (42%) of them were graduates and 14 (28%) ,15 (30%) of them were had primary and secondary education respectively
- **Place of living:** about 26(52%), 24 (48%) of them were living in urban and rural respectively.
- **Type of family of the relatives:** most of them about 34 (68%) were in nuclear family and 16(20%) of them were in Joint family.
- **Recreational facilities at home of the relatives:** about, 26(52%) of them were had television at home, 6(12%) had radio at home and 5(10%) of them were had the habit of reading magazines and news papers at home, 18(26%) of them were had all the above facilities at home.

Table-1: Frequency and percentage distribution of knowledge score of stable psychiatric patients regarding ECT

N=60

S.No	Knowledge scores of stable psychiatric patients in regard with ECT	f	%
1	Inadequate	34	68%
2	Moderate	5	10%
3	Adequate	11	22%

Table-2: Frequency and Percentage distribution of attitude of the stable psychiatric patients regarding ECT

N=60

S.NO	Attidue of the stable psychiatric patients regarding ECT	f	%
1	Positive response	28	56%
2	Negative response	22	44%

Table-3: Frequency and percentage distribution of knowledge scores of relative's regarding ECT

S.No	Knowledge scores of relative's of psychiatric patients regarding ECT	f	%
1	Inadequate	30	60%
2	Moderate	9	18%
3	Adequate	11	22%

Table-4: Frequency and percentage distribution of attitude scores of relative's regarding ECT

S.NO	attitude scores of relative's of stable psychiatric patients regarding ECT	(f)	(%)
1	Positive response	28	56%
2	Negative response	22	44%

Table -5: Mean deference, SD, and p -values between knowledge and attitude scores among stable psychiatric patients and relatives regarding ECT

	GROUP	N	MEAN	STD. DEVIATION	P- VALUE
KNOWLEDGE	Patient	50	6.500	3.309	0.463
	Relative	50	6.980	3.210	
ATTITUDE	Patient	50	5.580	1.980	0.835
	Relative	50	5.500	1.820	

4.3 Association of knowledge and attitude scores the stable psychiatric patient's with their selected demographic variables regarding electroconvulsive therapy.

- In association of knowledge scores of stable psychiatric patients with their demographical variables such as age in years, marital status, place of living , patients disorders , education, recreation facility were significant at the level of $p > 0.000$ and type of family at the level of $p > 0.005$, other variables such as gender , religion ,previous history of ECT were not significant ,
- In association of attitude scores of stable psychiatric patients with their demographical variables like age in years, recreational facility at home ,gender ,marital status, religion , place of living, type of family, psychiatric illness of the patients ,previous history of ECT, were the not significant

4.4 Association of knowledge and attitude scores the relatives of the psychiatric patients with their selected demographic variables regarding electroconvulsive therapy.

- In association of knowledge scores of relatives of the stable psychiatric patients with their demographical variables such as age in years, place of living ,level of education were significant at the level of $p > 0.000$, and other variables were such as gender , education , type of family were not significant .
- In association of knowledge scores of relatives of the stable psychiatric patients with their demographical variables like gender, marital status, religion, education recreational facility at home were not significant.

5. CONCLUSIONS

- The findings of the study revealed that the overall percentage of the knowledge scores of stable psychiatric patients about 17(34%) of them had inadequate knowledge, 5(10%) of the, had moderate knowledge and 11 (22%) of them had adequate knowledge. And Attitude scores among patients about 26 (32%) of them were had had positive response, 24(48%) negative response

- In regard with knowledge of the relatives about 15(30%) of them had inadequate knowledge, 9 (18%) of them had moderate knowledge and 11(22%) of them had adequate knowledge . And attitude scores of relatives about 28(36%) of them were had positive response and 22(44%) of them had negative response regarding ECT. And comparing knowledge and attitude of the stable psychiatric patients and relatives were not significant.
- The author concluded that knowledge and attitude of the stable psychiatric patients and relative of the psychiatric patients were low and there were no significant relationship between knowledge and attitude scores of the stable psychiatric patients and relatives. Hence the nurses need to take active role in educating psychiatric patients and relatives regarding ECT as part of routine care in the psychiatric ward as well as OPD.

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