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ELECTROCONVULSIVE THERAPY

Report of the Task Force on Electroconvulsive Therapy of the American Psychiatric Association

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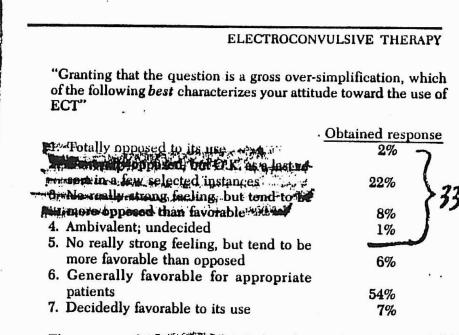
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Thum, we see that 32% expressed some degree of opposition; operation; operation; ambivalence; and 67% some degree of favorable attitude.

% Agree

Responses to more specific statements about ECT were distributed as follows (the difference to 100% reflecting response of no opinion/ambivalent/undecided):

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1. There are many patients for whom ECT, either alone or in combination with other measures, is the safest, least expensive, and most effective form of treatment

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- 2. Any psychiatric institution claiming to offer comprehensive care should be equipped to provide ECT
- 3. ECT should be used only when all else has failed
- 4. The introduction of antidepressants and phenothiazines has made the use of ECT obsolete
- Continued of at loss should be dist continued of at loss should be curtailed

72%	20%
	· ·
83%	12%
38%	57%
7%	87%
16%	75%

% Disagree

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 t is likely that ECT produces slight or subtle brain damage
 There is a need for more explicit

guidelines (perhaps from APA) for the proper use of ECT

- 8. The issuance of guidelines from any source for the use of ECT is likely to interfere with good patient care
- 9. ECT should not be administered to children 16 or under

41%	26%
69%	20%
22%	65%
57%	16%

Large percentages of the respondents feel that ECT is a valuable treatment technique and a majority would welcome explicit guidelines for its use.

Appropriate diagnosis/problem

Respondents were asked to rate the degree of appropriateness of ECT (assuming no physical contraindications) for 11 diagnoses/ problems. Collapsing the six-point scale into "appropriate," "undecided" and "not appropriate," the following results were obtained (the difference to 100% reflecting rounding error and those who indicated opposition to the use of ECT for all patients):

	Appropriate	Undecided	Not Appropriate
Minor (non-psy-		na na s	
chotic) depression	6%	2%	88%
Major depression	86%	6%	7%
Schizophrenia		•	
(acute or chronic)	25%	15%	59%
Manic excitement	42%	13%	43%
Drug or alcohol			
abuse	1%	2%	94%
Personality dis-			
orders	2%	1%	93%
Sexual dysfunction	1%	1%	93% ·
Anorexia nervosa	11%	17%	70%
Intractable pain	8%	18%	72%
Unremitting hypo-			,
chondriasis	11%	17%	70%
Toxic dementias	2%	3%	91%

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In addition, 274 responde ECT as appropriate for a variet space for "Other, please spec spondents went to the effort o which they considered ECT in

The preceding table provi priateness ratings for most res accepted practices and the av ECT. On the other hand, it respondents view ECT as app little evidence of efficacy a opinion favors the use of oth dealt with in Chapter III.

Percentage of Respondents L

After excluding 9% of m spend at least 50% of a usu activities related to psychial spondents were categorized whether or not they had eit ECT in the last six months, or supervision that ECT be u morths, and the personally treat months), and 11% had reconrally, these two groups were

Characteristics Distinguishi

The following member the User vs. Non-User categ foreign medical school, cen practice, geographical locat psychopathology, and attitu percentage of males than f Users. Likewise, psychiatri those in group private offic and those in large or medithan did members of other

Of the eight "theoretic biochemical; organic, neu psychological other than iorist; eclectic; other), the selves as organic or eclec