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**The 29th International
Society of ECT &
Neurostimulation (ISEN)
Annual Meeting—
May 19, 2019**

Hyatt Regency Union Square, San Francisco, CA

This year we had members from 11 different countries in the audience, and was my eleventh year in attendance. The theme for morning presentations was “Contemporary ECT Around the World.”

Morning Symposia

• ECT in the United States

Current estimates are that 130,000 patients will receive ECT in the U.S. per year.

There is an increase in the utilization of Maintenance ECT.

In various states the use of ECT in the Adolescent population has been targeted in various legislative bills, but none of these have risen to any significant threat.

• ECT in Australia

They are trending towards increasing the use of Unilateral Ultra-Brief Pulse ECT (however, they do not have Managed Care, Prior Authorization, Length of Hospital Stay issues like we do). DBS (Deep Brain Stimulation) has been “outlawed” for use in Psychiatric Disorders.

• ECT in Japan

Large use of ECT in the Geriatric Population (25% of patients are older than age 65).

One study showed that family members were more satisfied with the outcome of ECT than patients were.

I sat with the speaker at breakfast and he told me about a large Private Pay treatment center in Tokyo that had 80 TMS magnets.

- ECT in Europe

Sweden has the highest rate of ECT utilization in Europe, with Norway coming in second.

Virtually all clinics and hospitals offer this treatment in these nations.

ECT in Italy is suppressed by left-wing parties.

Some countries do not require written informed consent.

A Swedish data-base study showed that the incidence of dementia and mortality was lower in patients that received ECT compared to similar profiled patients that did not receive ECT.

Special Topic: FDA Reclassification of ECT Devices

This was a 43-year saga with the FDA issuing a 22-page diatribe (with misspellings and incorrect grammar) which was mostly in response to public comments. The FDA narrowed its indication for ECT to catatonia and Major Depressive Episodes (unipolar and bipolar), however only 35% of ECTs performed are off-label, so it “doesn’t really matter.” The FDA took a hands-off stance by including the statement “the FDA does not regulate the off-label use of ECT.” The relabeling did not address Maintenance or Continuation ECT. The only FDA requirement is that 2 Cognitive Tests be performed during the course of ECT; the requirement did not state when these tests were to be performed, nor what type of test to use. So, all of this was “much ado about nothing.”

Brain Stimulation Afternoon Symposiums

- Transcranial Direct Current Stimulation: Will It Make Me Smarter?**

A 2018 study showed that performing mental tasks during tDCS led to circuit specific neuroplastic changes. However, 7 different Randomized Controlled Trials (RCT) showed no difference in cognitive testing scores pre- and post-tDCS. An RCT of 68 MCI patients did not show any benefit either.

- Theta Burst Stimulation: Fast and Just as Good as rTMS**

Basically a 3-minute treatment versus a 37.5-minute rTMS session; A study demonstrated effectiveness comparable to rTMS, with a moderate effect size, but not the effect size of ECT. It is hoped that this method will increase capacity to treat and accessibility to Magnetic Stimulation. It looks like the closest Theta Burst operation to us is in Los Angeles at the current time.

- Introduction to Deep TMS Coils and Treatment Outcomes of Recent Multicenter Studies in Depression and OCD (Israel Study)**

Basically, TMS with higher frequencies and larger and deeper stimulation fields; The study involved activating and provoking the patient's OCD symptoms prior to treatments (an interesting patient video was shown). Response was a 30% reduction in YBOC scores; 43% of active treatment patients compared to 17% of sham treatments responded. The speaker briefly mentioned a study in AJP publication demonstrating Deep TMS superiority over Pharmacotherapy. It looks like there is one Deep TMS operation in Arizona (Tucson) at the current time.

Please contact me with any questions; BrianEspinozaMD@gmail.com