



Electroshock: Restoring the Mind

Max Fink

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A witty critic once said that Wagner's music is better than it sounds. Here is a book arguing that shock therapy is better than it looks. Professor of psychiatry at Albert Einstein College of Medicine and an authority on electroconvulsive therapy (ECT), Dr. Max Fink makes a strong case for a treatment that has an image problem. ECT has been in the psychiatric doghouse well before *One Flew Over the Cuckoo's Nest* (1975). According to Dr. Fink, a number of forces are working to keep it there: the pharmaceutical industry, the psychiatric research community, mental health associations and an uninformed public. As a result, many patients who could benefit from this treatment do not receive it.

Diagnoses for which ECT is often effective include major depression, mania, some psychotic/schizophrenic conditions, delirium and some movement disorders. (It is not effective in dementia, substance abuse, dissociative disorders and personality disorders and milder conditions.) Modern ECT causes a seizure in the brain but not an actual muscular convulsion. The patient is sedated and has no memory of the treatment; indeed, the chief side effect is short-term memory loss. The mechanism of action is not fully understood, but probably involves the neuroendocrine system. Dr. Fink argues persuasively that the side effects are less than those resulting from psychotropic medications, yet patients are subject to repeated trials of drugs before ECT is even considered.

Dr. Fink acknowledges that some psychiatrists may have overused ECT and that credentialing of its practitioners has been neglected by certifying boards. Probably a few doctors overprescribed ECT, but the vast majority shy away from it too much. This book, clearly written, concise and assertive, should help balance the picture, educating mental health professionals and the general public alike. Unfortunately, there is only a mention of Transcranial Magnetic Stimulation (TMS) and nothing at all about EEG-Driven Stimulation (EDS), both of which are physical treatments causing less disruption than a seizure but which may eventually provide alternatives to ECT.

E. JAMES LIEBERMAN (July / August 1999)

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