

F. Ketter

May 20, 1971

Dr. Diana Johnson
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Dear Dr. Johnson:

Enclosed are the corrections you requested. Is there any reason why you would not use the author-prepared abstract? I would prefer it to the enclosed version.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

MF:kt

The therapeutic effectiveness of unilateral electrode placement and multiple seizures in convulsive therapy has been studied by M. Fink, R. Dornbush, S. Feldstein, R. Abrams and J. Volavka (New York), with the goal of reducing confusion and other side effects of such therapy while maintaining its beneficial action. Seizures with unilateral electrode placements results in less clouding of consciousness, earlier waking, and less memory impairment than bitemporal placement. Conventional bilateral ECT produces its major impact on auditory verbal memory, Visual short-term memory is influenced little by either unilateral and bilateral ECT. The EEG seizures produced by bilateral ECT result in prolonged EEG slowing with larger amplitudes over the left hemisphere, while unilateral ECT produces higher amplitudes on the treated (right) side. Bilateral ECT is usually clinically more effective and faster. There is a persistent advantage to bilateral ECT for the first 4 treatments, but little difference thereafter; an equivalent clinical effect was seen for 5 unilateral versus 4 bilateral treatments. The use of multiple ECTs, 4 or 6 per day, under hyperoxygenation, appears to have approximately the same effect on memory as the same number of single treatments. It was concluded that unilateral ECT is almost as effective as bilateral treatment, without the accompanying memory loss. Further study of multiple treatments are necessary. It has been thought that treatment effectiveness is related to memory loss, but the persistence of slow wave activity appears to be more important.