"Shock Therapy" - Not a Cuckoo's Nest, a Valid Depression Rx

By Gil Ross — August 30, 2015

[1]Recently, the New York Times published an article entitled "Electricity Becomes Psychiatric Therapy" [2], which returned us to those not-so-great days of yesteryear, circa 1940. The column by Nicholas Bakalar posted a reference to the Times' first mention of electroconvulsive therapy (ECT): "Insanity Treated By Electric Shock" [3], and it was a bit scary.

He went on to discuss ECT's more recent history, and while generally science-based, Bakalar deviated a bit at the end, and that attracted the attention of an expert psychiatrist, who expressed his dismay. Charles H. Kellner, M.D., professor of psychiatry at the Icahn School of Medicine at Mount Sinai in New York, where he directs the ECT service, wrote the following letter to the editor [4]:

Electricity Becomes Psychiatric Therapy (First Mention, Aug. 18) should have stopped at its penultimate paragraph, 'Today, ECT [5] is widely accepted as a safe and effective treatment for depression, and few contemplate banning it.'

Instead, it continued: 'But the controversy has not gone away. On Jan. 29, 2011, an article in the Business section carried the headline: F.D.A. Panel Is Split on Electroshock Risks."

The letter continues: "To be clear, there is no medical controversy about ECT anymore: It really is accepted as the most effective treatment for severe depression, catatonia and some psychotic illnesses. What controversy lingers is largely promoted by the anti-psychiatry movement, often backed by the Church of Scientology. The F.D.A. panel was split, to no small extent, because the public hearing on ECT devices in 2011 was overrun by lay speakers who described abuses from the 1950s. Modern ECT is a standard part of contemporary psychiatric medicine. It is time to leave it at that."
We here at the American Council on Science and Health sought the opinion of another expert psychiatrist, Dr. Nigel Bark who is Associate Professor of Clinical Psychiatry & Behavioral Sciences and Director of Schizophrenia Research at Bronx Psychiatric Center (BPC) of the Albert Einstein College of Medicine. Here is his synopsis of the current approach to utilizing ECT:

"I agree with everything Dr Kellner says. There is no dispute in psychiatric circles that ECT is the most effective and quickest treatment for severe suicidal depression, for psychotic depression and catatonia. It does not matter that by itself it does not last because it gets someone out of the severe illness and enables medication to then keep them well. There is some discussion about how significant is the immediate, short term memory loss and what method of ECT is the best to lessen that."

Dr. Bark continues: "ECT is also indicated for treatment-resistant depression, for severe or intractable mania and sometimes for severe depression in pregnancy when its side effects may be less than medication's (although less often nowadays as we have learnt the side effects of medication in pregnancy are less than previously thought). And also in the elderly and in people on a lot of medications for other conditions where again the side-effects of ECT may be less than those of adding antidepressants and/or antipsychotic medication."

He also added: "It seemed (and still seems) to me that the FDA 'controversy' was not about the effectiveness or overall benefit of ECT but rather whether the machines should be classified as 'high risk' or 'medium risk' - a rather esoteric discussion which also included whether new trials would be necessary."

Finally he concluded that "I would add that it was and is my impression that nearly all the opposition to ECT came from the Church of Scientology, which certainly fueled it and paid for it."

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