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PLACEBO-CONTROLLED STUDIES OF ECT

DEAR SIR,

In his discussion of placebo-controlled studies of electroconvulsive therapy Professor Kendell (*Journal*, October 1981, *139*, 265–83) referred to the six studies reviewed by Barton (1977) and adds to this number the four double-blind studies published over the past four years.

In a recent review of placebo-controlled studies of ECT (Mendelson, 1981) I discussed two other studies which were only mentioned in passing by Barton and omitted by Kendell, namely the reports of Sainz (1959) and of Fahy *et al* (1963). Sainz reported on 20 patients with depressive illness, of which ten were treated with ECT while the remainder received 'mock' treatment. He found that in the electrotherapy group nine patients recovered and one improved; in the placebo group one patient improved, six were unchanged, and three became worse. Fahy and his colleagues compared groups of depressed patients treated with imipramine, electrotherapy, and 'thiopentone sleep'; there were 17 patients completing treatment in each of the three groups. Although ECT was more effective than 'thiopentone sleep', this difference did not reach statistical significance. This study was perhaps biased against ECT in that severely depressed patients who were considered high suicide risks were excluded from

the trial, and it is a widely held clinical belief that these patients show the most striking response to electrotherapy.

Professor Kendell's comment about "conflicting results of recent comparisons of the effect of real and simulated ECT in the treatment of depressive illness" is ill-founded. Three of the four recent studies have shown ECT to be clearly superior, whereas the study by Lambourn and Gill (1978) used brief pulse stimuli, applied unilaterally with the rating of improvement made on the day following the last treatment, although it has been shown that unilateral ECT has a poorer therapeutic effect within the first week of therapy when compared with bilateral ECT (Heshe *et al*, 1978).

I would suggest that the results of placebo-controlled studies of ECT pose no serious challenge to the accepted clinical view that electrotherapy is a specific and effective treatment of depressive illness in the presence of indications as discussed by Kendell.

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BENZODIAZEPINES AND EFFECTIVENESS OF ECT

DEAR SIR,

I have read with much interest the magisterial review article "The Present Status of Electroconvulsive Therapy" by R. E. Kendell, (*Journal*, October 1981, *139*, 265–83).

I agree with him about the continued utility of ECT in psychiatric treatment and the necessity for accurate and conscientious routines in its use. I also agree with him about the necessity for further research in this form of treatment, still the most effective in some types of depressive states.