

October 3, 1983

Dorson Liss, M.D.  
Chairman, Special Procedures Committee  
Good Samaritan Hospital  
2425 Samaritan Drive  
San Jose, California 95124

Dear Dr. Liss,

The literature on maintenance ECT is not reassuring. The principal studies are detailed in my book on ECT (Pg 207). The APA Task Force was unable to find satisfactory data to allow a recommendation, so reference to such studies was included among the research needs in the Task Force Report.

This question has been asked by a number of other respondents. The best suggestion that I was able to make reflected the present practice on my service at University Hospital. About half our affectively ill patients who respond to a course of ECT are discharged on maintenance drug therapy, usually imipramine, less often lithium or phenelzine. When such patients relapse, and recover in a second course of ECT, we then consider discharge on maintenance ECT, initially recommending weekly treatments for 2 to 4 weeks, then bi-weekly for a month. We have not treated a patient beyond 6 treatments as an out-patient, always trying a second course of a maintenance drug trial. I am not satisfied with this experience, and did propose a study which was not approved by granting agencies.

I would be grateful for a copy of your recommendations when these are adopted at your hospital.

Thank you for your inquiry.

Sincerely yours,

Max Fink, M.D.  
Professor of Psychiatry