UNMODIFIED ECT: A NOTE OF CAUTION

Sir,

I read with interest the article on unmodified ECT of Tharyan et al (1993) and the debate on the subject (Gangadhar & Janakiramaiah, 1994; Tharyan et al, 1994). There is one critically important issue that appears to have been overlooked in the evaluation of unmodified ECT. This issue is the occurrence of subclinical spinal fractures.

Present day practitioners and advocates of unmodified ECT in India may be unaware that fractures, particularly of the spine, occur in up to 40% of examined cases when convulsions are unmodified (Fink, 1979). In most studies, the incidence was 20%-30% and was higher in males than in females (Pitts, 1982). Therefore, before the advent of the modified procedure, medicolegal considerations necessitated routine pre-ECT X-Rays of the dorsal spine (Abrams, 1988). This is why modified ECT, introduced over four decades ago, has become the norm today (Freeman et al, 1989; American Psychiatric Association, 1990).

In the study reported by Tharyan et al (1993), X-Rays of the spine were not routinely obtained. The 12 (0.09%) cases of fracture identified by Tharyan et al may well represent the tip of an iceberg comprising unidentified cases of subclinical compression fractures of the thoracic vertebrae. There is also a sobering litany of other adverse effects occasioned by unmodified ECT (Pitts, 1982), which considering the retrospective nature of the study, Tharyan et al (1993) may have found unable to address.

Incidentally, Tharyan et al report that cardiac arrests were significantly more frequent with the modified ECT group. It may not be justifiable to attribute clinical significance to a statistical significance that depends upon just three cases in the modified ECT group.

Chittaranjan Andrade MD
Associate Professor
Department of Psychopharmacology
NIMHANS, Bangalore 560 029.

REFERENCES

Abrams, R. (1988) Electroconvulsive Therapy. New York: Oxford University Press.
CORRESPONDENCE

American Psychiatric Association (1990) The practice of ECT. Recommendations for treatment, training and privileging. Convulsive Therapy, 6, 85-120.

Fink, M. (1979) Convulsive Therapy. Theory and Practice. New York: Raven Press.

Freeman, C., Crammer, J.L., Deakin, J.F.W., McClelland, R., Mann, S.A. & Pippard, J. (1989) The practical administration of electroconvulsive therapy (ECT). London: Gaskell.

Gangadhar, B.N. & Janakiramaiah, N. (1994) Physical morbidity and unmodified ECT. Indian Journal of Psychiatry, 1994, 36, 97.

Pitts Jr., F.N. (1982) Medical physiology of ECT. In Electroconvulsive Therapy. Biological Foundations and Clinical Applications. (Eds. R. Abrams & W.B. Essman), 57-89. Lancaster: MTP Press Ltd.

Tharyan, P., Saju, P.J., Datta, S., John, J.K. & Kuruvilla, K. (1993) Physical morbidity with unmodified ECT. A decade of experience. Indian Journal of Psychiatry, 35, 211-214.

Tharyan, P., Saju, P.J., Datta, S., John, J.K., Kuruvilla, K. (1993) Tharyan et al reply. Indian Journal of Psychiatry, 36, 97-98.