Brain Stimulation in Psychiatric Treatment
Review of Psychiatry, Volume 23
Edited by Sarah H. Lisanby, M.D.

“Since the introduction of ECT 70 years ago, psychiatrists have employed electrical stimulation of the brain to treat certain neuropsychiatric disorders. Over the past two decades, researchers have developed newer, less invasive and perhaps more selective, techniques to stimulate cortical and subcortical systems. These techniques are the focus of this timely and important volume, which summarizes the current status of transcranial magnetic stimulation (TMS), magnetic seizure therapy (MST), deep brain stimulation (DBS), and vagus nerve stimulation (VNS). Edited and authored by the leaders in the rapidly emerging field of brain stimulation, this book is a ‘must read’ for clinicians and scientists alike who are interested in understanding brain-behavior relations and providing state-of-the-art care for persons with neuropsychiatric disorders.”—C. Edward Coffey M.D., DFAPA, Professor of Psychiatry and of Neurology, Vice President, Behavioral Health Services, Henry Ford Health System, Detroit, Michigan

This authoritative reference provides an introduction to this emerging field of brain stimulation in psychiatry. Eight recognized experts present the latest research and results—and future challenges—for new techniques to electrically stimulate the central nervous system, including transcranial magnetic stimulation (TMS), magnetic seizure therapy (MST), deep brain stimulation (DBS), and vagus nerve stimulation (VNS). This is the first book to both review these new techniques and place them in the context of existing somatic therapies in psychiatry.

• The effectiveness of TMS and MST (MST is a higher-dosage, convulsive form of magnetic stimulation) is being studied worldwide. Results are encouraging: TMS has been reported to reduce the frequency of auditory hallucinations when administered to brain regions that show abnormal hyperactivity during hallucinations, and both TMS and MST induce far less electricity and stimulate more focal cortical regions than ECT, thus incurring fewer cognitive side effects.
• Although DBS—in which an electrode is implanted in a location relevant to the illness in question—is more invasive than other modalities, it is able to reach deeper structures in a highly focal way, which may be important for illnesses like obsessive-compulsive disorder, whose circuitry relies heavily on subcortical structures.
• VNS is less invasive than DBS but more invasive than TMS or MST. Efficacy of VNS is uncertain. Improvement appears to build over time, and the hope is that months or years after implantation patients may show improvements. Controlled, randomized trials are needed to determine whether VNS has a role in the treatment of major depression. Its effects are limited to the neuroanatomical connectivity of the vagus nerve.

Enriching our knowledge base in this exciting new field means more choices and therapeutic strategies for patients with conditions that resist conventional treatments. This fascinating work is a key reference for the promising future of brain stimulation in psychiatric treatment and is a “must read” for clinicians and residents alike.


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