

*J. Lellert*

August 22, 1977

Dear Jon,

Your letter of August 9 with regard to depressed patients who failed to respond to ECT who responded to drug therapy ~~aroused~~ my interest. If you have such a sample, I would agree that the data should be published. However, one should be sure that the ECT was given under conditions that meet present standards for ECT therapy. Were the number of treatments adequate? What assurance was given that missed seizures were re-treated? Was the diagnosis confirmed by an outside observer or adequate history? I can recall no recent report of such an outcome (since the reverse sequence, drugs followed by ECT, is the most common).

The second question is difficult to answer. There is no good study of neurotics to show that ECT makes neurotics worse. The predictor studies (Mendels, Carney, Hobson) all show that the more psychotic the patient is, the better the clinical result; the obverse can be inferred, the more neurotic (higher anxiety, less delusion), the poorer the clinical result. There is also the problem that many patients labelled 'neurotic' are labelled so because of an unclear clinical picture, and they may develop into 'schizophrenic' patients at a later date. This group also suggests that the less psychotic or the less like a standard psychotic picture the patient presents, the poorer the clinical results. As for specific citations, the most detailed, citing his own work is Kalinowsky writing in Kalinowsky and Hippus, 1972, pp 242-244), Pilowsky (Aust NZ J Psych. 288:88-94), Prendergast (Med J. Aust. 2:598-600, 1968) and Carney and Sheffield (Br. J. Psychiat. 125: 91-94, 1974). These are good for starters, although I prefer the inferences from the predictor studies. You may want to start with our own review of predictors (Brit. J. Psychiat. 122:457-462, 1973).

The APA Task Force report has been submitted to the Council of the APA. I think it is quite good, and its recommendations are reasonable. You will enjoy reading a copy, which you may be able to get from Mandel or Fred Frankel (unofficially).

My regards.

Sincerely yours,

Max Fink, M.D.