



Département de psychiatrie
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CH-1008 Prilly - Lausanne

Centre de Neurosciences Psychiatriques

CNP SEMINAR

ANNOUNCEMENT

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“The impact of ECT and rTMS in treatment-resistant depression”

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Mood disorders are today one of the main causes of disability in the world, because of their high incidence as well as the altered functioning that these patients encounter in both their professional and social lives. Major Depressive Disorder (MDD) is today the most frequent of psychiatric disorders will be, according to WHO data, the second leading cause of total disability-adjusted life years (DALYs) in the world in 2030.

The treatment of depressive symptoms is essentially based on pharmacological interventions (antidepressants) and various forms of psychotherapy. Two other treatments can be used as third- or fourth-line therapeutic methods, repetitive transcranial magnetic stimulation (rTMS) and electroconvulsivotherapy (ECT). Both methods are indicated in MDD after several treatment failures. They both have numerous restrictions and counter indications, mostly centered on the neurological state of the patients. Most countries now have standardized protocols and regulations to define which patients should receive ECT and what information they should be given.

Several hypotheses have been published to explain the positive effect of these therapeutic methods not only on depressive symptoms but also in anxiety or hallucinations but nothing definite has been established.

ECT and rTMS are considered today to be very important tools in the treatment plan for MDD and especially treatment-resistant depression and may help us to understand more about the etiopathology of mood disorders.

Useful recent publications:

1. Kellner CH et al, ECT in treatment-resistant depression (2012). Am J Psychiatry, 169(12):1238-44.
2. Berlim MT et al, (2013). High-frequency repetitive transcranial magnetic stimulation accelerates and enhances the clinical response to antidepressants in major depression: a meta-analysis of randomized, double-blind, and sham-controlled trials. J Clin Psychiatry. 74(2):e122-9