Brit. J. Psychiat. (1979), **134,** 220–224

Correspondence

SIMULATED AND REAL ECT

DEAR SIR,

There can be little doubt that the paper by Lambourn and Gill (*Journal*, December 1978, **133,** 514–19) will be widely quoted by those who, from whatever motive, seek to denigrate the therapeutic effect of ECT. However the unobservant reader who simply accepts the authors' conclusions will be seriously misled, and we request space to present the data in a different form so that the issues may be clear.

Over a period of two weeks, 16 depressed patients were treated with ECT and a further 16 were subjected to the procedure termed simulated ECT. The immediate outcome of the two groups was not remarkably different; in each group 11 patients responded well (+++ or ++) and 5 patients responded poorly (+ or 0). It is from this observation that the authors draw their major conclusion, that the induction of a convulsion plays an unimportant part in the therapeutic procedure. (The authors' statement in their Results section is, of course, an error: overall, 10 not 5 patients failed to make an immediate favourable response). However, the study does not end at this point, for the referring clinicians required that 6 of the patients in the active treatment group and 7 of the patients in the simulated group should have further ECT at the end of the two-week trial period. At this stage presumably all the patients were receiving active treatment, for the authors do not state otherwise.

The issue now becomes slightly clouded by the fact that the authors have managed to 'lose' the data (or the patients) of three in each group. However, the outcome, after a further month, of the 11 patients who had now received active treatment and for whom data were available is sufficiently impressive (see table on p. 224). Thus 10 out of the 11 patients now receiving active ECT (5 of them for the first time) improved.

We think that no one would deny that a part of the total effect of ECT, and indeed of every other medical procedure, may be regarded as a placebo effect, although suggestion alone cannot account for the total variance of this effect. Some patients will have improved since they were coming to the end of their depressive illness anyway, in others the diagnosis will have been in error, and so on. It should therefore come as no great surprise that the recovery rates after the initial two week procedure were similar. What is important is that, at the end of the period, when all these extraneous factors had exerted their effect, such a large proportion of patients responded favourably to real ECT.

It is necessary to stress a further point. The authors quote our work (Barton *et al*, 1973) but seem to have missed the point in planning their own study. The point is this: that a large proportion (38 per cent in our study) of patients who recover with ECT do not show evidence of this recovery until *after six* applications have been given.

J. L. BARTON

University of Missouri-Columbia,
School of Medicine, Missouri Institute of Psychiatry,
St Louis, Missouri 63139, U.S.A.

R. P. SNAITH

Leeds University,
Department of Psychiatry,
15 Hyde Terrace, Leeds LS2 9LT

Reference

BARTON, J. L., MEHTA, S. & SNAITH, R. P. (1973) The prophylactic value of extra ECT in depressive illness. *Acta Psychiatrica Scandinavica*, **49,** 386–92.

DEAR SIR,

The report of 'A Controlled Comparison of Simulated and Real ECT' (*Journal*, December 1978, **133,** 514–19) is important; not least because it will enter the political arena as ammunition for those who actively oppose ECT in any circumstances. As the authors state, ECT 'is accepted as a highly effective therapy, particularly for depressive psychosis . . .', and many, probably most, experienced psychiatrists are convinced that there are some clinical syndromes where ECT leads to a dramatic and sometimes life-saving improvement, which cannot be explained by a placebo effect.

What are we to conclude from this study? Unfortunately, it is difficult to come to any conclusion, as we are told very little about the 32 patients. The classification of affective disorder is not an area in which there is wide agreement, and 'a diagnosis of

depressive psychosis' in this study may have been associated with a very heterogeneous group. In view of the importance of the study, I would ask Drs Lambourn and Gill to publish brief clinical descriptions of all their patients. It may then be possible to evaluate the general significance of their results. I do not accept that the data they have presented so far 'casts some doubt on current views of the effectiveness of ECT in general', although their results certainly cast doubt on the effectiveness of ECT in their sample.

A major problem in this kind of study is that the group of severely ill patients with particular clinical features, who would be expected to make a specific and dramatic response to ECT on the basis of clinical experience, cannot be easily included in a study with a placebo group, for ethical reasons. For all I know, none of the 32 patients in this study had the kind of syndrome which, I have found, urgently requires ECT. More information please!

J. H. Dowson

Department of Psychiatry,
Addenbrooke's Hospital,
Cambridge CB2 2QQ

DRUG ABUSE IN MANDURAI

Dear Sir,

May we briefly report important findings on drug and alcohol abuse in this part of India? Apart from alcohol and tobacco, drugs are not thought to be abused to an alarming extent in India. The National Committee on Drug Addiction (N.C.D.A. 1971) concluded that much of the population was totally abstinent, a feature attributable to the cultural attitude. However, there have been fears that this position might change; some few alcoholics and hard drug addicts are known, although this remains very rare in women.

We have studied 178 (175 male) addicts and alcoholics in our department in the five years 1970–4. We included cannabis users smoking more than 0.5 g daily for several years.

Drugs involved were alcohol and/or cannabis in 146 (8 per cent), multiple drugs in 16 (9 per cent), barbiturates, amphetamines and opiates in 16 (11 per cent). The *incidence* of new cases appears to have doubled between 1970 and 1975. The study has indicated that addicts form a small percentage of those who seek psychiatric help (1.7 per cent), though this proportion is rising. Illiterates in India are generally averse to drugs, which in their view harm the body. Ayurveda, the Indian system of medicine, emphasizes the regulation of personal habits and nutrition, rather than medication, for positive health. These ancient concepts still prevail. Currently there has been a total prohibition of liquor consumption in some parts of India, and the ultimate aim of the Government is country-wide prohibition. The cultivation of cannabis has been banned, and within the next decade it will not be available from indigenous sources.

We intend to continue to study the situation as it changes in the next few years.

A. Venkoba Rao
A. Sukumar
C. Neelambaradharan

Department of Psychiatry,
Madurai Medical College and
Erskine Hospitals,
Madurai–625020,
India

Reference

N.C.D.A.: 'Drug Abuse in India' (1977) Report of the Committee appointed by the Government of India, Ministry of Health and Family Welfare, New Delhi.

ATTITUDES OF NURSING STAFF TOWARDS ART THERAPY

Dear Sir,

The efficacy of any form of therapy will be affected by the attitudes of nursing staff. We used a questionnaire to find out why psychiatric nurses valued art therapy, and how training affected their attitudes. Eighty-five nurses at a large psychiatric hospital were asked to indicate whether they agreed with each of 14 statements; of these nurses 48 were trained, and 37 untrained or in training. The hospital had organized a programme of art therapy for ten years entirely administered by trained personnel.

The nurses correctly perceived art therapy as an activity intended to encourage self-expression and relaxation, rather than the development of artistic skills. However, only 65 per cent considered art therapy to be a form of treatment, and many saw it merely as an ancillary service akin to occupational therapy. Many nurses recognized forms of treatment other than purely physical ones: in fact only 44 per cent agreed with the suggestion that 'physical treatments (tablets, ECT, etc) are on the whole more effective than any other kind of treatment'. Nevertheless, the benefits of art therapy were seen as largely social. A surprising finding was that there was no significant difference between the proportions of trained and untrained staff who agreed with any question.

The different attitudes of psychiatric nurses and art therapists must result in the therapeutic outcome