

Perspective

Complaints of Loss of Personal Memories After Electroconvulsive Therapy: Evidence of a Somatoform Disorder?

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This selective review considers the rare complaints of the loss of personal memories after successful courses of electroconvulsive therapy (ECT), which are best characterized as somatoform disorders, rather than as evidence of brain damage, thus warranting psychological treatment for such disorders.

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The principal reason for reluctance to use electroconvulsive therapy (ECT) is neither a lack of efficacy nor a finding of untoward risks, but the anticipation that patients may suffer profound and prolonged loss of personal memories. Critics picture ECT as “erasing the memory slate,” much as a cloth wipes away the scribbles on a chalkboard. Although an acute confusional syndrome commonly accompanies the anesthetic and the seizure, the memories of life events, the skills needed for work, and the learning of new material are as efficient as those experienced by older patients’ siblings, spouses, and relatives of similar age, who are likely to suffer age-impaired memory.^{1–4}

The opinion that “for rare patients, the retrograde amnesia due to ECT can be profound, with the memory loss extending back years prior to the receipt of the treatment” is an example of the view of the treatment risks.⁵ The evidence comes mainly from personal reports and surveys of patient recollections of their experience with the treatment.^{5,6} Such reports are rare, even in the surveys, but the poignancy of the complaints and the devastating details of the losses are frightening to readers.^{7,8} Two voices, of Marilyn Rice,⁹ and Ann Donahue,^{10,11} both of whom were successfully treated with ECT for severe depressive illnesses, express these complaints eloquently.

A Disabled Economist

In 1974, the experience of Marilyn Rice, a federal economist, was described in *The New Yorker* under the title “All about Eve,” as part of a series of medical stories.⁹ After persistent complaints of dental pain not relieved by extraction of all her teeth and replacement by dentures, Ms. Rice “fell into a deep depression,” lost her appetite, and experienced a 20% loss in weight. She ruminated about her mouth and gums and believed that she had become ugly. A 9-week stay in a psychiatric hospital left her no better: “I am [now] on a rest cure with do-it-yourself treatment.”

When her therapist despaired of success with psychotherapy, she was hospitalized for a course of ECT, after which she wrote: “I felt just fine, perfectly relaxed and comfortable, and also very hungry, as if I were making up for lost time. She also believed that her memory was altered: “I was puzzled—but only vaguely. I really felt too vague to care. Nothing really bothered me . . . I felt physically very well . . . and calm. I did not have enough memory to think, or even worry . . . Work was just something that drifted across my mind from time to time. It did not interest me. I was too comfortable doing nothing.”

After 1 month at home, she returned to her office. Although her associates appeared familiar, and she remembered their names, she found the work unfamiliar. “I was terrified. I’ve never been a crying person, but all my beloved knowledge, everything I had learned in my field during 20 years or more, were gone. I’d lost the body of

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knowledge that constituted my professional skill. I'd lost everything that professionals take for granted."

Dental pain and feelings of ugliness were now gone, replaced by the preoccupation with memory. She retired on medical disability. "I mean, I mustn't give the impression that my experience with electroshock was a total disaster. There have been some beneficial results. For one thing, my physical health has improved. I am beginning to eat again; my digestion is much improved; and I have no trouble with sleep. I also feel emotionally relaxed. And I've lost a lot of bothersome inhibitions."

A malpractice action against the psychiatrist who administered ECT was not successful. Neuropsychological tests were unable to document decrements in memory or recall functions. She sought help in hypnosis and psychotherapy, and successfully organized an anti-ECT advocacy group: the "Committee for Truth in Psychiatry." She attended meetings of psychiatrists and complained that ECT had been administered without the prior explanation that the price would have been a severe loss of her memory. She read and critiqued the ECT literature. At a meeting dedicated to reports on progress in ECT research in 1982, Ms. Rice debated the literature with ECT experts, citing articles correctly.⁷ Her malpractice suit against the psychiatric hospital was also not successful. Before ECT, she had been hospitalized for multiple suicide attempts, threats that did not recur in her subsequent history.

An Enabled Lawyer

Ann Donahue, a lawyer and Vermont state legislator, described her experience with her depressive illness and her treatment.¹⁰ Episodes of depression responded to medication in 1987 and 1989, but a relapse in 1993 did not remit. After 2 years of trials with medication and psychotherapy, she received an extended course of ECT and recovered from her depressive illness. She described her experience: "Occasionally, I feel bitter. More often, it is a sadness, a sense of deep loss that may not even have had to happen. It is a grief that keeps deepening over time, because there is hardly a week that goes by that I do not discover yet another part of my life that is lost somewhere in my memory cells."

She continues: "Despite that, I remain unflagging in my belief that the ECT I received . . . may have saved not just my mental health, but my life. If I had the same decision to make over again, I would choose ECT over a life condemned to psychic agony and possible suicide."

She describes the effects on memory: "My long-term

memory deficits far exceed anything my doctors anticipated, I was advised about, or that are validated by research." About her recovery, she writes: "As the 6-month marker came and went with only partial recovery of my recollections for past events, my focus began to change. I was again not doing as well emotionally, which affected my positive attitude." She undertook a detailed research of the literature on cognition and ECT: "I was completely stunned by the discrepancies I found. While multiple studies found any long-term amnesia to be extremely rare . . . informal accounts, advocacy-group information, and newspaper exposés described extensive and broad-based risks . . ."

Despite her complaints, she has taken an active interest in community affairs and has appeared on radio interviews.¹¹ In 2002, she was elected to the Vermont House of Representatives. She brought a malpractice lawsuit for improperly performed ECT against the Vermont hospital. In a settlement, the hospital formally adopted Vermont's informed-consent guidelines and agreed to make a new informed-consent video available to all prospective ECT patients.¹²

The Camelford Incident

It is widely assumed that these complaints are consequences of the treatment. Can another process, not rooted in the biology of ECT, be a model for the association? The British Camelford incident and its social consequences offer a model.^{13,14}

In 1988, an inadvertent deposition of 20 tons of aluminum sulfate in a reservoir distal to a water purification plant gave the villagers in a small town in southeastern England discolored, acid-tasting drinking water for 3 days. Nausea, vomiting, skin rashes, and mouth ulcers were immediately reported. Hair, skin, and fingernails were stained brown. Local and national TV and radio reports were soon filled with rumors of shoals of dead fish in local rivers, widespread sickness in farm animals, and disruptive behavior in schoolchildren. The water company was criticized as slow to act, and, when they did, the company was accused of giving false reassurances. After the clean-up, official reports found the risks of aluminum in the water to be aesthetic, but not toxic, because aluminum is not absorbed, and aluminum poisoning is rare. Rather than assuaging anxiety, the reports exacerbated people's fears. Newspapers misquoted the official report as claiming the residents' complaints were due to hysteria, thus adding insult to injury. Although the water standards were now ex-

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