

Shocking treatment

Is this cure for depression like kicking a faulty television set?



Jack Nicholson: famous screen victim of ECT

ing down of speech and movement.

How does it work? The simple answer is that no one knows. Work in animals has shown that ECT is accompanied by a variety of changes in brain biochemistry, some of which are thought to be implicated in the causes of depression. However, having a seizure is a dramatic event, and it is impossible to determine which of the many observed changes are important, and which are just secondary. The difficulties of carrying out similar research in human subjects are evident.

Because psychiatrists are unable to answer the question why ECT works, opponents have likened it to kicking a malfunctioning television set. We don't know what it does, but all of us know that sometimes it does the trick. Others have said that it is either dangerous or dishonest to use a treatment before we know how it works. This is a false argument. There are many examples of treatments in medicine found to be effective long before anyone had the

slightest idea why. Citrus fruit was found to treat scurvy years before anyone had suspected the existence of vitamins. Vaccination worked before anyone knew about viruses. The question that should concern a patient or relative is does the treatment work, and if so, does the benefit of treatment outweigh the risk of side-effects?

Like any effective treatment ECT is not without side-effects. Most concern surrounds its effect on memory. Memory of the period immediately before and after the treatment is usually lost, but usually improves with time. A few patients describe more extensive memory loss of the period before the treatment. However, it is difficult to disentangle these effects from those of depressive illness itself, which, especially in the elderly, can be associated with profound memory deficits.

ECT has a small, but established place in psychiatric treatment across the world. For patients with the severest form of depression it may be the quickest, safest and easiest treatment. Properly administered it has ceased to be an issue among either psychiatrists, or the relatives and sufferers, who have witnessed the often dramatic effects of treatment. ECT may be inelegant and its mechanism poorly understood. What is well understood is the cost in misery of untreated severe depression. If, as I grow older, I am unlucky enough to develop severe depression, I hope that my psychiatrist will arrange to give me ECT.

SIMON WESSELY

● Dr Wessely is Senior Lecturer in Psychological Medicine at the Institute of Psychiatry.

The stereotype of the psychiatrist as an unfeeling agent of social control, who administers cruel treatments to non-conformists was never better conveyed than in the film *One Flew Over the Cuckoo's Nest*, in particular in the scene where the Jack Nicholson character received electroconvulsive treatment (ECT) against his will.

Many still consider ECT to be the most dramatic, and controversial, treatment used in modern psychiatry. The vernacular term "shock treatment" seems designed to shock itself. Last week's report from the mental health charity MIND, *Safe and Effective?*, gave ECT only the most grudging acceptance. And yet within psychiatry itself ECT rarely now attracts argument.

For the practising psychiatrist the main question is not moral, but practical. Does ECT — giving a depressed patient a brief electric shock to induce an epileptic convulsion — work? There have been several hundred clinical trials, but only a few have been sufficiently rigorous to answer the important questions. The Medical Research Council trial in 1965 showed ECT was better both than anti-depressants or a drug placebo in treating depression: 70 per cent of those receiving ECT did extremely well. However, it was argued that the elaborate business of ECT still left the possibility that ECT was itself a placebo treatment.

To answer that, two studies were carried out, in which patients received either real or simulated ECT. Real ECT was superior to simulated ECT, provided it was reserved only for the severest forms of depression — those in which the sufferer experienced either delusions and hallucinations, or an observable slow-