

Special Committee on ECT

The Council has set up a special Committee on ECT. This Committee replaces the Research Committee's ECT Sub-Committee which produced *A Practical Guide to the Administration of ECT* in 1988.

Historically the reasons for links with the Research Committee were that this Group began its life as a Steering Committee giving advice and support to the large College survey of ECT practice (Pippard & Ellam, 1981). It continued in existence with the idea of carrying out a follow-up survey some five years later to see if practice had changed. However, funding from the DHSS was not forthcoming for this project. John Pippard has now carried out a limited but equally revealing survey some ten years after his first which will shortly be published.

Remit

We have given ourselves the following remit:

1. to revise and update the College booklet referred to above
2. to provide teaching aids and charts for ECT suites giving illustrations and summaries of the essential practical points relating to ECT
3. to set up training courses on good practice in ECT in conjunction with the College's efforts towards continuing medical education
4. to produce guidelines on what are the optimum specifications for an up to date ECT machine
5. to review current ECT machines, particularly the large number of new and quite elaborate machines that are being produced by American manufacturers
6. to make recommendations about training for junior staff in the practice of ECT
7. to liaise with anaesthetists about anaesthetic practice and ECT.

We would like to complete this exercise, including publication of revised guidelines during 1992.

Feedback from Members and Fellows

We would like to hear from you about other areas relating to ECT that might be important to cover. At present we intend to add the following sections to our Practical Guidelines:

1. a review of the literature and clinical guidelines on maintenance ECT

2. further clinical guidelines on the use of ECT in schizophrenia and mania
3. guidelines on the use of ECT in other disorders, such as organic confusional states, dementia, Parkinsonism, and neuroleptic malignant syndrome
4. a discussion of the pros and cons of stimulus dosing
5. the use of adjuvants to reduce fit threshold such as caffeine or using different anaesthetic agents
6. further recommendations about the recording of seizure length and the monitoring of seizure activity.

We have had great difficulty in identifying consultants around the country who regularly give ECT, who are up to date with modern ECT practice and who might be interested in helping on teaching courses. We would be particularly interested to hear from consultants who have been routinely using American ECT machines and techniques such as stimulus dosing, EEG monitoring etc. in routine clinical practice rather than as part of a research project.

We would welcome comments from any member or trainee on any aspect of ECT.

The current College Guidelines (*The Practical Administration of ECT*) are still available from the College at £2.50. They are not out of date and represent an excellent summary of what is current good clinical practice. The revision will be largely composed of adding extra sections and recommendations that were not covered in the first edition.

Membership of the committee

Chairman: Dr C. P. Freeman

Administrative Secretary: Debbie Symons

Dr John Pippard, Dr Allan Scott, Professor Roy McClelland, Dr Toni Lock (Collegiate Trainees' Committee) and representatives from the General Psychiatry and Old Age Psychiatry Sections.

Dr CHRIS FREEMAN

Chairman of Research Committee

Approved by the Executive and Finance Committee
November 1991

Reference

- PIPPARD, J. & ELLAM, L. (1981) *Electroconvulsive Treatment in Great Britain, 1980*. London: Gaskell (Royal College of Psychiatrists).