ISEN Annual Meeting
Call for Oral Presentations

Annual Meeting

Criteria

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

All submissions will be peer-reviewed by the 2022 ISEN Annual Meeting Program Committee. Acceptance of proposals is based on the content of the submission, available space, and overall program balance. Proposals not accepted for oral presentation may be resubmitted later for consideration for the virtual poster session.

Technical Requirements

- Proposals must be submitted via email as a Microsoft Word (.doc or .docx) or Portable Document Format (.pdf) file.
- Proposals should not exceed 300 words and must contain Background, Objective, Design/Methods, Results, and Conclusions sections.
- Please include the title and all authors' names, credentials and affiliations.
- Submissions should **not** include tables and/or figures, or references.
- Submissions should be formatted according to the provided example.
- If submitting more than one proposal, 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.

Submit your proposal via email to meetings@isen-ect.org

Deadline for Submission
October 31, 2021

Oral Presentation Proposal Submission Example

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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 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.