The Differential Effects of Psychiatrists’ & Patients’ Prior Experiences on Views about Psychiatric Electroceutical Interventions

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BACKGROUND
- Patients’ attitudes toward ECT become more positive after receiving treatment with ECT [1,2].
- Psychiatrists’ positive attitudes toward ECT [3,4] are not influenced consistently by prior experience with or knowledge of ECT [3,5].
- Prior experience & familiarity may shape depressed patients’ & psychiatrists’ views about psychiatric electroceutical interventions (PEIs).

OBJECTIVES
- Examine how PEI experience & familiarity shape depressed patients’ & psychiatrists’ PEI views
- Examine how PEI experience & familiarity shape depressed patients’ & psychiatrists’ PEI views

METHODS

Figure 1. Visual Representations of PEIs

Table 1. Selected Standardized Coefficients from Multiple OLS Regression Models Explaining PEI Views among 1,050 Depressed Patients

<table>
<thead>
<tr>
<th>PEI</th>
<th>Affect toward PEI</th>
<th>Perceived Influence of PEI</th>
<th>Perceived Benefit of PEI</th>
<th>Perceived Risk of PEI</th>
<th>Perceived Invasiveness of PEI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECT</td>
<td>-0.13*</td>
<td>0.03</td>
<td>0.01</td>
<td>0.10*</td>
<td>0.04</td>
</tr>
<tr>
<td>rTMS (ref: ECT)</td>
<td>0.20*</td>
<td>0.12*</td>
<td>0.14*</td>
<td>-0.15*</td>
<td>-0.07</td>
</tr>
<tr>
<td>DBS (ref: ECT)</td>
<td>0.03</td>
<td>0.08*</td>
<td>0.11*</td>
<td>0.02</td>
<td>0.05</td>
</tr>
<tr>
<td>ABI (ref: rTMS)</td>
<td>0.06</td>
<td>0.12*</td>
<td>0.02</td>
<td>0.04</td>
<td></td>
</tr>
<tr>
<td>severe TRD (ref: moderate)</td>
<td>-0.04</td>
<td>-0.03</td>
<td>-0.03</td>
<td>-0.02</td>
<td>-0.02</td>
</tr>
</tbody>
</table>

Notes: These models also control for trust in the medico-scientific establishment, prior awareness of participant’s assigned PEI, perceived bad daily life with TRD, and six socio-demographic characteristics. *p<0.05

Table 2. Selected Standardized Coefficients from Multiple OLS Regression Models Explaining PEI Views among 496 Psychiatrists

<table>
<thead>
<tr>
<th>PEI</th>
<th>Affect toward PEI</th>
<th>Perceived Influence of PEI</th>
<th>Perceived Benefit of PEI</th>
<th>Perceived Risk of PEI</th>
<th>Perceived Invasiveness of PEI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECT</td>
<td>0.16*</td>
<td>0.15*</td>
<td>0.10*</td>
<td>-0.05</td>
<td>-0.08</td>
</tr>
<tr>
<td>rTMS (ref: ECT)</td>
<td>0.07</td>
<td>-0.08</td>
<td>-0.07</td>
<td>-0.28*</td>
<td>-0.04</td>
</tr>
<tr>
<td>DBS (ref: rTMS)</td>
<td>-0.36*</td>
<td>-0.19*</td>
<td>-0.12*</td>
<td>0.13*</td>
<td>0.19*</td>
</tr>
<tr>
<td>ABI (ref: rTMS)</td>
<td>-0.40*</td>
<td>-0.27*</td>
<td>-0.10</td>
<td>0.29*</td>
<td>0.31*</td>
</tr>
<tr>
<td>severe TRD (ref: moderate)</td>
<td>0.04</td>
<td>0.03</td>
<td>-0.03</td>
<td>-0.06</td>
<td>-0.00</td>
</tr>
</tbody>
</table>

Notes: These models also control for perceived bad daily life with TRD, seven professional characteristics, and six socio-demographic characteristics. *p<0.05

RESULTS
- Few depressed patients had firsthand experience with any PEI before the survey (Figure 2).
- Psychiatrists had more experience referring or administering ECT & rTMS than VNS & DBS (Figure 2).
- Among patients, having experience with any PEI is associated with more positive affect toward—a greater perceived risk from—their assigned PEI (Table 1).
- Among psychiatrists, the number of PEIs previously referred or administered was associated positively with the following views about their assigned PEI:
  - Affect;
  - Perceived positive influence on self; &
  - Perceived benefit (Table 2).

CONCLUSION
- Among both depressed patients & psychiatrists, greater prior experience with PEIs elicits more positive affect.
- Beyond this, our survey data shows that prior experience with PEIs shapes depressed patients’ & psychiatrists’ views about PEIs in complex ways.

FUTURE DIRECTIONS
- Future survey & interview research should continue investigating how prior experiences may differentially influence patients’ & psychiatrists’ PEI views
- Future research should further examine how such influence may affect clinical decision-making.

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REFERENCES