July 16, 1997

Harold S. Orchow, M.D.
Montevista Hospital
5900 West Rochelle Avenue
Las Vegas NV 89103

Dear Dr. Orchow,

The relationships between number and frequency of seizures, reduction in mood disorder (efficacy), increase in cognitive symptoms (safety), and electrode placement are described in an extensive series of reports. The details are well described by Abrams in his textbook *Electroconvulsive Therapy* (Oxford U. Press, 3rd Ed., 1997). The most recent reports are those from Jerusalem by Bernard Lerer and his co-workers.

1. Efficacy in ECT for mood disorder improves with both frequency and number of treatments.
2. Cognitive symptoms worsen as number and frequency of treatments increase.
3. Efficacy is greater for bilateral electrode placement, but such efficacy is associated with greater cognitive symptoms.
4. Efficacy is less for unilateral electrode placement, and such lesser efficacy is accompanied by lesser cognitive symptoms.
5. Twice a week treatments achieve the same efficacy and less cognitive effects than three times a week treatments; but two weeks after the end of the treatment series, when efficacy is equivalent, cognitive effects are not distinguishable.

As a consequence of these syllogisms, practitioners select the parameters of treatment according to the severity of the symptoms. For severely ill and debitated patients, where one seeks immediate improvement and is less concerned with cognitive effects, ECT is given 3x/week with bilateral placement. This assures the best results. [In severely manic or psychotic patients, this series may begin with two to four treatments daily.]

For patients who are not too distressed, where cognitive effects are feared, patients are treated with unilateral electrode placements, at 3x per week.

In the elderly, where cognition is a principal risk, treatments are given with bilateral placements no more frequently than two times a week.

Some practitioners deliver two seizures in a single setting. This is a relic of 'multiple monitoered ECT' developed by Blachly and Gowing in 1966. MMECT was tested and shown to increase risks with limited gains. The practice is no longer endorsed except in the very severely manic, psychotic, or stuporous patient where an immediate effect is required.

The practice of giving 12 treatments in four to five days, even with unilateral electrode placement, sounds like MMECT – a practice which is not generally recommended. The APA Task Force of 1990 waffled on these data and recommendations because the members of the panel were aware that many practitioners were still using the MMECT model. A better review of MMECT is to be found in Abrams' textbook.

I trust these remarks are helpful.

For other opinions, you may want to post a specific case example on the internet site of 'convulsive-therapy@psycom.net' and see what others answer.

Sincerely yours,

Max Fink, M.D.