

Comments on “Effect of a Video-Assisted Teaching Program About ECT on Knowledge and Attitude of Caregivers of Patients with Major Mental Illness”

The article titled “Effect of a video-assisted teaching program about ECT on knowledge and attitude of caregivers of patients with major mental illness” has addressed an important issue acting as a barrier against the delivery of a highly effective therapeutic intervention for patients with major mental illness.¹ I appreciate the authors for this study and for emphasizing the importance of education among caregivers of patients with mental illness. However, the following issues need to be addressed in the above study.

Unlike the current study, the previous study selected to determine the sample size for the current study did not use video-based educational material.² For sample size calculation, it is desirable to select previous research that is more similar in terms of the study population, type of intervention, and outcome measure. In the methodology, the authors stated that they collectively determined a mean difference of 2.5 units to be clinically significant. It is essential to know if this is the change in total score (knowledge and attitude) or each section of the assessment, and how this difference between pre- and post-intervention assessment was deemed to be clinically significant.

Subjects were recruited from caregivers of patients already undergoing electroconvulsive therapy (ECT). This study population does not represent caregivers of mentally ill patients in general, where a change in their attitude and knowledge might change their decision about ECT. Because the decision is already taken for ECT for patients involved in the study, assessing the knowledge and attitude of caregivers of the same patients (already receiving ECT) can result in selection bias.

It would have been helpful if, before the intervention, there was a discussion about ECT between a member of the treating team and the caregivers participating in the study. As the study assessed knowledge and attitude before and after education about ECT, it is imperative to know what kind of knowledge about ECT was already given to the caregivers as part of the regular discussion about their patients’ clinical condition and treatment options.

The level of socioeconomic status also influences the attitude toward ECT as a treatment modality.³ The authors could have provided data about the participants’ level of education and occupation in Table 1 or the text of the result section.

Declaration of Conflicting Interests

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ORCID iD

Jitendra Rohilla  <https://orcid.org/0000-0001-8346-7287>

Jitendra Rohilla¹, Shubham Jhanwar¹, Paras Gupta², Shazia Hassan³

¹Dept. of Psychiatry, All India Institute of Medical Sciences, Rishikesh, Uttarakhand, India. ²Dept. of Medicine, All India Institute of Medical Sciences, Rishikesh, Uttarakhand, India. ³Dept. of Pharmacology, All India Institute of Medical Sciences, Rishikesh, Uttarakhand, India.

Address for correspondence:

Shazia Hassan, Dept. of Pharmacology, AIIMS (All India Institute of Medical Sciences), Rishikesh, Uttarakhand 249203, India. E-mail: saherzara@gmail.com

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