ECT and memory loss

The headline “ECT wipes out 30 years of memories” (CURRENT PSYCHIATRY, August 2006, p. 84-6) is unsupported by data presented in the article. I assume the decision to sensationalize the subject was an editorial one, as Dr. Jon Grant’s comments otherwise are suitably cautious, measured, and correct.

The case presented did not state whether unilateral or bilateral electrode placement was used to administer daily electroconvulsive therapy (ECT) for 10 days, but daily bilateral placement is not recommended by any authority or textbook and is not considered standard. My research has shown that daily unilateral ECT administered 5 days per week for a total of 20 treatments does not affect memory adversely.1

The claim that “the patient suffered severe brain damage and lost all her memories for the past 30 years” also is unsupported. In fact, there is no published evidence that any form of ECT can cause brain damage or permanent memory loss, a subject I have reviewed in considerable detail.2

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References

Dr. Grant responds

Dr. Abrams’ letter reflects the ongoing controversy regarding ECT-associated memory loss. Although Dr. Abrams states that there is no evidence of permanent memory loss associated with ECT, rare cases such as the one presented in the article—where a patient reports losing memories dating back 30 years—call into question ECT’s potential cognitive side effects. Sackeim points to evidence of severe, persistent retrograde amnesia in some ECT cases, which may extend several years prior to treatment.1

In a published, first-person account, an ECT patient describes memory loss of major life events dating back 8 to 9 years.2 Although the memory loss caused significant impairment, the author says she would undergo ECT again.

Further research ultimately may clarify this ongoing controversy. In fact, the first large prospective study of ECT’s cognitive effects has been published recently.3 In a study of 347 patients in 7 facilities, the researchers found that sine wave stimulation resulted in pronounced reaction time slowing, both immediately and 6 months following ECT. Bilateral ECT resulted in more-severe, persistent retrograde amnesia than did right unilateral ECT. Advanced age, lower premorbid intellectual function, and female gender were associated with greater cognitive deficits.

Given the ongoing controversy about ECT’s cognitive side effects, clinicians should make patients aware of this ongoing discussion and the evidence on both sides of the debate.

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References