

medical
accountability
network

7 March 2006

Charles Barnett
CEO and President
Daughters of Charity Health Services of Austin

Dear Mr. Barnett,

Thank you for your inquiry about The Medical Accountability Network. We represent a nationwide group of concerned professionals who seek to restore integrity to medicine by insisting on the practice of informed consent. Our membership includes physicians, pharmacists, public health officials, legislators, lawyers and patient advocates. More information can be found at www.medicalaccountability.net.

I am glad that you have found the literature about ECT safety issues to be useful. You may be further interested in the following articles on the lack of efficacy of ECT. The references that follow document that electroconvulsive treatment has never been clearly demonstrated to be effective in the most common patient populations it is administered to, and that there is no scientific support for the claim that ECT is "lifesaving" as it is some times characterized. In fact the largest epidemiological study on patient outcomes documents significantly increased mortality rates associated with ECT compared to other treatments.

Respectfully submitted,

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ECT EFFECTIVENESS STUDIES

The largest study done to date on the effectiveness of ECT evaluated the outcomes for 3,288 patients in Monroe County, NY. ECT recipients were found to have an increased death rate from all causes. The death rates from suicide among depressed patients given ECT were slightly higher at the 1 year mark. By 5 years the suicide rate was the same for depressed patients who underwent ECT as those who didn't receive ECT.¹

In a University of Iowa study of treatment effectiveness, 1,076 depressed patients were categorized according to whether they received ECT, or high doses of anti-depressant medications, or low doses of anti-depressant medications, or neither (ECT nor medications). Long term follow up revealed that all groups had the same suicide rates, indicating that the incidence of suicide is not affected by treatment. The authors conclude: "Therefore, ECT cannot be characterized as 'lifesaving' now as in the past."²

The same findings are documented in two other studies: ECT does not prevent suicide in depressed patients.³

An English study of patient outcomes after ECT concluded that the Royal College of Psychiatrists was making unfounded statements, falsely claiming patient satisfaction and minimizing devastating adverse effects. These are similar to statements made to patients in the US in false representations of accurate informed consent.⁴

A French study looked through 10-years' worth of psychiatric facility records in the Paris area and identified patients who had been given ECT. 90% agreed with the statement that ECT is frightening to have. 50% agreed with the statement, "I was so upset by the treatment that I'd be reluctant to accept it again."⁵

A study was conducted to establish the clinical effectiveness and cost-effectiveness of electroconvulsive therapy for depressive illness, schizophrenia, catatonia and mania. The first thing the researchers found was that there was no randomized evidence of the effectiveness of ECT in specific subgroups including older people, children and adolescents, people with catatonia and women with postpartum exacerbations of depression or schizophrenia. There were only a total of three studies that even satisfied minimal criteria for accurate reporting. The authors

1 . Babigian, H., et al, 'Epidemiologic considerations in ECT' *Arch Gen Psych* 1984;41:246-253

2 . Black, et al 'Does treatment influence mortality in depressives?' *Ann Clin Psych* 1989;1:165-173

3 . Eastwood, et al 'Seasonal patterns of suicide, depression, and ECT' *Br J Psych* 1976;129:472-475

Milstien, et al 'Does ECT prevent suicide?' *Convulsive Therapy* 1986;2:3-6

4 . Rose D, Fleischmann P, Wykes T, Leese M, Bindman J. 'Patients' perspectives on electroconvulsive therapy: systematic review' *British Medical Journal* 2003 Jun 21;326(7403):1363.

5 . Taieb O, Flament MF, Chevret S, Jeammet P, Allilaire JF, Mazet P, Cohen D. 'Clinical relevance of electroconvulsive therapy (ECT) in adolescents with severe mood disorder: evidence from a follow-up study.' *Eur Psychiatry*. 2002 Jul;17(4):206-12.

conclude: "Overall, gains in the efficacy of the intervention depending on the stimulus parameters of ECT are achieved only at the expense of an increased risk of cognitive side-effects. Limited evidence suggests these effects do not last beyond 6 months, but there is no evidence examining the longer term cognitive effects of ECT. There is little evidence of the long-term efficacy of ECT."⁶

⁶ . Greenhalgh J, Knight C, Hind D, Beverley C, Walters S., Clinical and cost effectiveness of electroconvulsive therapy for depressive illness, schizophrenia, catatonia and mania: systematic reviews and economic modeling studies. *Health Technol Assess.* 2005 Mar; 9(9): 1-156, iii-iv.