July 17, 1995

Worrawat Chanpattana, M.D.
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Dear Dr. Chanpattana,

I have read the outline of your proposed study of continuation ECT in schizophrenia with interest. There is a need for a prospective study of ECT contrasted with neuroleptic drugs in schizophrenia. The basis for this belief is the review, now in press in *Schizophrenia Bulletin,* which I recently completed with Dr. Harold Sackeim; a copy is enclosed.

The question which you seek to answer with the design of your study, however, is not central to our present concerns. Most patients are treated with neuroleptics first, and only treatment failures are considered for ECT. In such a group, there would be little justification to continue treatment with a failed compound [such as a neuroleptic]. If you wish to answer the question which intervention reduces relapse rate for longer periods, and at what cost, then patients who failed an adequate neuroleptic trial for schizophrenia could be assigned to receive either a continuation neuroleptic [although an atypical neuroleptic like clozapine would be preferred] contrasted with those treated with ECT [either alone or combined with the atypical neuroleptic]. Such a study would parallel ongoing US studies comparing the relative efficacy and safety of continuation ECT, continuation lithium combined with a tricyclic compared, and lithium alone.

It is probably inappropriate to use haloperidol combined with ECT since there are few studies of this combination. Considering the high risk of haloperidol for inducing dyskinesia, it is not favored by many psychiatrists.

I am not directly involved in the support by our governmental or private agencies of mental health research, and so cannot answer your query about support.

My regards.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry
and Neurology