

ECT: II: Patients who Complain

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SUMMARY Twenty-six subjects who complained of permanent unwanted effects following ECT were compared with two groups of control subjects on a battery of 19 cognitive tests. Many statistically significant differences were found in cognitive functioning, mostly attributable to the level of depression or medication in the complainers. However, after analysis of variance/co-variance some differences still remained, indicating impaired cognitive functioning in the ECT complaining group.

The aim of the study was to identify a group of people who had specific complaints about electroconvulsive therapy (ECT), to catalogue their complaints and to assess their cognitive function. Results on a battery of cognitive tests were compared with results from a group of matched normal volunteers.

Methods

With the cooperation of the local evening newspaper (circulation 140,000 approx.), an article was written entitled "Is there any harm in shock treatment?". At the end of the article readers who thought that ECT had had an adverse effect on them were asked to contact one of the authors:

So if YOU have had ECT, no matter how recently or how long ago, and reckon it has had an adverse effect on you, the group would be grateful if you would help by allowing them to test your memory and ability to think quickly, and see how you compare with other people. It would only take about an hour or so one afternoon . . . and there are no shocks in store. That's a promise!

We also asked consultants in the hospital to let us know of any patient who had complained about ECT.

Each complainer was given an unstructured interview by either C.P.F. or R.E.K. A note was made of their complaints, time and number of treatments, and whether they would willingly have ECT again. An attempt was made to

assess their mental state at interview to see if they were clinically depressed or otherwise ill and a note was made of their drug treatment, if any. This rough assessment was supplemented by completion of the Wakefield depression self-rating scale (Snaith *et al.*, 1971) and the Middlesex Hospital questionnaire (Crown and Crisp, 1966). (All references are at the end of Paper III).

Subjects were tested for cognitive function by D.W. who did not know the nature of their complaints. A battery of 19 tests was used, as described with literature references at the end of Paper III. They covered visual design, verbal and spatial positional learning, verbal and visual memory, and there were two tests of remote memory, tests of delayed recall and recognition, a test of the ability to link faces with names, and tests of perceptual aptitude and concentration.

The subjects also filled in the Broadbent cognitive failures questionnaire which gives a self-rating of the subject's memory and concentration difficulties.

Controls—A group of volunteers who had not had ECT, and most of whom had not been psychiatric patients, were tested in exactly the same way. These were group-matched with the ECT complainers for age, sex, social class, educational level and intelligence. These volunteers were also obtained via an article in the same evening newspaper which asked for people