

November 13, 1989

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Dear Dr. Fenn,

Many important clinical and theoretic issues in ECT are under active study, or deserve active study. The APA Task Force on ECT has prepared a report on **The Practice of ECT: Recommendations for Treatment, Training and Privileging** which is wending its way through the APA approval process, and should become public by May 1990. That report will provide useful guidelines for the decision to use ECT, the implementation of good practice, and encourage greater usage.

The specific problems which may be usefully studied depend on the population sample (numbers, age, medical status), whether mainly in-patient or out-patient, and your specific interest. Some important issues are:

1. Maintenance and continuation ECT: What is an optimal course of treatment? How can improvement be sustained?
2. ECT and pharmacotherapy. The facilitation of antipsychotic drug activity by ECT has been demonstrated; what is the interaction of antidepressant drugs and ECT?
3. ECT in schizophrenia. The present enthusiasm for clozapine highlights the poor results with neuroleptics in patients with schizophrenia. The efficacy of clozapine is estimated at 30% in the best of hands. What is the efficacy of ECT in clozapine treated failures?
4. ECT in parkinsonism. Many parkinson patients have periods of incapacity alternating with relative comfort. The 'on-off' phenomenon has been modified by ECT. We need prospective studies of ECT in parkinson patients with the 'on-off' phenomenon.

These are some of the ideas under study in my laboratory. If you would describe your population in detail, with numbers of cases, diagnoses, age, and medical status; your experience with ECT and how the interest came about; the type of equipment available; and whether any senior clinicians are interested in supporting or encouraging such studies, I could be of more specific help in your research efforts.

You may wish to subscribe to CONVULSIVE THERAPY. The journal is completing its fifth year of publication. It has highlighted each of these issues, and many others of interest to the clinical and research communities.

Thank you for your inquiry.

Sincerely yours,

Max Fink, M.D.
Editor