

# **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”

	<u>Obtained response</u>
1. Totally opposed to its use	2%
2. Generally opposed, but O.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):

	<u>% Agree</u>	<u>% Disagree</u>
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-psychotic) 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 disorders	2%	1%	93%
Sexual dysfunction	1%	1%	93%
Anorexia nervosa	11%	17%	70%
Intractable pain	8%	18%	72%
Unremitting hypochondriasis	11%	17%	70%
Toxic dementias	2%	3%	91%