

February 22, 2013

**Written Testimony for the Public Health Committee on Bill 5298, An Act Concerning Involuntary ECT**

Electroconvulsive Therapy (“ECT”) is typically recommended by psychiatrists when drug therapy has proven ineffective in treating patients with severe, chronic and often life threatening depression. Despite characterizing ECT as a “last resort” therapy option, most psychiatrists fail to exhaust non-invasive treatment options before turning to ECT. Specifically, psychiatrists often fail to treat patients with Cranial Electrotherapy Stimulation (“CES) or Transcranial Magnetic Stimulation (“TMS”) prior to prescribing ECT. CES and TMS are easily accessible, non-invasive brain stimulation technologies that, unlike ECT, cause no serious side effects. It is therefore important, in regards to Bill 5298, to emphasize that before ECT is used to treat a patient – whether voluntarily or involuntarily – psychiatrists should, in nearly all cases, attempt to treat patients with CES and TMS.

CES and TMS are cleared by the FDA for the treatment of depression. Neither cause seizures or memory loss. Whereas ECT typically costs approximately \$30,000, CES is an at-home therapy that costs between \$495 - \$695 and TMS is an in-office procedure that costs \$6,000 - \$12,000. ECT is economically advantageous to the clinics and hospitals that offer it, as this may unduly affect clinical decision making. Whereas ECT and TMS are both expensive, in-office treatment options, CES is a low cost, at-home alternative.

My company, Fisher Wallace Laboratories, is the nation’s leading manufacturer of CES devices. Progressive psychiatrists increasingly prescribe our device as a first resort treatment option for depression – used even before medication. Many patients who have considered ECT, as well as TMS, have successfully used CES to significantly reduce or eliminate their depression, making ECT irrelevant. Our Medical Advisory Board is comprised of several of the nation’s top psychiatrists, and over 200 studies have been published on our technology, many of them well controlled.

Fisher Wallace Laboratories opposes involuntary ECT, especially for patients who have not been prescribed CES and TMS beforehand.

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