

complained of feeling upset by it and no experimental patients withdrew their consent to ECT after receiving it. Some patients will not benefit directly from being given written information, but it may act as a basis upon which nursing staff can build in order to increase patient knowledge and reduce anxiety.

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Attitudes of child psychiatrists to electroconvulsive therapy

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Electroconvulsive therapy (ECT) has long been recognised as an important method of treatment in adult psychiatric disorders, especially severe depression. However, in spite of increasing concern about the occurrence of depressive disorders among the young (Klerman, 1988), very little is known about the use of ECT in children and adolescents. Indeed the published literature on ECT in this age group consists almost entirely of case reports (Bertagnoli & Borchardt, 1990). This paper is concerned with an important determinant of such practice, the attitudes of child and adolescent psychiatrists.

The concept of depressive disorder in children and adolescents has itself involved some controversial issues. Accordingly, before considering attitudes to ECT it was first necessary to establish whether or not the concept of depressive disorder was felt to be useful, as this is after all the main indication for use of ECT in adults. Since national surveys of psychiatrists can have unacceptably low response rates, this study focused on five health regions: West Midlands,

Trent, Northern Western, South West Thames, and three Health Boards in Scotland.

The study

All consultants in child and adolescent psychiatry who were working in these five regions were sent a questionnaire that enquired about the usefulness of various forms of therapy in three categories of depression (psychotic, severe, moderate/mild). Respondents were also asked to rate usefulness according to the age of the patient (under 12 years, 12–17 years, over 17 years). Of the 125 consultants then in post, 99 (79%) returned completed questionnaires.

Findings

The majority of respondents reported that the concept of depression was useful/very useful (60% in children and 85% in adolescents).

TABLE I
Negative attitudes of child psychiatrists to various treatments in different age groups (numbers refer to percentage of respondents)

	Psychotic depressions			Severe depression			Mild/moderate depression		
	<12	12-17	>17	<12	12-17	>17	<12	12-17	<17
Age (Years)									
ECT	42	19	5*	69	58	19	76	78	68
Drug	1	1	0	15	8	3	53	71	76
Psychotherapy	40	46	53	14	11	21	5	4	3

* $\chi^2 = 32.25$; 2 d.f.; $P < 0.0001$.

Table I below shows the percentage of child and adolescent psychiatrists who thought ECT would not be useful. As the Table indicates, ECT was felt less likely to be useful in psychotic depression occurring in children and adolescents than in the identical condition occurring in adults ($\chi^2 = 32.25$; 2 d.f.; $P < 0.0001$). Similar findings were obtained when severe depression was considered. Attitudes towards drug and psychotherapy showed no significant difference when the three age groups were compared.

Comments

There are a number of possible explanations for this finding. It could be, for example, that they reflect a general reluctance to use physical treatments for psychotic depression when it occurs in this age group. However, as Table I shows, the consultants seemed to be equally likely to prescribe medication to children as they would to adults with psychotic depression. Another possibility is that the reluctance to use ECT stems from concerns about the lack of knowledge on the effects of this treatment in young people and/or the view that other treatments are effective. There was some evidence to support these suggestions. Thus of those who reported that they had never used ECT with children and adolescents (79% of the sample), the main reasons against use were lack of evidence and research into its use with this group (22%) and that other treatments were felt to be adequate (18%).

ECT appears to be a rare method of treatment in child and adolescent psychiatry. Pippard & Ellam (1980), following their survey of ECT in Great Britain, reported that 31 of 433 respondents mainly working in child psychiatry had used ECT in rare cases in children under the age of 16 years. In part,

this is probably a reflection of the fact that disorders that are thought to respond to ECT (such as psychotic depression) seem to be relatively uncommon among children and adolescents. However, the results of the present research suggest that the rarity of ECT as a treatment modality in child psychiatry also stems from the attitudes of psychiatrists working with this age group. This reluctance does not appear to be the result of widespread disagreement with the concept of depressive disorder among the young, or of a general reluctance to use physical treatments. Rather, it seems to be related to a number of factors, in particular, concern about the lack of knowledge on the side effects of the treatment in children and adolescents. Future research on ECT in this age group will need, therefore, specifically to address this concern.

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