

MEDIA RELEASE December 17 2010

Research review finds Electro-Shock Therapy ‘cannot be scientifically justified’.

A review of ‘The Effectiveness of Electroconvulsive Therapy’ published this week in the international scientific journal *Epidemiologia e Psichiatria Sociale* has found that:

“Placebo controlled studies show minimal support for effectiveness with either depression or schizophrenia during the course of treatment (i.e. only for some patients, on some measures, sometimes perceived only by psychiatrists and not by other raters), and no evidence, for either diagnostic group, of any benefits beyond the treatment period. There are no placebo-controlled studies evaluating the hypothesis that ECT prevents suicide, and no robust evidence from other kinds of studies to support the hypothesis.”

The authors of the review, which cites 112 previous studies, are Dr John Read, of the University of Auckland and Professor Richard Bentall of the University of Bangor, Wales. They conclude:

“Given the strong evidence of persistent and, for some, permanent brain dysfunction, primarily evidenced in the form of retrograde and anterograde amnesia, and the evidence of a slight but significant increased risk of death, the cost-benefit analysis for ECT is so poor that its use cannot be scientifically justified”.

Dr Read:

“The findings of this review suggest that campaigns by ECT recipients all over the world to ban ECT are supported by the lack of scientific evidence that it is safe or effective. Certainly the fears of memory loss, so often dismissed as ‘subjective memory loss’ by ECT proponents are, according to the research, well-founded in fact.”

“The dwindling number of psychiatrists who still use this procedure, which sends 150 volts through brain cells equipped to deal with tiny fractions of one volt are, no doubt, well-intentioned, but the research just does not support them.”

“If we took a rational, evidence-based approach to the controversy about ECT it would be abandoned, as have other treatments once thought to be effective, such as rotating chairs, surprise baths and lobotomies.”

Professor Bentall:

“The very short- term benefit gained by a small minority cannot justify the risks to which all ECT recipients are exposed. The use of ECT therefore represents a failure to introduce the ideals of evidence-based medicine into psychiatry. It seems there is resistance to the research data in the ECT community, and perhaps in psychiatry in general.”

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