



# ISEN Annual Meeting Call for Abstracts



## Criteria

Abstracts should contain original material relevant to the field of ECT or other brain stimulation therapies. The abstracts will be evaluated on scientific merit, quality of presentation, and adherence to these guidelines and instructions.

## Technical Requirements

The abstracts must be submitted online as Microsoft Word (.doc or .docx) or Portable Document Format (.pdf). Abstracts should not exceed 250 words and must contain Objective, Background, Design/Methods, Results, and Conclusions sections. Please include the title and all authors' names. Submissions should not include author credentials or affiliations, tables and/or figures, or references. Submissions should be formatted according to the provided example. If submitting more than one abstract, please submit each separately. Submission file(s) must be named using the following convention: Corresponding Author Last Name, First Name\_First Five Words of Abstract Title.

## Publication

Accepted abstracts will be published in *The Journal of ECT*, the official journal of the ISEN. Abstracts must be presented as part of the Annual Meeting virtual poster session or as a virtual podium presentation in order to be published.

## Awards

Top abstract submissions will be selected for virtual podium presentation and will receive a cash award (\$750 prize for Best Abstract; \$500 prize for Best Abstract by a Trainee). In order for an abstract to be eligible for any award, first authors must register and attend the Annual Meeting, as well as deliver the virtual podium presentation.

Submit your abstract online at <https://www.isen-ect.org/call-for-abstracts>.

**Deadline for Submission**  
**January 29, 2021**



# Abstract Submission Example



The Benefits and Costs of Changing Treatment Technique in Electroconvulsive Therapy Due to Insufficient Improvement: Findings from the Optimization of ECT Trial

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Background: Electroconvulsive therapy (ECT) technique is often changed after insufficient clinical improvement, yet there has been virtually no research on ECT switching strategies.

Objective: To document clinical outcome in ECT nonresponders who were received a second course using high dose, brief pulse, bifrontotemporal (HD BP BL) ECT, and compare cognitive effects relative to patients who received only one ECT course and as a function of the type of ECT first received. Methods: In the multi-site trial, Optimization of ECT (OPT-ECT), patients were randomized to high dose (6xST), brief pulse right unilateral ECT or low dose (1.5xST), brief pulse, BL ECT. Nonresponders (n=59) received additional treatment with HD BP BL ECT. Results: Among initial ECT nonresponders, response (46%) and remission (42%) rates were notably high following a course of HD BP BL ECT (4.90 ± 2.97 treatments). Clinical outcome was independent of the type of ECT received in the first course. A second course with HD BP BL ECT resulted in greater retrograde amnesia for autobiographical information immediately, two months, and six months following ECT.

Conclusions: In a large sample of ECT nonresponders, a second course of ECT had marked antidepressant effects. Since the therapeutic effects were independent of the technique of ECT first administered, it is possible that many patients may benefit simply from longer courses of ECT, without change of treatment technique. Randomized trials are needed to determine whether, when, and how to change treatment technique in ECT.