PREMEDICATION FOR E.C.T. WITH MEPROBAMATE

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IT is a well-known fact that patients dislike E.C.T. and that part of this dislike is based on the unpleasant period of waiting which occurs before all operative procedures. There may be indeed other features involved in E.C.T. as patients seem to have a fear and dislike of this treatment out of proportion to what would be expected. That this dislike of E.C.T. is an important matter is brought out by the difficulty in persuading patients who have suffered a recurrence of a depressive illness to undergo this treatment once again, and if any means could be devised to increase their readiness to accept medical advice on this subject then an advance would be made.

As a means of lessening the anxiety and tension present during the waiting period prior to this treatment it was decided to try one of the new tranquillizers, namely meprobamate, as a pre-operative treatment for E.C.T. The experiment also had a second purpose in that it put the tranquillizer itself on trial and tested its efficacy in combating a constant source of anxiety, namely the waiting period for electrical treatment. Both in-patients and out-patients were used in this experiment and the only criteria used was whether or not the patient would be able to sensibly answer certain questions at the end of treatment. The patients were randomized according to the first letter of their surnames; one group received 800 mg. of meprobamate one hour before E.C.T. and the control series received two tablets of an inactive compound; the nursing staff were asked to give an evasive answer when asked by the patients about the purpose of the tablets and to confine their replies to such remarks as "it's to help the treatment work better", etc. All E.C.T. given was modified by an intravenous anaesthetic and a relaxant.

Some time after the cessation of the course of treatment the patients were sent a questionnaire and asked to state how much they disliked having the treatment; whether they would undergo treatment again if advised to do so; what was the worst part of the treatment; and whether the tablets taken before treatment helped in any way to act as a calming agent. There were 50 patients in the control group and 70 in the tranquillizer group.

The results were as follows:

Did you dislike having electrical treatment?

	Control	*Tranquillizer*
Very much	8 16%	17 24%
A little	21 42%	23 33%
Not at all	21 42%	30 43%

There is a very slight suggestion that patients having Meprobamate disliked treatment more than those on the control tablets, but the difference is quite insignificant.

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The next question dealt with degree of readiness to undergo the treatment a second time if so advised:

The answers were:

	Control		*Tranquillizer*	
(*a*) Without hesitation	23	46%	41	59%
(*b*) Reluctantly	21	42%	17	24%
(*c*) Very reluctantly indeed ..	1	2%	9	13%
(*d*) In no circumstances	5	10%	3	4%

Grouping the two most unfavourable results together gives a χ^2 with 2 degrees of freedom $=4 \cdot 269$, $(0 \cdot 2 > P > 0 \cdot 1)$, which is not significant.

If one compares those who would have treatment for the second time against those who would not, then results are slightly favourable to the tranquillizer group but are not significant.

What was the worst part of the treatment?

	Control		*Tranquillizer*	
(*a*) Waiting to have it	30	60%	37	53%
(*b*) Coming round after it ..	16	32%	25	36%
(*c*) All of it	1	2%	1	1%
(*d*) None of it	3	6%	7	10%

There was no significant difference.

Did the tablets you received before treatment help to calm you?

	Control		*Tranquillizer*	
(*a*) Yes	36	72%	58	83%
(*b*) No	14	28%	12	17%

Here χ^2 (with one degree of freedom and continuity connection) $=1 \cdot 437$ $(0 \cdot 3 > P > 0 \cdot 2)$.

Although the tranquillizing drug appears to be slightly more effective than the inactive tablets the result is not significant.

Conclusion

It was not shown that the pre-treatment administration of meprobamate as against inactive tablets significantly diminished the dislike of treatment or increased readiness to undergo a further course of E.C.T.

The impression received was that those patients who made a good response to E.C.T. disliked it least and were prepared to have it again with the minimum of hesitation.

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