

May 31, 1978

Baron Shopsin, M.D.
Department of Psychiatry
New York University College of Medicine
550 First Avenue
New York City 10016

Dear Barry,

Enclosed is a revised and up-dated version of my contribution on the effects of ECT in mania for your volume. The citations and some parts of the text have been edited to reflect the latest findings and discussions, both at the Task Force of the APA and the NIMH conference.

I trust that this version may replace the one submitted last year.

My regards.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

FROM

Max Link, M.D.
Dept. of Psychiatry - Behavioral Sciences
Homonak Sciences Center, SUNY
Stony Brook, N.Y. 11794

RAVEN PRESS, PUBLISHERS

1140 AVENUE OF THE AMERICAS

NEW YORK, N. Y. 10036

Telephone: (212) 575-0335

SUBJECT:

MANIC ILLNESS (edited by B. Akopian)

DATE

1.23.78

FOLD ↑

MESSAGE

Dear Dr Link. Regarding your chapter, MANIA & EST, we have several questions: ① Pg. 2, line 7: Ok to cite APA reference (ref. 11) after "... and motor activity"? ② Pg. 5, 5th line from bottom: Ok to cite Watts et al, 1953 (ref. 42) after "... a 1953 review..."? ③ Ref. 9 Bowman-Barany, 1942 or 1952? See pg 5. ④ Ref. 21 Kalinowsky, 1943 or 1953? See pg 5.

Thank you for a prompt reply by return mail.

SIGNED

Editorial Dept. (Suzanne Yosha)

REPLY

- ① ok to cite ref 11 page 2.
- ② ~~yes~~ yes - ok to cite alnmd -
- ③ Bowman-Barany - 1942 - Please correct pg 5.
- ④ Kalinowsky - 1943 " " " "

SIGNED

Max Link

DATE

1/31/78

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PERSON ADDRESSED RETURN THIS COPY TO SENDER

July 11, 1977

Baron Shopsin, M.D.
New York University College of Medicine
550 First Avenue
New York City

Dear Baron,

Enclosed is a revised draft of the paper, *Mania and Electroconvulsive Therapy (EST)*. Please replace the one formerly submitted by this latest draft.

The changes are principally on page 7 where I have added a citation to a new, important paper on the subject written by ~~M~~Cabe and Norris which just appeared. Rather than make the changes in the galley, I send this draft at this time.

My regards.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

April 21, 1977

Baron Shopsin, M.D.
Department of Psychiatry
New York University College of Medicine
550 First Avenue
New York City 10016

Dear Barry,

Enclosed is the draft of the report, *Mania and Electroconvulsive Therapy (ECT)* for inclusion in your forthcoming volume reviewing the information regarding mania.

I trust it meets your standards. I would appreciate your comments.

My best regards.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

The Treatment of Mania By EST:

Efficacy and Safety

Is EST a Useful Therapy of Mania?

① Usefulness of EST in depression.

Early studies include mania as part of 'depression'

② Difficulty in dx -

mania in schiz

mania in toxic psychoses.

" in MD-D

} eg in incidence
Taylor & Abrams
Keshore

③ Recent assessments of EST in Mania

④ Conclusions about EST in mania.

④ Problems in management of mania by li ± drugs.

(a) slow onset (4-15d)

(b) ~~to~~ compliance

(c) complications of li + antipsychotics

⑤ Is there a place for EST?

- Acute mania - multiple EST

- Li toxicity + poor compliance

- Primary of R - as unpopular as mood-

Efficacy seems high - comparison needed

⑥ Communalities of EST and li in EEG.

a commonality in mechanism?

Synergism?

⑦ Does response to EST suggest a biological basis for mania? implicate hypothalamus?

Actions of EST

- (a) Non-specific response, sedation
- (h) Hypothalamic stimulation.

Some depressed patients who do not respond to antidepressant drugs do respond to EST. In a recent report, Glassman, Kantor and Shostak (73) found that depressed patients with delusions were markedly unresponsive to tricyclic drugs--10 of 13 so treated failed. When these were re-treated with EST, nine of the ten failures had a dramatic and sustained response to EST.

EST is also effective in the treatment of mania. The sedating action of EST is often used to reduce excitement and agitated states, where its effects may be prompt and lifesaving. Ziskind et al. (184) found greater improvement in follow-up for manic patients treated with EST compared to psychotherapy controls. McCabe (129) reviewed the records of patients treated with EST in 1945 - 1949 and found shorter hospitalization, greater percent improvement, and better follow-up results for EST than for controls. Kalinowsky (105), Epstein (53), and Bianchi and Chiari (19) found the improvements rates for EST treated manic-depressive patients to be equivalent in the depressed and the manic phases. Ebaugh and Johnson (49) reported 100% social recovery for five manic patients treated with pentelenetetrazole; and Thorpe (171, 116) described the efficacy of multiple daily treatments in acute mania. Comparisons of the clinical efficacy of lithium and EST, alone or combined, in the treatment of acute and recurrent mania are not available.

The efficacy of seizure therapies in depressive illnesses may also be seen in clinical comparisons of different methods of inducing the seizure. Studies comparing EST using unilateral or bilateral electrode placements find the two methods effective in reducing symptoms and shortening hospitalization (3, 43, 44). D'Elia and Raotma (44) examined 29 studies in which the results of unilateral electrode placements were

Some depressed patients who do not respond to antidepressant drugs do respond to ECT. In a recent report, Blaszynski, Kantor and Spitzer (13) found that depressed patients with delusions were markedly unresponsive to tricyclic drugs--10 of 13 so treated failed. When these were re-treated with ECT, nine of the ten failures had a dramatic and sustained response to ECT.

ECT is also effective in the treatment of mania. The sedating action of ECT is often used to reduce excitement and agitated states, where its effects may be prompt and alleviating. Miskin et al. (14) found greater improvement in follow-up for manic patients treated with ECT compared to psychotherapy controls. Miskin (15) reviewed the records of patients treated with ECT in 1947-1949 and found shorter hospitalization, greater patient improvement, and better follow-up results for ECT than for controls. Ballyasny (16), Spitzer (17), and Blaszynski and Chertkoff (18) found the improvement rates for ECT treated manic-depressive patients to be equivalent in the depressed and the manic phases. Brown and Johnson (19) reported 100% social recovery for five manic patients treated with pentobarbital; and Wapke (20), (21) described the efficacy of multiple daily treatments in acute mania. Cooperman et al. (22) described the efficacy of lithium and ECT, alone or combined, in the treatment of acute and recurrent mania, etc not available.

The efficacy of various therapies in depressive illnesses may also be seen in clinical comparisons of different methods of inducing the seizure. Studies comparing ECT using unilateral or bilateral electrode placements find the two methods effective in reducing symptoms and shortening hospitalization (3, 4, 23, 24). Wapke and Neuman (25) examined 29 studies in which the results of unilateral electrode placements were

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Dr. Fink

Falder

Proposed Outline of Book Entitled:

A PROFILE IN PSYCHOBIOLOGICAL RESEARCH: MANIC ILLNESS

Editor: Baron Shopsin, M.D.

- I Preface - Introduction -----> B. Shopsin, M.D. ✓
- II What is Mania -----> ~~M. Mendelson~~, G. Ginsburg, ✓
~~M. Steinberg~~
 Longitudinal Review Starting with the term "Folie Circulaire
 by Bairget and Falret -----> Kraepelin
 -----> Bipolar and unipolar illness
 Description of a dynamic or descriptive nature
 before schizophrenia?
 Analytic Concepts
 Other
- III Diagnostic Considerations: Clinical Aspects:
 D.D. with schizo-affective illness
 B. Shopsin, M.D. ✓
- IV ~~EPIDEMIOLOGY~~ ----- J. Klerman ✓
 IV ~~Epidemiology and Genetics~~ ----- J. Mendlewicz ✓
- VI Neuropharmacology ----- J. Selzer, B. Shopsin and ✓
 S. Gershon
- VII Treatments
 Biological
 1. Biological <----- ECT - Max Fink ✓
 Psychoactive Drugs - B. Shopsin ✓
 2. Other (e.g. analytic, behavioral, family therapy, etc.)
~~M. Mendelson~~/G. Ginsberg ✓
- VIII Concluding Remarks