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# ECT – Irish national studies

*Dear Editor* – Enriquez et al[1] in their description of five years of ECT in Limerick, compliment UK colleagues on their national studies and audits but regret that "the use of ECT in Ireland has not been similarly informed". Their abstract opens with: "ECT has received limited systematic study in the Irish setting."

The authors are uninformed. An Irish national ECT survey was carried out in the 1980s. The work, funded by the Medical Research Council, took three years and included a survey of professional opinion, an on-site audit of ECT procedures in all 64 Irish ECT clinics, a record of one month outcome by diagnosis, calculation of Irish national ECT prescribing rates compared with a preceding British survey and analysis of possible factors underlying wide regional variation in rates of prescription of ECT. The work is described in detail in attached references to publications in peer-reviewed journals[2-4] and in book form.[5] These publications are readily available online (PubMed) and are cited in the New Oxford Textbook of Psychiatry (2000). The Limerick authors may take some consolation that their lack of awareness of these matters is echoed in the most recent report on ECT of the Mental Health Commission (MHC)[6] which ascribes its inability to document changes in Irish ECT use over time to "a dearth of published national data" – an error which I have brought to the attention of the MHC without reply.

These criticisms apart, this Limerick study is a fine piece of clinical audit if not a scientific study of treatment outcome. The findings do not permit definite conclusions about ECT response in legally consenting versus other patients, since the difference in mean MADRS scores immediately post-ECT between these groups was insignificant and might have occurred by chance once in every 10 trials ($P < 0.10$). The final conclusion, that patients who need ECT and are unable to legally consent should not be deprived of the treatment they deserve and need is thus more a sentiment than a scientific interpretation of findings – a sentiment shared by me and by most psychiatrists.

The Irish studies referenced below were done almost 30 years ago. Since then, indications for ECT have been refined, technology improved and greater attention paid to electrode placement, electrical dosage and self-reported memory difficulties following the treatment in a minority of patients. There is a great need to rectify two decades of neglect by Irish psychiatry of the obligation to guarantee and maintain the highest national clinical standards of ECT administration. It may be the case that neither the Mental Health Commission or the Inspectorate of Mental Health Services is statutorily or otherwise equipped to discharge such an obligation alone.

The lead role here surely lies with the College of Psychiatry of Ireland which already is discharging responsibility for training in ECT administration for trainees – not least because it is this College which is trusted by the Irish Medical Council for assistance in protection of the public interest. Only a few Irish ECT centres have the approval of ECTAS (ECT Accreditation Service), the Royal College of Psychiatrists highly respected badge of ECT excellence, which could easily be made available to all Irish ECT centres by appropriate liaison between the Irish and British colleges. Our patients deserve nothing less.

In conclusion it is to be hoped that our Limerick colleagues are planning a controlled follow-up study which might hopefully confirm research findings[7-8] that cognitive after-effects of ECT are largely short-term and transient.

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References
1. Enriquez S, Tighe S, Fitzgibbon N et al. Five years of ECT: the relationship between consent status and treatment experiences. Ir J Psych Med 2010; 27(3): 117-122
2. Latey RH, Fahy TJ. Electroconvulsive therapy in the Republic of Ireland: a summary of findings. Br J Psychiat 1985; 147: 138.
3. Fahy TJ, Latey RH. Short term course and outcome of patients treated with ECT: Irish and British surveys compared. Convulsive Therapy (now J ECT) 1987; 3: 210-217.
4. Latey RH and Fahy TJ. Some influences on regional variation in frequency of prescription of ECT. Br J Psychiatry 1988; 152: 196-200.
5. Electroconvulsive Therapy in the Republic of Ireland, 1982. A Report to the Irish Division, Royal College of Psychiatrists. By Latey RH and Fahy TJ. Galway University Press. ISBN 0,90775,10,1 (Available in medical libraries at Trinity College, Dublin, University College, Cork, Cambridge medical school and Royal College of Psychiatry.
6. The Mental Health Commission of Ireland (2009): report on electroconvulsive therapy in approved centres in 2008.
7. Semkovska M and McLoughlin DM. Objective cognitive performance associated with electroconvulsive therapy for depression: a systematic review and meta-analysis. Biol Psychiatry 2010; 68(6): 568-577.
8. Bayless JD, McCormick LM, Brumm MC et al. Pre- and post-electroconvulsive therapy multidomain cognitive assessment in psychotic depression: relationship to premorbid abilities and symptom improvement. J ECT 2010; 26(1): 47-52.



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