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Alyssa Phillips:
What is the percentage of recurrence in catatonia, and what do you attribute the recurrence to?

Dr. Fink:
I think the literature will say that recurrence is not common at all, that the problem is that treatments were not complete. And so it's if a patient gets well, supposedly, or is measurably well, and then a month or two months or three months later has the symptoms recurrent, the assumption is that they were incompletely treated.

The proper treatment is one that is a full course of treatment over many months. And if you follow that model, the patients will stay well.

Alyssa Phillips:
What are some of the common reasons you see for ECT failing?

Dr. Fink:
Well, it's the fact that the treatments are not given adequately, that the number of treatments is restricted.

In the 1940s and '50s, there were two points of view about giving ECT. There was one group of doctors who said, "I'm gonna give a patient six treatments. If they get better, that's fine. If they don't get better, I'll do it again." And they had fixed doses. And then there was the other physician who said, "Well, we're gonna treat the patient three times a week or twice a week, and we're gonna treat them until the symptoms recover. And at that point, we're gonna continue to treat them for a number of months." These two points of view were very active. In fact, I worked with one of the physicians who had what's called a continuation ECT clinic. On Saturday mornings, I would go to his hospital. He would see many patients at 15-minute or 20-minute intervals. He would decide whether they needed more treatment or not. If they needed more treatment, he sent them to me, and I would treat them.

The idea of a fixed number of treatments today is a fallacy, is a fault. It really is a bad technique.