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Cancer Society Advises Eating Less Meat
Dietary Shift Toward Fruits, Grains and Vegetables Might Prevent 30 Percent of Cancer Deaths

By Sally Squires
Seattle Post-Intelligencer

The American Cancer Society issued dietary guidelines last week that thrust the organization into a growing debate about America's meat and alcohol consumption.

The guidelines, which the society devised in light of the estimated 107,000 cancer deaths linked each year to dietary habits, echo longstanding recommendations from the federal government and other organizations, to cut back on fat consumption and eat more fruits and vegetables.

But the cancer society guidelines are tighter, particularly on the subject of eating red meat and drinking alcohol.

Where the latest federal guidelines advise keeping up to two to three servings of lean fish, poultry, and meat a day, the cancer society recommends that people limit consumption of meats, especially high-fat meats. The society did not give a specific limit on meat consumption but advised that other high-fat foods could be substituted regularly for meat.

Where the U.S. dietary guidelines suggest limiting intake of high-fat processed meats, such as hot dogs, sausages, and other cold cuts, the cancer society advises that people avoid processed meats and choose ".lean" pork, beef, and poultry as an alternative to beef, pork, and lamb.

The cancer society is not advocating that red meat be eliminated from the diet, "Our intent was to shift the balance toward a more plant-based diet," said Michael Thun, director of cancer epidemiology at the American Cancer Society.

Meat is not poison," said Meir Stampfer, professor of epidemiology and statistics at the Harvard School of Public Health and an advocate of cutting the average American's meat consumption. He noted that he and his family still eat red meat as "small amounts. It's okay to have some meat, but the less the better."

Both the federal guidelines and the cancer society recommendations emphasize that lean cuts of meat are best. The U.S. dietary guidelines encourage people to choose meats that are labeled "lean" or "extra lean" and advises trimming fat from meat and removing the skin from poultry.

The cancer society adds to that recommendation the importance of using and broth meats as a healthier alternative to frying.

Despite the cancer society's recommendation to eat lean meats, meat producers said they were generally satisfied with the guidelines. "Meat is not poison," said Janet Collins Willisots, vice president of marketing for the National Pork Producers Council.

Meat contains saturated fat, and there is no evidence that lowering blood cholesterol reduces cancer risk, one study has shown. Several years ago, a large, published study suggested that coffee might increase the risk of cancer of the pancreas.

Drinking coffee is the habit that has been most studied in relation to cancer. Several studies have suggested that coffee and alcohol may increase the risk of cancer. Some scientists have suggested that this may be due to the way in which coffee is consumed. However, other studies have found no relation between coffee and cancer.

Could there be a relationship between meat and cancer? There is no evidence that meat is directly related to cancer. However, meat consumption is associated with a higher risk of colon cancer. The American Cancer Society advises people to limit their red meat consumption and to consume more fruits, vegetables, and whole grains.

For more information, call the American Cancer Society's toll-free information line: 1-800-ACS-2345.

When we say that diet is important, we don't say that diet is all that matters," said Willett. But he noted that the evidence is strong that a diet rich in fruits, vegetables, and whole grains is associated with a lower risk of cancer.
If you are diagnosed with Bipolar Mood Disorder (Manic-Depression) and are currently depressed, you may qualify for participation in a study using a drug approved by the FDA for the treatment of epilepsy. This drug is investigational in the treatment of Bipolar Depression. Participants will receive an evaluation, office visits, and medication at no charge. If interested, please call Barbara Wolff, RN, at (202) 687-8804.

The physician conducting this study is David Goldstein, MD, Department of Psychiatry.

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The Washington Post
When Parents Have Their Hands Full
Help for Children Who Need More Than the Usual Share of It

By Laura Sessions Stepp
Washington Post Book World

- It's Nobody's Fault New Hope and Help for Difficult Children and Their Parents
  By Harold S. Koplewicz, MD
  Times Books, New York
  291 pp.; $25

- The Challenging Child Understanding Raising and Enjoying the Five "Difficult" Types of Children
  By Stanley I. Greenspan, MD, with Jacqueline Salmon
  Addison-Wesley Publishing Company, New York
  336 pp.; $23

- Growing Up Sad Childhood Depression and Its Treatment
  By Leon Lyver and Donald McKnow, MDs
  W. Norton & Company, New York
  142 pp.; $9

N

ething is quite as challenging as raising a child. Under the best of conditions, it tests our intelligence, patience and sense of humor, if a child shows severe behavior problems, one can feel truly helpless and alone. But as these three books indicate, the parent of the troubled child is neither alone nor helpless. About 12 percent of U.S. residents under the age of 18, or 7.5 million children, have a diagnosable brain malfunction peculiar to the human form of medicine. So about 15 million parents are touched in some way. And those who yearn to see their children lead normal lives have a better shot at that than ever before, thanks to what is a rapidly advancing science and the drug companies.

These books, all written by psychiatrists, are designed to help parents identify unsettling behaviors and start down the road toward healing. Two of them, "It's Nobody's Fault" and "The Challenging Child," describe a variety of childhood problems and treatments for the other, "Growing Up Sad," focuses on depression.

"It's Nobody's Fault" is by far the most comprehensive and the easiest to read. It is also, as my view, the most disturbing. Author Harold Koplewicz appears to have had only three goals in mind: relieving parents of guilt, directing them to the right psychiatrist and encouraging the use of medication. It may be just the book for parents on the go and seeking a quick fix, or parents who don't want to think too deeply about the role they or other family members play in their kids' problems. But for those who believe that nurture is as important as nature, Koplewicz leaves a lot to be desired.

The chief of child and adolescent psychiatry at Long Island Jewish Medical Center, Koplewicz defines behavioral problems in medical terms. Hyperactivity and aggressiveness, for example, fall under the label attention deficit hyperactivity disorder (ADHD). Extreme shyness is called social phobia. Such conditions exist "not because of a child's parents but because of how his brain works, the brain that he was born with," Koplewicz says.

He explains that sophisticated imaging of adult brains, allowing scientists to watch certain physiological processes, has led researchers to believe that chemical deficiencies in the brain trigger behavioral problems. In his view (and the view of many other clinicians), drug-free chemicals, or medication, can and should be used to restore the brain to its proper balance.

One can upload medical advances such as neuroimaging, and believe that some kids benefit from drug therapy, and not buy into the numbers of children Koplewicz would treat with drugs nor the speed with which he recommends treatment.

Don't assume children will outgrow behavior problems, Koplewicz says. The restless 5-year-old may have a full-blown case of ADHD by 6; the shy child may be a prime target for drug abuse when he or she gets older; the overly conscious, anxious child may become severely depressed.

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The Washington Post
It is unlike any other treatment in psychiatry, a therapy that still arouses such passionate controversy after 60 years that supporters and opponents cannot even agree on its name. Proponents call it electroconvulsive therapy, or ECT. They say it is an unfairly maligned, poorly understood and remarkably effective treatment for intractable depression. Critics call it by its old name: electroshock. They claim that it temporarily "lifts" depression by causing transient personality changes similar to those seen in head injury patients: euphoria, confusion and memory loss.

Both camps agree that ECT, which is administered annually to an estimated 100,000 Americans, most of them women, is a simple procedure—so simple that an ad for the most widely used shock machine tells doctors they need only set a dial to a patient's age and press a button. Electrodes connected to an ECT machine, which resembles a stereo receiver, are attached to the scalp of a patient who has received general anesthesia and a muscle relaxant. With the flip of a switch the machine delivers enough electricity to power a light bulb for a fraction of a second. The current causes a brief convolution, reflected in the involuntary twitching of the patient's toe. A few minutes later the patient wakes up severely confused and without any memory of events surrounding the treatment, which is typically repeated.

No one knows how or why ECT succeeds when all else have failed. The American Psychiatric Association estimates that about 80 percent of patients respond. Mainstream medicine is solidly behind ECT and for years has funded research. But the Alliance for the Mentally Ill, an influential group of people with chronic mental illness, supports Depressive and Manic Depressive Association.
which is typically repeated three times a week for about a month.

No one knows how or why ECT works, or what the convulsion, similar to a grand mal epileptic seizure, does to the brain. But many psychiatrists and some patients who have undergone ECT say it succeeds when all else—drugs, psychotherapy, hospitalization—have failed. The American Psychiatric Association (APA) says that about 80 percent of patients who undergo ECT show substantial improvement. By contrast, antidepressant drugs, the cornerstone of treatment for depression, are effective for 60 to 70 percent of patients.

"ECT is one of God's gifts to mankind," said Max Fink, a professor of psychiatry at the State University of New York at Stony Brook. "There is nothing like it, nothing equal to it in efficacy or safety in all of psychiatry," declared Fink, who is so committed to the treatment that he remembers the precise date in 1952 that he first administered it.

There is no doubt that mainstream medicine is solidly behind ECT. The National Institutes of Health has endorsed it and for years has funded research into the treatment. The National Alliance for the Mentally Ill, an influential lobbying group composed of relatives of people with chronic mental illness, supports the use of ECT as does the National Depressive and Manic Depressive Association, an organization composed of...
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See SHOCK THERAPY Page 16

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<td>Ernest Hemingway fatally shot himself after being released from the Mayo Clinic, where he had undergone ECT.</td>
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<td>James Forrestal, the first U.S. secretary of defense, committed suicide in 1949. Forrestal had undergone a series of insulin coma treatments, a precursor of ECT.</td>
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<td>Former Sen. Thomas Eagleton (D-Mo.) was forced to withdraw his name as vice presidential candidate on the Democratic ticket in 1972.</td>
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<td>Performer and political activist Paul Robeson underwent a series of ECT treatments in London in 1931.</td>
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<td>Poet Sylvia Plath described her experience with ECT in her 1971 book, &quot;The Bell Jar.&quot; She wrote, &quot;With each flash a great jolt shocked me till I thought my bones would break and the sap fly out of me like a split plant.&quot;</td>
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Questions About Memory Loss Persist

Does ECT cause long-term memory loss? The model consent form drafted by the American Psychiatric Association and copied by hospitals says that "perhaps 1 in 200" patients report lasting memory problems. The reasons for these rare reports of long-lasting memory impairment are not fully understood," it concludes.

Critics such as David Oates, director of the Support Coalition of Eugene, Ore., an advocacy group composed of former psychiatric patients, say that the 1 in 200 statistic is a sham. "It's totally fictitious and without scientific justification and is designed to be reassuring," said Oates.

Complaints about long-term memory loss are widespread among patients, Oates said. Some insist that ECT wiped out memories of distant events, such as high school, or impaired their ability to learn new material.

Harold A. Sackeim, chief of biological psychiatry at the New York State Psychiatric Institute and a member of the APA's 6-member shock therapy task force, says that the 1 in 200 figure is not derived from any scientific study. It is, Sackeim says, "an impressionistic number" provided by New York psychiatrist and ECT advocate Max Fink in 1973. The figure will likely be deleted from future APA reports, Sackeim said.

No one knows how many patients suffer from severe memory problems, said Sackeim, although he believes that the number is quite small. "I know it happens because I've seen it," he said. He attributes such cases to improperly performed ECT. Yet even when properly administered, Sackeim notes that greater memory loss is more likely after bilateral treatments when electrodes are attached to both sides of the head—rather than one side. Because doctors believe bilateral ECT is more effective, it is administered more often, experts say.

While blaming ECT for memory problems is understandable, it may not be accurate, noted Larry R. Squire, a neuroscientist at the University of California at San Diego.

In a series of studies in the 1970s and 1980s Squire, a memory expert who has spent years studying ECT, compared more than 100 psychiatric patients who underwent ECT with those who never had the treatment. He found that memories from the days shortly before, during and after shock treatments were probably lost forever. In addition, some patients demonstrated memory problems for events up to six months before ECT and as long as six months after treatment ended.

After six months, however, Squire said that ECT patients "perform as well on new learning tests and on remote memory tests as they performed before treatment" and as well as a control group of patients who never had ECT.

The widespread perception that ECT has permanently impaired memory is an easy way to explain impairment," Squire said in interview. When patients are questioned to have ECT, he said, "outrage... combined with a sense of loss or low sense of self-esteem" could account for such a belief, even if there is no empirical evidence to support it.

Some psychiatrists are skeptical of Squire's hypothesis. They question the ability of standard tests to detect subtle memory problems and point to their own clinical experiences with patients.

Daniel B. Futter, a psychiatrist and director of a community mental health center near Boston, has "grave reservations" about ECT's effects on memory and says he has never recommended it to a patient.

"The variability is still there, the unpredictability and uncertainty about the nature of the total effects," said Futter, who has a doctorate in neuroanatomy and worked as a neuroscientist at the National Institute of Mental Health before he went to medical school. "You see these people who can perform routine functions after ECT but have lost some of the more complex skills. Among them, he said, is a woman he treated who coped adequately with everyday life but no longer remembered how to play the piano.

Anecdotal Miracles

Because of the stigma of psychiatric illness in general and of shock treatment in particular, most patients would not openly discuss their experiences. Among the few who have is talk show host Dick Cavett, who underwent ECT in 1980. In a 1992 account of his treatment Cavett told People magazine that he had suffered from periodic, debilitating depressions since 1959 when he graduated from Yale. In 1975 it was a psychiatrist prescribed an antidepressant that worked so well that once Cavett felt better, he simply stopped taking it.

His worst depression occurred in May
1980 when he became so agitated that he was taken off a London-bound Concorde jet and driven to Colombia Presbyterian Hospital. There he was treated with ECT. "I was so disoriented I couldn't figure out what they were asking me to sign, but I signed [the release for treatment] anyway," he wrote. "In my case ECT was miraculous," he continued. "My wife was dubious but when she came into my room afterward, I sat up and said, 'Look who's back among the living.' It was like a magic wand," Cavett, who was in the hospital for six weeks, said that he had taken antidepressants ever since.

Twice in the past six years writer Martha Manning, who for years practiced as a clinical psychologist at Northern Virginia, has undergone a series of ECT treatments. In her 1994 book entitled "Undercurrents," Manning wrote that months of psychotherapy and numerous antidepressants failed to arrest her precarious slide into suicidal depression. When her psychologist Kay Redfield Jamison suggested shock treatments, Manning was horrified. She had been trained to regard shock as a risky and barbaric procedure reserved for those who had exhausted every other option. Ultimately Manning decided that she had to. In 1990 she underwent six ECT treatments at Arlington Hospital. She said she suffered permanent memory loss for events surrounding the treatment and was so confused for several weeks that she got lost driving around her neighborhood and didn't remember her sister's visit 24 hours after it occurred.

"It is scary despite anybody's promises to the contrary," Manning said in an interview. Although some of her memories before and during ECT have been forever obliterated, Manning said she suffered no other lasting problems. "I felt I got 30 IQ points back," she said. "ECT was safe for me and very, very helpful. It was a break in the action, not a cure."

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"I am coming from a position of seeing ECT at its best," added Manning, who said she would have ECT again if she needed it. "I'm sore there are other people who've seen it at its worst."

Vanished Memories
Ted Chabasinski is one of those people. A lawyer in Berkeley, Calif., Chabasinski, 59, spent years trying to recover from the dozens of ECT treatments he underwent more than a half-century ago. At age 6, he was taken from a foster family in the Bronx and sent to New York's Bellevue Hospital to be treated by the late child psychiatrist Lauretta Bender.

As a child Chabasinski was precocious but very withdrawn, behaviors that a social worker who regularly visited the foster family believed were the beginnings of schizophrenia, the same illness from which his mother, who was poor and unmarried, suffered. "At the time hereditary causes of mental illness were fashionable," he said.

Chabasinski was one of the first children to receive shock treatments, which were administered without anesthesia or muscle relaxants. "It made me want to die," he recalled. "I remember they would stick a rag in my mouth so I wouldn't bite through my tongue and that it took three attendants to hold me down. I knew that in the mor-

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ECT Experts’ Ties to Shock Machine Industry

Among the small fraternity of electroshock experts, psychiatrist Richard Abrams is widely regarded as one of the most prominent. Abrams, 59, who retired recently as a professor at the University of Health Sciences/Chicago Medical School, is the author of psychiatry's standard textbook on ECT. He is a member of the editorial board of several psychiatric journals. The American Psychiatric Association's 1990 task force report on ECT is studied with reference to more than 60 articles he has authored. Abrams, whose interest in ECT dates back to his residency in 1960s, has served on the elite committee that supported the National Institutes of Health's 1985 conference on ECT. In addition he has long been sought after expert defense witness on behalf of doctors or hospitals sued by patients who allege that ECT damaged their brains.

What is less well known is that Abrams owns Somatics, one of the world's largest ECT machine companies. Based in Lake Oswego, Ore., Somatics manufactures at least half of the ECT machines sold worldwide. Abrams said most of the rest are made by MECTA, a privately held company in Lake Oswego, Ore.

Yet Abrams' 340-page textbook never mentions his financial interest in Somatics, the company he founded in 1983 with Conrad Meliton Szarz, 49, a professor of psychiatry at East Carolina University in Greenville, N.C. Neither does the 1994 instruction manual for the device written by Abrams and Szarz, the company's sole owners and directors, which contains extensive biographical information.

Financial ties between device manufacturers, drug companies and treatment firms "are a growing reality of mental health and a growing problem," said Arthur L. Caplan, director of the Center for Bioethics at the University of Pennsylvania School of Medicine.

For doctors "the questions of such financial conflicts of interest generate, do patients get adequate full disclosure of options or are you skimming how you present the facts because you have a financial stake in the treatment and you personally profit from it every time it's used," Caplan asked.

"It's especially disturbing with ECT because it's so controversial and public mistrust of the treatment is so great," he added.

Abrams and his publisher at Oxford University Press knew about his ownership of Somatics, "We, however, did not suggest it in a way," Abrams said. "Why should we?" said Caplan, and has disclosed his directorship of Somatics after several medical journals began requiring financial forms disclosing payment greater than $1,000.

Abrams said he sees "no specific conflict" between his role as an ECT expert and his ownership of a company that makes shock machines. He said he has not decided whether to list his ownership in the third edition of his book, which is due in two years.

Abrams declined to say how much he has earned from Somatics. Approximately 1,350 machines, priced at nearly $30,000, have been sold to hospitals worldwide, he said. Between 150 and 200 machines are sold annually, according to Abrams. Somatics also sells reusable mouthguards for $29, which are designed to minimize the risks of chipped teeth or a broken tongue.

Swartz, 49, declined to be interviewed. Last year USA Today reported that he considered his financial interest in Somatics to be a "conflict," Swartz is quoted as saying that the company was founded to provide better machines and that it "can't continue to advance ECT." Psychiatrists don't make much money and by practicing ECT they can bring their income almost up to the level of the family practitioner or internist," Swartz is quoted as saying. Swartz also said that the profits from Somatics are comparable to having an additional psychiatry practice. (Last year psychiatrists earned an average of $130,000 according to the American Medical Association.)

Abrams and Swartz are not the only ECT experts with financial ties to the industry. Max Fink, 73, a professor of psychiatry at the State University of New York at Stony Brook, whose practice revolves around patients with ECT, has a financial stake in ECT. Fink said he received consulting fees from ECT. Fink said that Somatics paid him $18,000 for the rights to the videotapes he made a decade ago. Fink is one of six ECT experts who served on the APA's 1990 ECT task force, which drafted guidelines for the treatment.

In 1986 he made two videos about ECT: one for patients and their families, the other for hospital staff. Each sells for $50 and is used by hospitals that administer ECT. Fink said that Somatics paid him $18,000 for the rights to the videotapes he made 10 years ago. Fink said, according to a Duke spokesman, is earmarked for "research support and other educational functions.

"The characteristics of the treatment that caused people to be outraged and shocked are now kind of masked so that the procedure looks rather benign," said New York psychiatrist Hugh L. Polk, an ECT opponent who is medical director of the Glendale Mental Health Clinic in Queens.

"The basic treatment hasn't changed," he added. "It involves passing a large amount of electrical impulse through people's brains. There's no denying that ECT is a profound shock to the brain. It's one of the most emotionally complicated and of which we have only the barest understanding.

Fifty years ago Chabinski was treated at Bellevue, Theresa E. Adamcik, a 37-year-old computer technician, underwent ECT as an outpatient at a hospital in Austin, Tex. Adamcik said that two years of therapy, steroid-induced and repeated hospitalizations had failed to alleviate an unrelenting depression caused in part by the breakup of her second marriage.

Adamcik said she agreed to have the treatment, which were covered by her medical insurance, after her psychiatrist told her that the treatment was covered by her medical insurance.
Changes in Population and Insurance Make Elderly Women Most Common Patients

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or years ago, the typical ECT patient resembled Randall P. McMurphy, the archetype immortalized by actor Jack Nicholson in the film "One Flew Over the Cuckoo's Nest." Like McMurphy, ECT recipients tended to be under 40, male and impoverished—patients confined to state mental hospitals, often against their will. The demographics of ECT have changed over the years, with the number of patients under 60 falling and the number of elderly patients rising.

A 1993 APA fact sheet pointed out that at least 80 percent of patients with severe, intractable depression will show substantial improvement after ECT. Studies have shown that after a course of six to 12 treatments, 80 percent of patients have better scores on a commonly used test to measure depression, usually the Hamilton depression scale. But what the APA fact sheet does not mention is that improvement is temporary and that the relapse rate is high. No study has demonstrated an effect from ECT longer than four weeks, which is why growing numbers of psychiatrists recommend monthly maintenance or "booster" shock treatments, even though there is little evidence these are effective.

Many studies indicate that the relapse rate is high even for patients who take antidepressant drugs after ECT. A 1993 study by researchers at Columbia University published in the New England Journal of Medicine found that while 79 percent of patients who got better after ECT one week after their last treatment had improved scores on the Hamilton scale, 59 percent were depressed two months later.

Yet other psychiatrists may not be convinced of ECT's effectiveness. An article by researchers at Harvard Medical School published last year in the American Journal of Psychiatry revealed that the APA fact sheet does not mention that improvement is temporary and that the relapse rate is high. No study has demonstrated an effect from ECT longer than four weeks, which is why growing numbers of psychiatrists recommend monthly maintenance or "booster" shock treatments, even though there is little evidence these are effective.

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Discovered in 1938, Electroshock Has Fluctuated in Popularity

Even its most ardent defenders agree that ECT arouses primitive fears of being struck by lightning. Dr. Frans W. Kempe, the American Psychiatric Association's task force on ECT and an associate professor of psychiatry at Duke University Medical Center, was talking about putting electricity on top of somebody's head.

"ECT is a humane treatment," agreed Harold A. Sacken, chief of the ECT service at New York's Columbia-Presbyterian Medical Center. "In terms of its surface features, it has a heroic aspect to it."

For decades, the notion of using electricity to treat disease has held a fascination for doctors. In 1784, a British medical practitioner experimentally electrified the heads of headache sufferers. In the 1900's and 1910's, American and European psychiatrists began treating some mental illnesses by inducing epileptic-like convulsions through massive doses of sodium and other drugs. They discovered that some patients showed dramatic improvement. ECT was discovered somewhat by accident in 1938 after an Italian psychiatrist adopted a pair of tongs used to grab bogies and applied them to the temples of a 20-year-old engineer from Milan, shocking him out of a delusional state in which he spoke gibberish.

By the 1940's, electroconvulsive and electric shock treatments were widely used in American mental hospitals, especially in overcrowded public institutions that housed as many as 6,000 patients and as few as 10 doctors. Historical accounts are replete with examples of shock used to subdue and punish patients, sometimes under the guise of treatment. Particularly troubling patients reported hundreds of shocks, often several in a single day.

"ECT stands practically alone among the medical-surgical interventions that in most cases was not the goal of curing but of controlling patients for the benefits of the hospital staff, "said Professor David J. Rothman of Columbia University's Mental Health and Mental Retardation report, one of the nation's foremost neurologists, who specified the name of staff convenience was not nearly as important as with ACT.

The invention of the Framre and other antipsychotic drugs led to a decline in the use of ECT, but published accounts of its apparent success continue to draw the public to hospitals. The most famous was "One Flew Over the Cuckoo's Nest," a 1975 novel based on his experiences in an Oregon state mental hospital where he had once been a ward patient. By the mid-1970's, ECT had fallen into disfavor, though psychiatrists have reported using the treatment, particularly in cases of refractory schizophrenia, in which it is often used as a last resort for patients who have not responded to other therapies.

No study has demonstrated an effect from ECT longer than four weeks.
High Cholesterol Levels

Q. I'm a 35-year-old woman in excellent health, except that I have a cholesterol level of 280. One doctor has recommended a low-fat diet. Another doctor has recommended diet therapy. Would you recommend diet therapy or a low-fat, low-cholesterol diet? What's the difference between diet therapy and a low-fat diet?

A. There are many factors to consider when deciding on a diet plan. First, let's define what we mean by a low-fat diet. A low-fat diet is one that contains less than 10% of your total daily calories from fat. This is about 65 grams of fat per day for an adult woman and 85 grams per day for an adult man.

Diet therapy, on the other hand, involves more than just changing your diet. It may include medication, lifestyle changes, and other interventions to help lower your cholesterol levels. Diet therapy is often recommended for people with high cholesterol levels who are at risk for heart disease.

For purposes of these recommendations, risk factors include being a man 45 or older, a woman 55 or older, having a family history of early heart disease, smoking cigarettes, having high blood pressure, having diabetes or having an HDL below 35.

As for drug therapy, the NIH recommends diet therapy for LDL levels above 190 if you are using diet therapy and have fewer than two risk factors. However, for men under 32 years of age who have heart disease, diet treatment is usually recommended if your HDL gets below 160.

For people with two or more risk factors, you should consider drug therapy if your LDL is above 200. And if you already have heart disease, NIH recommends diet therapy if your LDL is above 160.

But other studies suggest that treating high cholesterol in people without heart disease prevents heart attacks and reduces death from heart disease. The question boils down to one of weighing the cost of treatment against the potential for some small but measurable gain in life expectancy in the future.

Jay Siwek, a family physician from George Town University, practices at the Fort Lincoln Family Medicine Center and Providence Hospital in Northeast Washington.

Consultation

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BY JAY SIWEK, MD

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U.S. News & World Report's annual guide to hospitals has ranked Children's National Medical Center the 5th best pediatric hospital in the country. Maybe that's because for 125 years, children have been our sole focus—from general care to specialties. Or because we attract some of the most expert health professionals in the world.

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