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Introduction

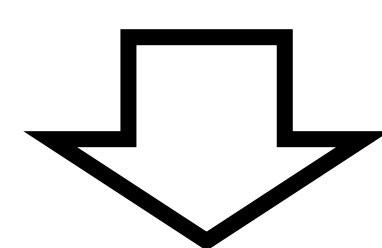
There is growing interest around psychiatric electroceutical interventions (PEIs) for patients with major depressive disorder for whom first-line treatments have failed. Already FDA approved PEIs include electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS), while others, like deep brain stimulation (DBS), are still in development. The literature discusses ways to improve clinical employment of these interventions, but there is little research examining which concerns psychiatrists would like to see reflected in the available guidelines.

Research Aims

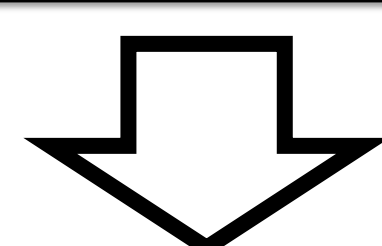
Our study aims to better understand what topics are covered in the guidelines for these PEIs and compare this information with the topics clinicians want guidelines to cover. We wish to address gaps in the PEI clinical literature to better align clinical practices with current available guidelines.

Methods

We reviewed available clinical guidelines covering ECT, TMS and DBS



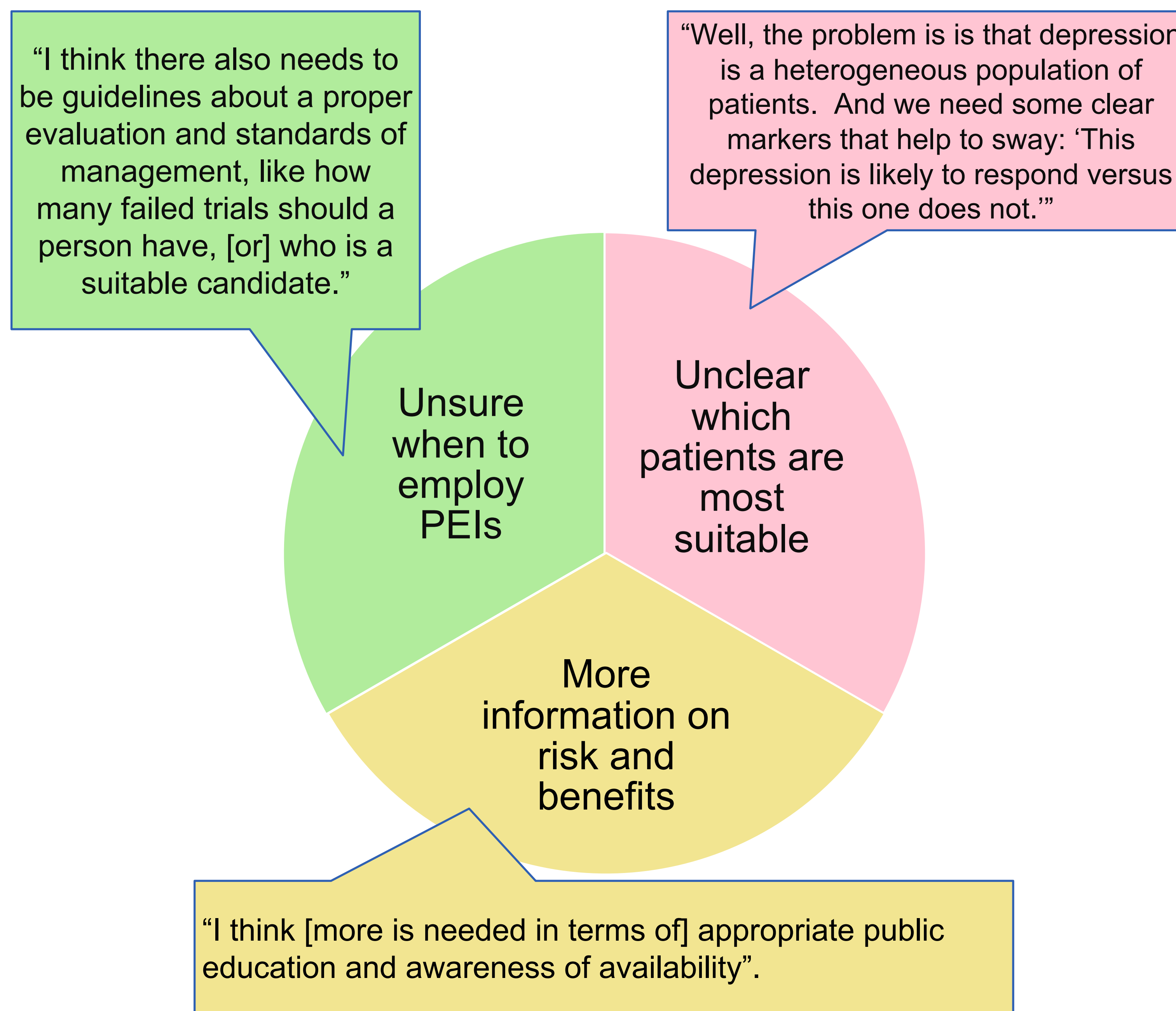
We conducted semi-structure interviews with 16 psychiatrists across Michigan about their views on what should be included in clinical guidelines for these PEIs.



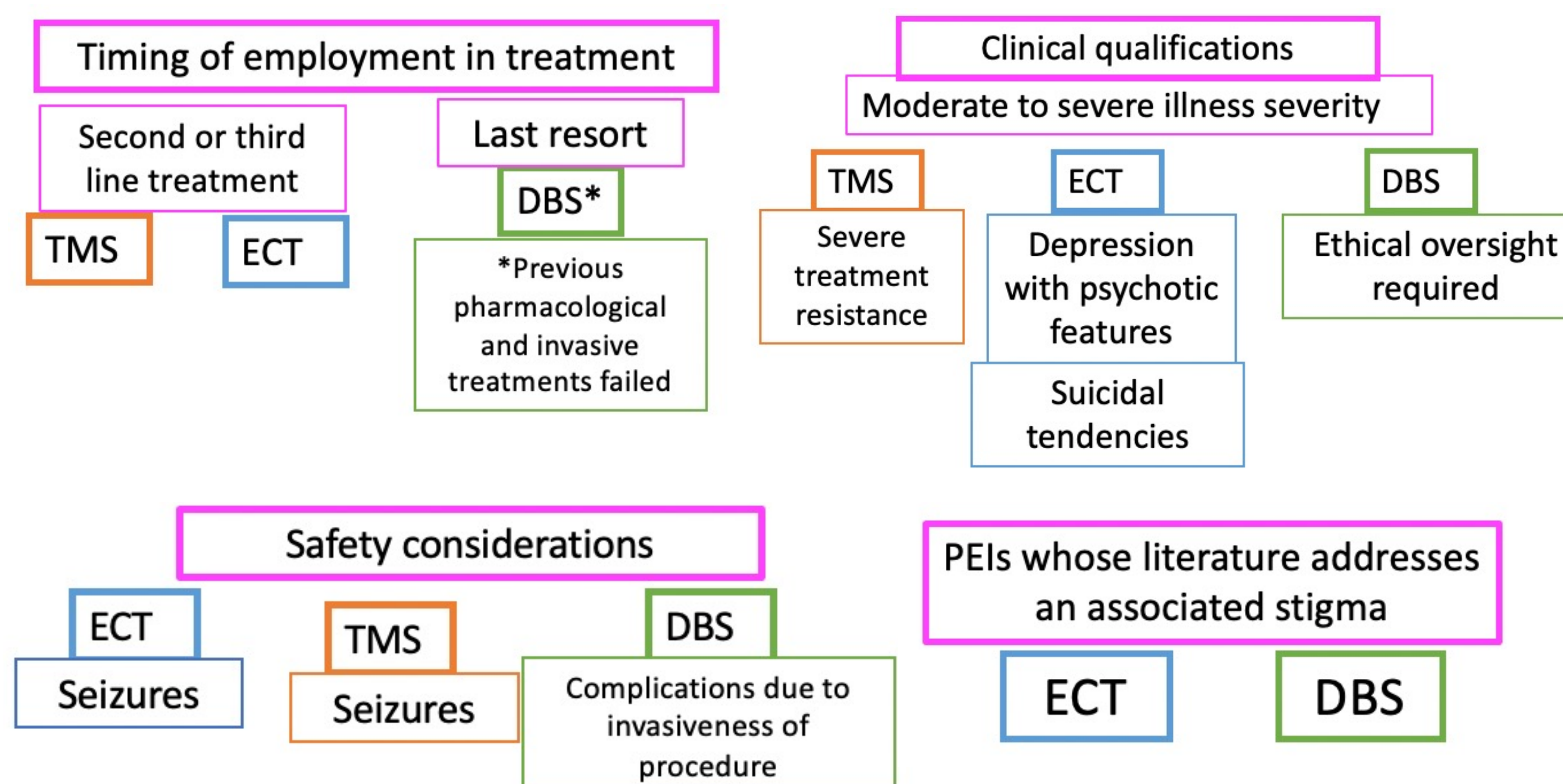
We cross-analyzed our results from previous two steps

Results

Main findings from the interviews



Most significant areas covered in PEI guidelines literature



Discussion

- Timing of PEIs in patient's treatment course
 - e.g psychiatrists seem to be divided on when to employ PEIs, although the guidelines address this question
- Patient selection.
 - e.g. most psychiatrists highlighted that they are unsure of the criteria for candidates of PEIs
- More information needed
 - a number of psychiatrists wanted further information to support informed decision making

Conclusions

While clinical guidelines exist to guide clinical practice, and not to impose particular treatment practices, there remain several areas that psychiatrists would like to see reflected in the available guidelines. Some of these areas are mentioned in the guidelines but remain vague. It is also possible that more needs to be done to expose psychiatrists to current guidelines about these procedures.

Future Steps

Our next steps include integrating results presented here with those of our national survey. This will provide a more complete understanding on which areas need to be revised or incorporated in future clinical guidelines.

Acknowledgements

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