

Time to acknowledge good electroconvulsive therapy research

Kaster and colleagues¹ retrospective cohort study adds to existing research that confirms the safety of electroconvulsive therapy. Comparing the incidence of serious medical events in patients admitted to hospital with depression who did not receive electroconvulsive therapy with those who did and controlling for potential confounders, their study found no increased risk of serious medical events resulting in “hospitalisation or non-suicide death”¹ with electroconvulsive therapy and a significant reduction in suicide. A different comparative study² also found no evidence of elevated or excess mortality after electroconvulsive therapy.

Despite the publication of these and other high-quality studies presenting similar findings and few good quality studies to the contrary, anti-electroconvulsive therapy advocates continue to propound non-evidence-based claims that there is “disagreement” regarding the associated mortality.³ The study referenced here even claims that a key reason that electroconvulsive therapy should be abandoned is because there is “significant mortality risk, primarily from heart failure.” The main evidence provided in support of this claim consists of review articles, authored by the same individuals. The other supporting evidence was a 2019 systematic review and meta-analysis that actually highlighted the safety of electroconvulsive therapy, concluding that “major adverse cardiac events after electroconvulsive therapy are infrequent”⁴ and that there was no evidence for increased mortality.

Sophistry aside, such points raise more serious concerns. Electroconvulsive therapy practitioners and researchers continue to advocate for safety and effectiveness, which is supported by high-quality research.^{1,2} Nevertheless, stigma and misinformation surrounding electroconvulsive therapy, such as that identified above, are extensively disseminated so that, for many service users and some clinicians, electroconvulsive therapy will never be considered as a treatment option, despite high success rates in relieving debilitating and often life-threatening severe affective states.⁵

How can psychiatry overcome this challenge and avoid going down the same path as Italy where extreme stigma means that electroconvulsive therapy is now rarely used?⁵ Without greater public and clinician awareness about the process and objective benefits and risks of electroconvulsive therapy, scientifically untested, poorly informed, and sensationalist claims will continue to gain more attention than they warrant. For example, a 2020 review calling for the suspension of electroconvulsive therapy because of risks (eg, the low mortality risk) and an absence of evidence for effectiveness was reported by multiple major news outlets, including the BBC and Daily Mail. However, these reports did not acknowledge the extensive flaws with this research or consider any higher quality studies. By contrast, new research, such as the study by Kaster and colleagues,¹ received no mainstream media attention. It is imperative that we find ways to highlight an accurate, evidence-based, and balanced understanding of electroconvulsive therapy so that stigma and misunderstanding do not cause the discontinued use or neglect of the most effective of psychiatric treatments.

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