SHOCK THERAPY

In view of the reported promiscuous and indiscriminate use of electro-shock therapy, your Committee on Therapy decided to devote its first meeting to an evaluation of the role of this type of therapy in psychiatry. Both the extravagant claims as to its efficacy made by its proponents and the uninformed condemnation of its use at all by its opponents indicate the emotional aura which surrounds this whole topic.

Your Committee bases its conclusions and recommendations on data gathered by the members of the Committee from their personal experience, reports from the literature, reports from the Army, Navy, Veterans Administration, University Hospitals, Canadian Army and Veterans Affairs, private hospitals and other sources. The Committee is grateful to Dr. A. E. Bennett who sat with us as an invited expert and gave freely of his extensive experience in this field. The conclusions and recommendations which follow have the unanimous concurrence of the Committee members and of the invited expert.

1. There is as yet no adequate theory of the mode of action of electro-shock therapy. All indications are that it operates on a symptomatic rather than an etiological level.

2. The preponderant weight of the evidence points to the conclusion that electro-shock therapy materially shortens the majority of depressive episodes, especially those which occur in the involutional period. It may or may not aid in shortening or controlling individual manic episodes. No evidence has been found to indicate that it has any effect in altering the cycles of manic-depressive psychosis.

3. The evidence is conflicting as to its efficacy in the schizophrenias. Good results have been reported in some cases of severe catatonic and acute paranoid reactions, but these conditions may respond to appropriate psychotherapy and good hospital care. Any improvement which occurs appears to be due to modification of the affective components. The schizophrenic personality is not altered by electro-shock therapy.

4. The preponderance of evidence indicates that the use of electro-shock therapy is contra-indicated in the psychoneuroses, with the possible exception of severe, resistant, neurotic depressions, in which symptomatic relief may at times be obtained.

5. The complications and hazards in its use should be re-emphasized, since they appear to have been minimized by some workers. Some workers have reported that such pre-shock measures as curarization or sedation with barbiturates offer a safeguard against traumatic complications.

6. In view of the foregoing considerations, electro-shock therapy should be administered only by psychiatrists who are trained in treatment techniques, and then only as an adjuvant in a total psychiatric treatment program.

7. Electro-shock therapy should be restricted to hospitalized patients. The only possible exception would be its use as part of a treatment program under competent supervision in selected outpatient departments. The Committee unitedly opposed the use of shock therapy in the private office because of its indiscriminate use; there were a very few members of the Group who were in disagreement with this point.

8. Your Committee deplores certain widespread abuses of electro-shock therapy, amongst which are:
   a. Its use in office practice.
   b. Its indiscriminate administration to patients in any and all diagnostic categories.
   c. Its immediate use to the exclusion of adequate psychotherapeutic attempts.
   d. Its use as the sole therapeutic agent, to the neglect of a complete psychiatric program.

9. Your Committee feels that the overemphasis and unjustified use of electro-shock therapy short-circuits the training and experience which is essential in modern dynamic psychiatry.

10. In spite of a voluminous literature on the subject, your Committee feels that active research is still indicated in many areas. Some of these are:
    a. Establishment of uniform criteria for evaluation of results.
    b. Combined physiological and psychodynamic studies which would lead to a greater understanding of the basic problems.
    c. Adequate, long-time, follow-up studies, with careful psychological and electroencephalographic investigations, leading to a better evaluation of the patient's clinical status during a remission or after an apparent recovery.
    d. Better application of statistically valid methods in surveying results.
    e. Definitive studies as to the possibility of irreversible brain damage, and correlation between such sequellea and the intensity and number of shock treatments administered.

11. Abuses in the use of electro-shock therapy are sufficiently widespread and dangerous to justify consideration of a campaign of professional education in the limitations of this technique, and perhaps even to justify instituting certain measures of control. However, the research studies suggested in number 10 should be available to provide a sound basis for inaugurating such a campaign.

Report formulated by Committee on Therapy. Approved by the entire Membership of G. A. P. Circulated originally as Circular Letters No. 9, November 8, 1946, and No. 18, January 22, 1947.
GROUP FOR THE ADVANCEMENT OF PSYCHIATRY

The Group for the Advancement of Psychiatry is an active group of approximately 150 American and Canadian psychiatrists, all of whom are members of the American Psychiatric Association. It was formed in May, 1946 for the purpose of surveying and studying various fields of knowledge and interest within and related to psychiatry, with the intention of stimulating progressive action, research or further study in those spheres where such may be needed. GAP is organized as a series of Committees as listed below.

The conclusions, recommendations and action of each Committee are initially submitted for opinions to every member of the Group and thus the final reports and actions represent the consensus of the entire membership. The Group neither supplants nor substitutes for any existing organization.

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