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ELECTROCONVULSIVE THERAPY

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

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"Granting that the question is a gross over-simplification, which of the following *best* characterizes your attitude toward the use of ECT"

	Obtained response
1. Totally opposed to its use	2%
2. Strongly opposed, but E.K. as a last resort in a few selected instances	22%
3. No really strong feeling, but tend to be more opposed than favorable	8%
4. Ambivalent; undecided	1%
5. No really strong feeling, but tend to be more favorable than opposed	6%
6. Generally favorable for appropriate patients	54%
7. Decidedly favorable to its use	7%

} 33%

Thus, we see that 32% expressed some degree of opposition; one percent, ambivalence; and 67% some degree of favorable attitude.

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

	% Agree	% Disagree
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	72%	20%
2. Any psychiatric institution claiming to offer comprehensive care should be equipped to provide ECT	83%	12%
3. ECT should be used only when all else has failed	38%	57%
4. The introduction of antidepressants and phenothiazines has made the use of ECT obsolete	7%	87%
5. The use of ECT should be discontinued or at least should be curtailed	16%	75%

6. It is likely that ECT produces slight or subtle brain damage	41%	26%
7. There is a need for more explicit guidelines (perhaps from APA) for the proper use of ECT	69%	20%
8. The issuance of guidelines from any source for the use of ECT is likely to interfere with good patient care	22%	65%
9. ECT should not be administered to children 16 or under	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):

	<u>Appropriate</u>	<u>Undecided</u>	<u>Not Appropriate</u>
Minor (non-psy- 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%

In addition, 274 respondents were asked to rate ECT as appropriate for a variety of space for "Other, please specify." 26% of respondents went to the effort of which they considered ECT in

The preceding table provides appropriateness ratings for most respondents 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 U

After excluding 9% of r spend at least 50% of a usu activities related to psychia respondents were categorized whether or not they had eit ECT in the last six months, or supervision that ECT be u percent had personally treat months), and 11% had reco rally, these two groups wer

Characteristics Distinguishi

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

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