

7
Jellison

January 13, 1975

William E. Crisp, M.D., Chairman
Department of Obstetrics & Gynecology
Maricopa County General Hospital
2601 East Roosevelt,
Phoenix, Arizona 85008

Dear Dr. Crisp:

Your letter of January 3 raised a number of interesting questions, the answers to which are unclear. I could not answer these from my own experience, and referred to the volume by Kalinowsky and Hippius (see page 198), and discussed these with Lothar Kalinowsky, Richard Abrams, and Dr. Edward Sachar of the Albert Einstein College of Medicine.

The observation you cite, that hypothalamic stimulation may induce ovulation is true if the locus in the brain and the electrical parameters are well defined. In ECT, seizures are generalized, currents are large and many areas of the brain may be affected--indeed the effects may vary with the location of the electrodes and the configuration of the skull so that effects may be more variable than in depth electrode studies.

We are not aware of an increased rate of pregnancies after ECT. Since patients who are severely depressed often complain of interrupted menses, their appearance after successfully treatment is usually interpreted as a facet of their improvement. Whether the return of menses and the likelihood of pregnancy may follow has not been studied.

In menopausal women who become depressed, there may be an interruption of the menses, as with younger women. Following treatment, these women occasionally menstruate again and it is difficult to say whether their menses have returned after menopause or whether the depression inhibited their menses and the lifting of the depression resulted in a continuation of the menses until a later menopause.

I trust these answers are of some use. Thank you for the inquiry.

Sincerely yours,

Max Fink, M. D.
Professor of Psychiatry

MF:ed
Enc.