The bare facts are that no placebo-controlled study of ECT for depression has been conducted since 1985 and according to a 2019 review by Read et al,[2] the 11 previous studies, which constitute the entire evidence base for ECT versus sham ECT, were mostly of poor design and together involved just 224 ECT treated patients and 187 sham ECT controls. They concluded that the combined research barely supports short-term benefit of ECT and contains no indication of long-term benefit, suicide reduction or greater effectiveness in older patients. The review also unearthed troubling mortality data in addition to frequent cognitive damage.

If 'ECT' in Gergel's article were replaced with 'insulin coma therapy', readers would be surprised at the claims for benefit and the lack of danger of treatment. With ECT, however, we are content to accept its continuing use despite the scarcity of effectiveness and safety data. Psychiatrists and researchers have a responsibility to find out how much ECT helps and harms the patients we treat rather than muddle on with so little understanding of what we are doing to people.

The *BJPsych* seems content to publish strong pro-ECT views despite the lack of evidence. The journal included a commentary on Gergel containing the remarkable claim that ECT is 'one of the most effective treatments in all of psychiatry'.[3] Is this the voice of a rigorous scientific journal? A call for large, well designed, placebo-controlled trials of ECT would be more appropriate.

Declaration of interest

None

References

1 Gergel T. 'Shock tactics', ethics and fear: an academic and personal perspective on the case against electroconvulsive therapy. *Br J Psychiatry* 2022; **220** (3): 109–112.

2 Read J, Kirsch I, McGrath L. Electroconvulsive therapy for depression: a review of the quality of ECT versus sham ECT trials and meta-analyses. *Ethical Hum Psychol Psychiatry* 2019; **21**(2): 64–103.

3 Paris, J. Why electroconvulsive therapy still carries a stigma. *Br J Psychiatry* 2022; **220**(3): 113–114.

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RE: 'Shock tactics', ethics and fear: an academic and personal perspective on the case against electroconvulsive therapy

9 June 2022

Author's reply: I thank Dr Yeomans for his letter and will answer his concerns point by point. Yeomans' suggestion that there is no evidence to support the effectiveness of ECT is based on a review by Read et al summarising details about a handful of placebo-based studies which are now between 60 and 40 years old.[1] As Meechan et al clearly explain, the selected studies 'would not meet contemporary standards of evidence-based medicine',[2] and Yeoman's letter ignores substantial recent evidence-based research, including randomised controlled trials, showing the benefits of ECT versus active comparators.[2,3] In addition, there is significant research showing ECT's physical safety.[3,4]

He also suggests that I 'generalise from personal experience' rather than using a 'scientific approach'. My personal experience recounted here is by no means a replacement for science, and Yeomans clearly overlooks the fact that all my key points about ECT are supported by references to the scientific literature. I chose to include my own experiences as an illustrative vignette, the authenticity of which may be harder for ECT critics to dismiss, given that I am describing my own case. As the stigma surrounding ECT makes it difficult for ECT recipients to be open about having received treatment, I aimed to offer some responses to questions often raised about experiencing this treatment.

Yeomans refers to the point that some psychiatrists have strong reservations about ECT, without providing any references or evidence for this claim. Neither Read nor any co-author of the review cited by Yeomans is a psychiatrist. In fact, in relation to his 2020 review, Read has himself written 'I am indeed biased against ECT'.[5] However, even if Yeomans' claim is true, it certainly does not invalidate the strong general support amongst psychiatrists and the international medical community for ECT. Moreover, studies have shown that clinicians' concerns about ECT can be assuaged through experience of seeing ECT in practice.[6]

Finally, a common trope within ECT critiques suggests some global psychiatric conspiracy. What Yeomans and the other ECT critics fail to point out is that ECT is a multidisciplinary process, involving not only psychiatrists, but also anaesthetists, operating department practitioners and mental health nurses. In the UK, the National Association of Lead Nurses in ECT has an underlying philosophy that 'ECT is one of a variety of beneficial treatments available and should be viewed as part of a holistic process'[7] and have championed the use of nurse-led ECT. As I make clear in my article, ECT is not always successful. However, in general, those who work in ECT clinics see large numbers of patients experience dramatic recoveries from the most severe states of mental illness, which in itself convinces them of its effectiveness. Combined with a strong evidence base, Paris's claim that ECT is 'one of the most effective treatments in all of psychiatry' is understandable and not, as Yeomans says, 'remarkable' or out of place in 'a rigorous scientific journal'.[8]

Declaration of interest

None

References

1 Read J, Kirsch I, McGrath L. Electroconvulsive therapy for depression: a review of the quality of ECT versus sham ECT trials and meta-analyses. *Ethical Hum Psychol Psychiatry* 2020; **21**(2): 64.

2 Meechan CF, Laws KR, Young AH, McLoughlin DM, Jauhar S. A critique of narrative reviews of the evidence-base for ECT in depression. *Epidemiol Psychiatr Sci* 2022; **31**: e10.

3 Kirov G, Jauhar S, Sienaert P, Kellner CH, McLoughlin DM. Electroconvulsive therapy for depression: 80 years of progress. *Br J Psychiatry* 2021; **219**(5): 594–7.

4 Gergel T, Howard R, Lawrence R, Seneviratne T. Time to acknowledge good electroconvulsive therapy research. *Lancet Psychiatry* 2021; **8**(12): 1032–3.

5 Read J. No evidence that ECT works for depression – new research. *The Conversation,* 2020. Available from: https://theconversation.com/no-evidence-that-ect-works-for-depression-new-research-139938.

6 Pranjkovic T, Degmecic D, Medic Flajsman A, Gazdag G, Ungvari GS, Kuzman MR. Observing electroconvulsive therapy changes students' attitudes: a survey of Croatian medical students. *J ECT* 2017; **33**(1): 26–9.

7 Royal College of Psychiatrists. *NALNECT*. RCPsych, 2022 Available from: https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/ectas/ect-lead-nurses.

8 Paris J. Why electroconvulsive therapy still carries a stigma. *Br J Psychiatry* 2022; **220**(3): 113–4.

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