

recovery period the patient is observed. Once pulse and blood pressure have returned to normal and the patient is conscious and is fit to go home, he/she is escorted to his transport by the staff. He/she is then escorted home by the responsible adult. Instructions are given to contact the GP or duty doctor at the hospital should any problems occur. The total time spent in the ECT suite rarely exceeds three hours. Patients have a maximum of three treatments per week.

### Regular review

The patient is reviewed after every treatment by the psychiatrist prescribing ECT and a decision is made whether the course of ECT is to continue. Any changes in the patient's physical health or medication are noted on the ECT form and brought to the anaesthetist's attention.

### Comments

Jaffe *et al* (1990) found out-patient ECT to be safe for the long-term management of recurrent depressive illness in the elderly. In their study of 32 out-patients (with a mean age of 68 years), 69% of the patients responded favourably to ECT. A low rehospitalisation rate of 9% demonstrated the efficiency of the treatment. In California, Kramer (1990) found that a course of out-patient ECT was 62% cheaper than comparable course of in-patient ECT. Thus it would appear that out-patient ECT is an effective, safe and cost-efficient form of treatment. As long as the patient is physically fit, age is not a contraindication to out-patient ECT.

In *Electro-convulsive Therapy*, the Department of Health (1991) has published statistics on ECT in England for the year ending 31 March 1990. These show that most ECT was given to in-patients. Of the 178 districts using ECT, 30 gave it exclusively to in-patients. There was wide variation in practice between the districts with regard to out-patient ECT. Across the country as a whole, out-patients received 15.4% of all ECT treatment. The statistics also showed that some districts give up to 86% or even

91% of their ECT to out-patients. It is also shown that the overall use of ECT has declined by 6.2% since 1985. During that time the proportions of in-patients and out-patients receiving ECT have remained constant.

Direct comparison between the Department of Health and Coney Hill statistics is not possible. This is because the Coney Hill figures refer to the number of out-patients receiving ECT whereas the Department of Health figures reflect the number of ECT treatments given to out-patients. Nevertheless, 31% of patients treated with ECT at Coney Hill are out-patients. This is double the Department of Health figure of 15.4% of ECT treatments being given to out-patients. With the planned closure of the hospital in 1994, the number of in-patient beds will be decreased. It is likely, therefore, that the proportion of out-patients receiving ECT will increase. With these guidelines it is hoped to establish an effective, safe and efficient out-patient ECT service.

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### Erratum

The article 'Patients repeatedly admitted to psychiatric wards' by M. Evans, D. Rice and C. Routh which appeared in the trainees' forum section in the *Psychiatric Bulletin*, March 1992, **16**, 157-158 was

mistakenly reprinted in the original articles section in the June issue of the *Psychiatric Bulletin*, **16**, 327-328.