

June 7, 1996 0830 EST

Dear Dr. Tennison,

Nicholas Lenn has forwarded your request for information about pediatric ECT. It is true that ECT was used in the 1940s in a series of pediatric cases, mainly by Dr. Lauretta Bender at Bellevue and another group in Europe. Lacking modern psychotropics, ECT was accepted. As pediatric psychiatry [=child and adolescent psychiatry] became dominated by psychodynamic thinking, all use of ECT in children and adolescents was considered unacceptable. In the past decade, however, as children and adolescents were, on occasion, shown to have excellent treatment responses, the interdiction has been overcome and the use of ECT has become more common.

In adolescents, the data compel the conclusion that ECT is to be considered when an adolescent has a condition, which "if it occurred in an adult and ECT was warranted, it is now warranted in adolescents".

The data on prepubertal children is limited to case reports, and no conclusion has been reached. Recent case reports, however, argue that ECT is both effective and safe for catatonia in children. There are anecdotal reports of mania being treated, much as you note at UNC.

Our experience with ECT in adolescents was just published by two of our fellows, Moise and Petrides, in the J AM AC CHILD ADOLESC PSYCHIATRY.

I recently summarized the experience of pediatric ECT for

a volume on 'Pediatric Neuropsychiatry'. In addition, I was recently asked to review a submitted article to the Amer J Psychiatry, reviewing the world experience with ECT. I will gladly send these to you, as well as 'editorials' which I have written in different venues.

If you have the data of the two manic children treated with ECT, this should be published. I have stepped down as Editor of Convulsive Therapy, but I can vet an article. I will gladly help in getting the experience presented.

In the past year, I have received multiple calls and consultations about ECT in children. The latest call, which I plan to answer today, is from your Department of Psychiatry, Dr. Karen Dawkins, who must have a case in hand.

I can be reached by e-mail or by phone most late afternoons and evenings at my home/office at 516 862-6651.

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