VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF MAJOR DEPRESSIVE DISORDER

(An extract relevant to ECT, rTMS, Bright Light Therapy, Vagus Nerve Stimulation, and Deep Brain Stimulation: 9/26/2022)

ELECTROCONVULSIVE THERAPY (ECT)

- Electroconvulsive therapy (ECT) with or without psychotherapy may be indicated for severe Major Depressive Disorder (MDD) with medical clearance and **ONE OR MORE** of the following:
  - Catatonia
  - Psychotic depression
  - Severe suicidality
  - A history of a good response to ECT
  - Need for rapid, definitive treatment response on either medical or psychiatric grounds (e.g., severe malnutrition)
  - The risks associated with other treatments are greater than the risks of ECT for this specific patient (i.e., co-occurring medical conditions make ECT the safest treatment alternative, e.g., elderly, pregnant)
  - A history of poor response or intolerable side effects to multiple antidepressants
- ECT may also be indicated for severe or intractable bipolar or schizophrenia spectrum disorder, intractable manic excitement, or neuroleptic malignant syndrome (community standards)
- Contraindications to ECT include (among others): recent myocardial infarction, intracerebral hemorrhage, or retinal detachment
- The response to the acute phase of treatment ideally occurs within six to twelve sessions, 2 or 3 times weekly. Hence up to twelve (12) sessions can be approved for acute treatment (P&P may call for authorizing ½ at a time)
- Extension of acute treatment is appropriate for **ALL** the following:
  - Partial positive response to acute treatment
  - Modification of treatment (e.g., switch of lead placements or change or stimulus)
- Symptom improvement with ECT is short-term. After reaching remission, the return of symptoms (relapse) is common. Therefore, the treatment plan should include post-ECT maintenance treatment with antidepressants, or if antidepressants are not tolerated, repeated treatment with ECT.

- Maintenance treatment (possibly prolonged) is indicated by **ALL** the following (community standards):
  - Maintenance ECT treatment needed to reduce risk of relapse (e.g., previous relapse without ECT)
  - Inadequate response to optimized maintenance pharmacotherapy or intolerance to pharmacotherapy
  - Sessions tapered to lowest frequency that maintains response

REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (rTMS)

- Repetitive transcranial magnetic stimulation (rTMS) may be indicated when ALL the following are present:
  - Age 18 years or older
  - Refractory major depressive disorder (i.e., demonstrated partial or no response despite adherence to adequate pharmacologic treatment trials of two or more different classes of antidepressants or inability to tolerate pharmacotherapy)
  - Absence of acute or chronic psychotic symptoms or disorders (e.g., schizophrenia, schizophreniform, or schizoaffective disorder)
  - No cochlear implant, deep brain stimulator, or vagus nerve stimulator
  - No current use of substances that may significantly lower seizure threshold (e.g., alcohol, stimulants)
  - No epilepsy or history of seizure or presence of other neurologic disease that may lower seizure threshold (e.g., cerebrovascular accident, severe head trauma, increased intracranial pressure)
  - No metallic hardware or implanted magnetic-sensitive medical device (e.g., implanted cardioverter-defibrillator, pacemaker, metal aneurysm clips or coils) at a distance within the electromagnetic field of the discharging coil (e.g., less than or equal to 30 cm to the discharging coil)
  - Treatment request for 36 sessions or less (3-5 x weekly) over 6-8 weeks with later sessions tapered in frequency (procedure may call for authorizing ½ at a time)

90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT, 2-3)
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION (up to 36)
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION WITH DELIVERY AND MANAGEMENT (**only** if change in medical condition suggests a change in seizure threshold)

- Continuation of index course of treatment, as indicated by ALL the following:
  - Continuation of symptoms after index course of treatment
  - Previous positive response (>50%) to index course of treatment
- Repeat courses if clear evidence of relapse, meets above criteria, and previous documented response to prior treatment

BRIGHT LIGHT THERAPY

- Bright light therapy may be indicated for MDD **with or without** a seasonal component, either as adjunctive treatment or mono therapy
- Little to no evidence of harm
- Evidence for effectiveness for other conditions is minimal

VAGUS NERVE STIMULATION

- Based upon current evidence, treatment is not recommended for behavioral health conditions outside of a research setting (potential harms outweigh benefits)

DEEP BRAIN STIMULATION

- Based upon current evidence, treatment is not recommended for behavioral health conditions outside of a research setting (potential harms outweigh benefits)