

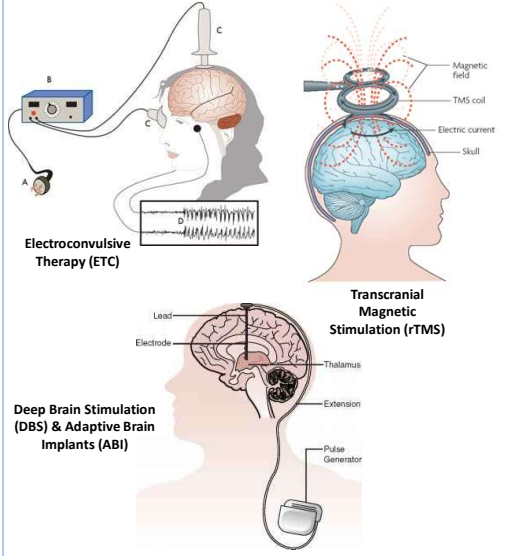
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## BACKGROUND

- Psychiatric electroceutical interventions (PEIs) are treatments that use electrical or magnetic stimuli to treat psychiatric conditions [1].
- Clinical practice guidelines (CPGs) are systemically developed to assist practitioners in making appropriate clinical decisions and may inform psychiatrists' knowledge about PEIs [2-4].
- Guidelines rapidly become outdated as new knowledge emerges, necessitating frequent revisions.

**Figure 1.** Visual Representations of PEIs



## OBJECTIVE

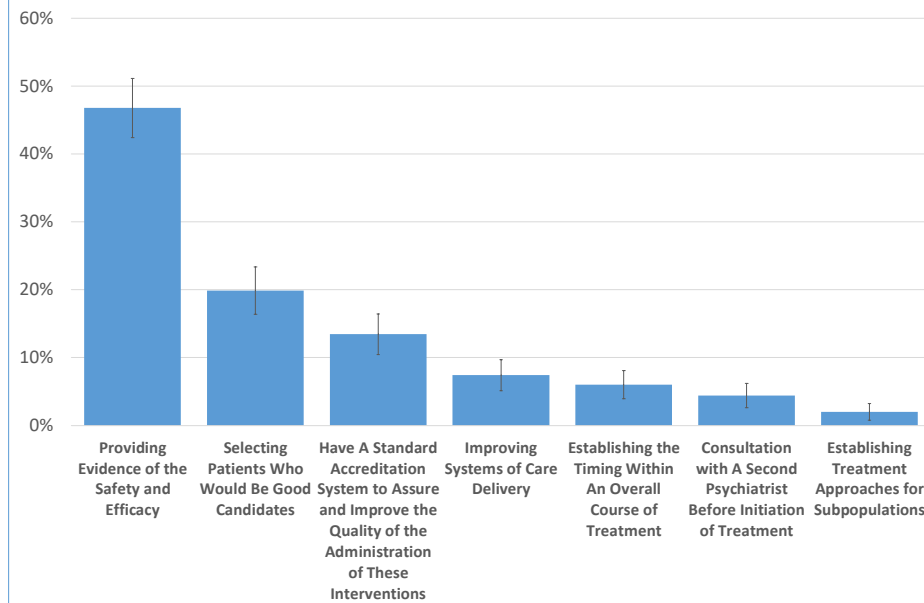
- To provide insight on psychiatrists' main considerations for the creation of optimal PEI guidelines.

## METHODS

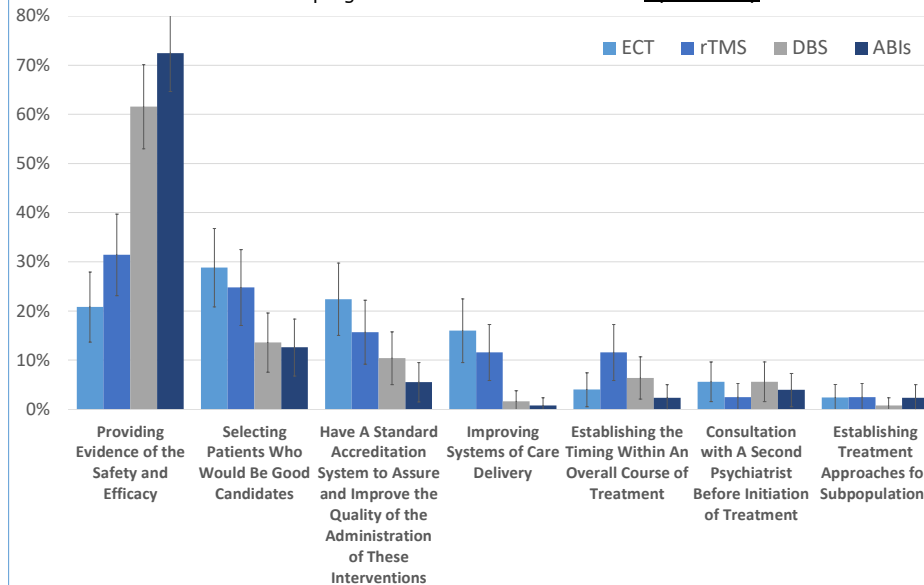
- We administered a survey with an embedded experiment to a national sample of psychiatrists (n=505)
- Respondents were randomly assigned to one of 4 modalities (ECT, rTMS, DBS, or ABIs) using a full factorial experimental design
- We analyzed the survey data with ANOVA and multinomial logistic regression.

## RESULTS

**Figure 2.** Percentage of Psychiatrists Who Believe Each Should Be the Main Consideration When Developing Practical Guidelines for PEIs



**Figure 3.** Percentage of Psychiatrists Who Believe Each Should Be the Main Consideration When Developing Practical Guidelines for PEIs By Modality



## RESULTS (continued)

- There is a distinction between psychiatrists' main consideration when comparing implantable (DBS and ABIs) PEIs and non-implantable (ECT and rTMS) PEIs
- Familiarity in the form of referral or administration of PEIs impacts psychiatrists' main considerations for establishing guidelines

## DISCUSSION

- Several factors influence psychiatrists' considerations when developing PEI guidelines
- PEI modalities matter, especially the distinction between implantable (or FDA-approved) PEIs and non-implantable (non-FDA-approved) PEIs.
- When developing clinical treatment guidelines, greater professional experience with PEIs leads psychiatrists to shift their main considerations from safety and efficacy to patient selection and treatment optimization.

## CONCLUSIONS

- Having a better understanding of psychiatrists' main considerations for PEI guidelines can highlight areas where current guidelines have not provided needed insight for clinicians, indicate gaps in evidence, and signal that updates to existing guidelines are needed.
- Exploring areas where psychiatrists think further insight is needed is key to developing guidelines that address psychiatrists' needs.

## ACKNOWLEDGEMENTS

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