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Knowledge and attitudes on electroconvulsive therapy in Germany: A web based survey

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ABSTRACT

Objective: The aim of this article is to examine knowledge and attitudes on electroconvulsive therapy (ECT) among the German population.

Method: A web-based population survey based on a standardized questionnaire was used to examine knowledge and attitudes towards ECT as a treatment of severe depression among the general public (sample of 1000; representative in terms of age, gender and federal states of the German population).

Results: ECT is not well known and negatively connoted among the German population. A higher level of awareness and knowledge about ECT correlates with higher agreement to treatment with it. The analysis of feedback from the open question underlines the complexity of ECT: on the one hand, negative attitudes, stereotypes, and associations, and on the other hand interest, willingness, and acceptance to deal with the method were shown.

Conclusion: The results suggest an urgent need for more information about the basic facts, psychiatric applications, and effectiveness of ECT in order to increase the level of awareness and knowledge, and thus the method's acceptance. An increase in acceptance would expand the therapeutic spectrum for the mentally ill. Correspondingly, persons affected and their relatives as well as physicians and healthcare professionals should be involved in awareness-raising measures.

1. Introduction

Electroconvulsive therapy (ECT) has been a therapeutic option for several psychiatric disorders for over 75 years (Gazdag et al., 2009). Today, ECT has evolved into a modern procedure with a benign side-effect profile, which is performed under anesthesia and the administration of muscle relaxants. Pivotal is ECT's effectiveness as a short-term treatment for depression (UK ECT Review Group, 2003) and other psychiatric disorders (Weiner and Reti, 2017) like schizophrenia, schizoaffective disorder (Kaster et al., 2017), catatonia (Luchini et al., 2015) and mania (Perugi et al., 2017).

Despite positive outcomes the number of German patients undergoing ECT treatment is comparatively low in global terms (Loh et al., 2013; Sauer et al., 1987); its treated person rate (TPR; number of ECTs per 10,000) is 0.25 (latest status in Germany: 0.34, see Loh et al., 2013, 434). For example, other Western countries such as Scandinavia

(highest TPR: 4.3), Australia (highest TPR: 4.4) or the USA (highest TPR: 5.1) report higher number of ECT treatments (Leiknes et al., 2012).

The low numbers of patients treated with ECT are partly due to insufficient access in Germany (in total, 183 of 423 (43%) hospitals indicated that they provide ECT; see Loh et al., 2013) but also to attitudes and knowledge among physicians.

ECT is still associated with negative and socially undesirable attributes. A review of studies investigating general attitudes toward ECT has found established misbeliefs, e.g. that ECT is painful and has dramatic adverse effects on memory and brain structure, that patients fear conscious shocks and regard them as a barbaric, inhuman and compulsory treatment (Dowman et al., 2005). The media have also reinforced the negative image of ECT (McDonald and Walter, 2009). There are many examples of cinematographic transformations influencing real life situations. An often cited case is the 1975 film "One

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Flew Over the Cuckoo's Nest" that misrepresents ECT and this has had a negative impact on how it is perceived (McDonald and Walter, 2009).

A further contributing factor is the 1960s-70s anti-psychiatric movement in Germany that emphasis negative stereotypes in connecting to ECT (Grözinger et al., 2015). The debate that arose from this largely academic debate is now being perpetuated by psychiatric patients who have organized into self-help groups (Trotha, 2001). Against this background it is quite conceivable that patients, who are or have been treated with ECT because of their mental illness, feel stigmatized. Stigmatization is a process of attribution of negative stereotypes to a specific group of individuals (Goffman, 1963). It is often associated with status loss of the stigmatized and discrimination in all areas of life; it can also be a barrier to recovery and seeking medical assistance (Crisp et al., 2000; Link and Phelan, 2001; Struening et al., 2001; Cooper et al., 2003).

The present paper seeks to fill the gap in the literature on KAP studies (Knowledge, Attitude, Practice) for German-speaking countries by investigating the knowledge and attitudes towards ECT of the general population.

Previous studies showed a strong influence of attitudes and acceptance on the different treatment options for mental disorders (Lauber et al., 2005). It is thus important to explore the stereotypes linked to ECT with the aim of providing better access to adequate therapies for people with psychiatric disorders. Results are drawn from an internet-using cohort and thus are representative of their particular position.

2. Methods

2.1. Sample and data collection

A standardized questionnaire was designed as an interdisciplinary effort of the Department of Psychiatry, Psychotherapy and Psychosomatics as well as the Institute of History, Theory and Ethics of Medicine of the Aachen Medical School. The survey was conducted in cooperation with the market research institute "Harris Interactive AG" in Hamburg. For this purpose, the questionnaire was converted into a web-based population survey in which participants were recruited and questioned by the research institute in 2013.

The random sample consisted of $n = 1000$ persons aged between 16 and 69 (with an average age of 43.1, standard deviation 14.20) and was equal in gender distribution. In terms of age, gender and federal states, the study represents the distribution of the German population. Propensity weighting was employed to increase the comparability of the sample with the general German population.

2.2. Questionnaire

The questionnaire consisted of 15 items nine of which addressing the level of knowledge as well as the reservations and attitudes towards ECT in relation to five different common forms of therapy for the treatment of severe depression: anti-depressant medication, light therapy, sleep deprivation, psychotherapy and deep brain stimulation. The remaining items relate to data collected about socio-demographic aspects.

In order to determine the (general) state of knowledge about the listed therapies, defining explanations were not given to the respondents in advance. The IBM SPSS Statistics (version 22) software was used for statistical analysis of the survey data collected.

3. Results

3.1. General part of the questionnaire

The general part of the questionnaire focused on the awareness level, effectiveness and consent to the six selected therapies for the treatment of severe depression. High level was detected of general

Table 1
Awareness level^a of different psychiatric therapies.

Awareness level (%)	Completely unknown	Little-known	Well-known
Anti-depressant medication	10.9	32.1	57.0
Light therapy	30.6	43.8	25.6
<i>Electroconvulsive therapy</i>	70.7	23.7	5.6
Sleep deprivation	62.2	27.5	10.3
Psychotherapy	9.8	30.4	59.9
Deep brain stimulation	72.2	24.2	3.6

^a Awareness level: characteristic value of awareness (three-point-scale: completely unknown, little-known, well-known) of six different psychiatric therapies in percent (%), each therapy consists of $n = 1000$.

awareness in regard to the use of anti-depressant medication as a form of treatment for severe depression (89%). The same applied to psychotherapy. Overall, more than half of the respondents even classified both therapies as "well-known" (anti-depressant medication: 57%, psychotherapy: 60%). In contrast to this, awareness levels for ECT (29%), deep brain stimulation (28%), and sleep deprivation (38%) were rather low. Light therapy had a medial position: Overall, 69% classed it as "little-known" or "well-known" (see Table 1).

Anti-depressant medication and psychotherapy were also considered by all respondents to be extremely effective as a treatment option, whereas only a minority found ECT (5%) to be effective (see Table 2).

Also, the better known the therapy, the more likely the respondents were to approve to be treated with it for severe depression; the less known the respective therapy, the less acceptance it enjoyed. The majority agreed to a potential treatment with anti-depressant medication (61%), light therapy (77%) and psychotherapy (87%). In contrast, treatment with ECT (17%), deep brain stimulation (29%), and sleep deprivation (17%) were predominantly rejected (see Table 2).

3.2. Specific part of the questionnaire

The specific part of the questionnaire focused solely on ECT. Prior to the questions, a brief ECT explanation developed by the authors was given so that the participants continued with a minimum level of knowledge (see Supplement).

The questions addressed the acceptability of personal treatment with ECT if suffering from depression, how ECT is viewed as part of usual medical practice, and how current (publicly available) information about ECT is assessed.

On the one hand, the acceptability of individual treatment with ECT is very low: 27% of all the respondents that answered that they would never agree to a personal treatment (only 3% would completely agree

Table 2
Effectiveness and approval^a of different psychiatric therapies.

	Effectiveness (%) (quite effective)	Approval (%) (yes/possibly yes)
Anti-depressant medication	52.0	61.2
Light therapy	26.0	77.0
<i>Electroconvulsive therapy</i>	5.1	17.4
Sleep deprivation	5.1	16.5
Psychotherapy	58.2	87.3
Deep brain stimulation	9.1	28.6

^a Effectiveness and approval: the highest characteristic values of the variables Effectiveness (quite effective) and Approval (yes/possibly yes) of six different psychiatric therapies in percent, each therapy consists of $n = 1000$. Based four-point-scales: (a) Effectiveness of the therapy: ineffective, somewhat effective, quite effective, don't know (in response to the following question: "Which of the following therapies would you undergo if suffering under deep depression?"), (b) Approval: no, possibly no (would consider it but still likely to reject it), possibly yes (consideration with likelihood of acceptance), yes.

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