

EDITORIAL

PRACTICE OF ECT IN INDIA

Electro Convulsive Therapy(ECT) continues to remain a controversial form of treatment and it draws criticism from time to time . It is the only form of physical treatment which has survived the advent of psychopharmacology. The survival of the ECT over the years is only because of its time tested efficacy in ameliorating and reducing psychiatric symptoms. ECT finds its place in the treatment algorithm of major psychiatric illnesses like depression and schizophrenia. Despite its efficacy, the attitude of the public, patients, medical personnel and even the psychiatrists towards ECT is varied and is full of myths and misconceptions(Agarwal et al., 1992, Agarwal & Andrade, 1997).

The standards and practices of ECT across the globe is strikingly diverse and different. In the developing countries like ours conditions though non ideal are based upon the practical issues especially the factors like poverty and poor infrastructure .

The ECT as a therapeutic tool is used widely in India, may be even more than in the west. In their survey Agrawal et al.(1992) reported that 13.4% of the psychiatrist's clientel received ECT. Shukla (1981) reported this percentage as 14.3 which is also more than the western figures of 5% (Thompson & Blaine , 1987). This difference may not be the actual one due to several reasons (Agarwal et al., 1992) but it gives a gross idea about the popularity of ECT as a therapeutic tool with Indian psychiatrists.

ECT is used for the same very indications in India as in the west with similar results, but the things are different when the methods of administering ECT is compared .Still by and large a majority of ECT recipients get the direct ECT and not the modified one as described in the

books and is practiced in the west. The reasons for the same may be varied. The cost factor, availability of infrastructure, availability of anaesthetist and other staff are some of the factors. Though it has been established that unmodified ECT causes more physical morbidity than the modified one (Andrade, 1993), an Indian study reported things to be on the contrary Tharyan et al.,(1993). They found that the incidence of musculoskeletal complication was less than 1%. In most patients who received modified ECT there was greater frequency of potentially fatal complications such as cardiac arrest. Thus unmodified ECT may seem to be justified, if administered by trained staff in absence of trained anaesthetic personnel(Trivedi & Mahendru ,2000).

The above reason may well explain the compulsion to use direct ECT in a number of small psychiatric clinics, but what about the larger mental hospitals and in the departments of psychiatry attached with medical colleges? Here a majority of the hurdles can easily be overcome .However at these places also the administration of ECT is far from ideal, administration of the ECT by the junior staff (Agarwal et al., 1992) , improper investigations in those who receive modified ECT(Agarwal et al., 1992) , and use of old and non standard technology even at big hospitals reveals the true picture(Andrade et al., 1993). Thus only poor infrastructure cannot be blamed for poor ECT practices. The hard fact is that there is relative lack of concern towards the guidelines and evidence based recommendations.

Not referring literature for current evidence, remarkable safety in the procedure and non complaining attitude of the patients and attendants may also be few of the reasons for not following

standard guidelines in administering ECT. Another important fact is that in Indian patients ECT is used mostly as an emergency measure or as a last resort in non responsive or very ill patients. Very rarely it is used for maintenance therapy. This puts the spot light on the measures of efficacy and adverse effects are largely overlooked both by the physicians as well as the care takers. The same very reasons may explain why cognitively more toxic bi-temporal placement of electrode is more popular in India and also why majority of the ECT device being used are the constant voltage sine wave voltage devices.

Another important area of discussion is the attitude of the patients and caregivers towards the ECT. As expected this is mostly shaped by the depiction of ECT in the media and the personal past experience with the procedure. The media mostly depicts the ECT as a brutalising and the punishing procedure. Most of the patients prefer drugs and other methods over the ECT (Vergese et al., 1968) however the improvement during ECT is correlated with the absence of intense fear and dislike towards treatment. Measures should be taken to prevent the wrong depiction of psychiatric patients and practices in the mass media to prevent the negative attitude towards them and reducing the taboo.

As advocated from time to time is the requirement of the official guidelines for minimally acceptable norms for the ECT practice in India (Andrade et al., 1993), but what is more important is that we follow these guidelines strictly without deviating. It will help in the optimum utilization of one of the very effective and physical mode of treatment available to us which comes to our help in the most urgent situations. Also it will increase our own confidence in the

procedure. Till a rapidly acting drug in true sense is discovered, ECT will continue to find its place in all the treatment algorithms.

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