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Racial Disparities in Electroconvulsive Therapy Utilization 2016 to 2021

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Psychiatry

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Electroconvulsive Therapy is Effective

- Induction of seizure with electric current
- Numerous indications
- Safe and Efficacious

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Racial Disparities in ECT Utilization

- Disparities observed
 - Asian
 - Black
 - Hispanic
- Weaknesses
- Hypothesis
 - Confounding
 - Response
 - Presentation
 - Bias

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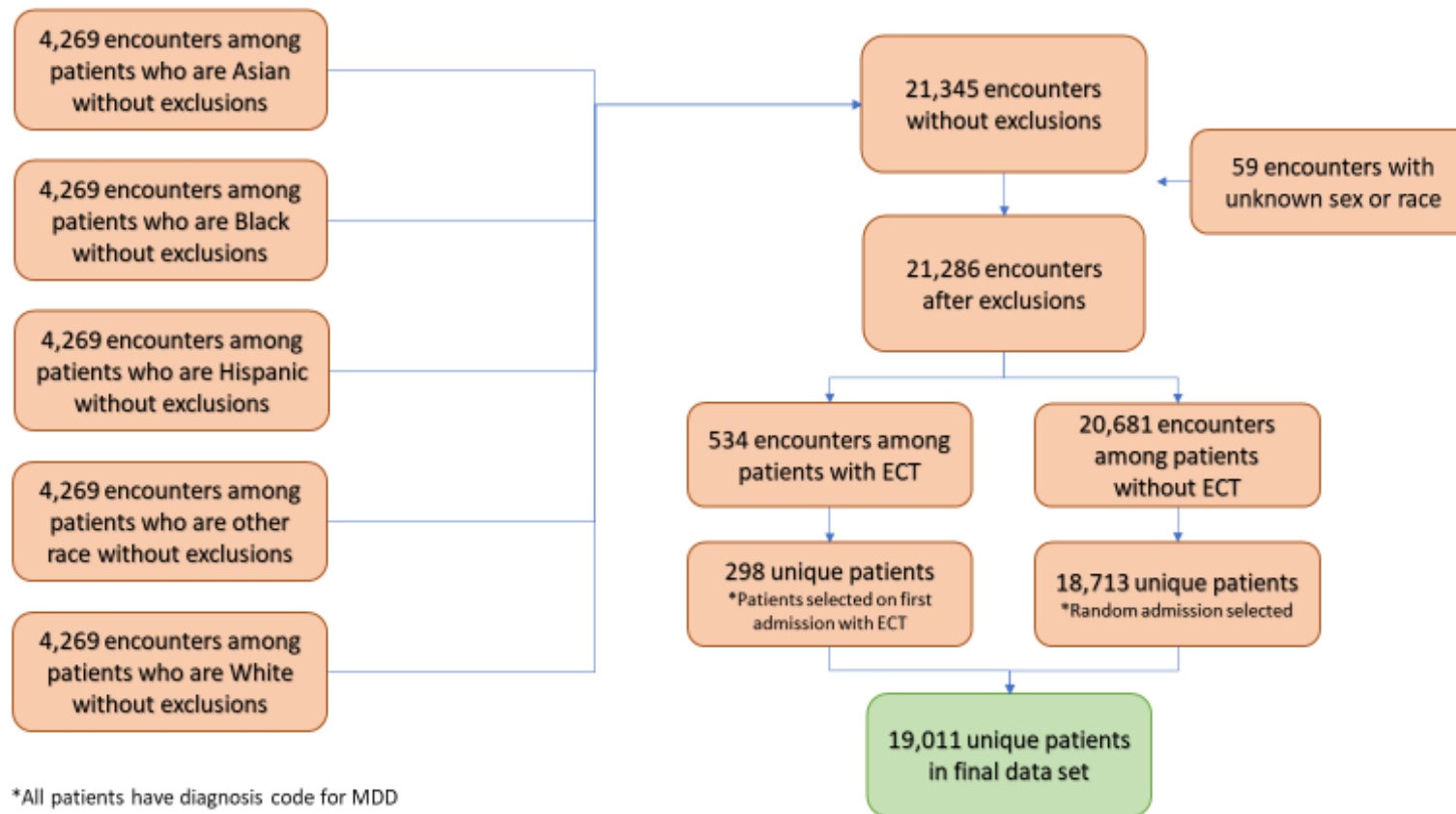
Objective

To determine if disparities in ECT utilization among patients with Major Depressive Disorder persist when controlling for covariates despite attempts to rectify racial inequities

Retrospective Cohort Design

- HCA Depression Database
 - Severe Depression
 - ICD 10: F32-33
 - 2016-2021
- Cohorted by race
- Covariates measured
- Chi-Squared
 - $\alpha=0.05$
- Logistic Regression
 - Odds ratio point estimates constructed

Selection and Demographics



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Racial disparity in Covariates

Characteristic	Asian N (%)	Black N (%)	Hispanic N (%)	Other N (%)	White N (%)
Total	3135 (16.49%)	3985 (20.96%)	4042 (21.26%)	3659 (19.25%)	4190 (22.04%)
ECT					
No	3096 (98.76%)	3957 (99.30%)	4000 (98.96%)	3608 (98.61%)	4052 (96.71%)
Yes	39 (1.24%)	28 (0.70%)	42 (1.04%)	51 (1.39%)	138 (3.29%)
Age group					
18-34	1451 (46.28%)	1573 (39.47%)	1566 (38.74%)	1696 (46.35%)	1162 (27.73%)
35-44	489 (15.60%)	782 (19.62%)	698 (17.27%)	608 (16.62%)	614 (14.65%)
45-54	395 (12.60%)	713 (17.89%)	668 (16.53%)	506 (13.83%)	753 (17.97%)
55-64	301 (9.60%)	603 (15.13%)	569 (14.08%)	415 (11.34%)	798 (19.05%)
65-74	254 (8.10%)	213 (5.35%)	301 (7.45%)	261 (7.13%)	536 (12.79%)
75+	245 (7.81%)	101 (2.53%)	240 (5.94%)	173 (4.73%)	327 (7.80%)
Sex					
Female	1976 (63.03%)	2305 (57.84%)	2430 (60.12%)	2220 (60.67%)	2526 (60.29%)
Male	1159 (36.97%)	1680 (42.16%)	1612 (39.88%)	1439 (39.33%)	1664 (39.71%)
Insurance					
Medicaid	406 (12.95%)	1150 (28.86%)	830 (20.53%)	754 (20.61%)	637 (15.20%)
Medicare	590 (18.82%)	835 (20.95%)	915 (22.64%)	680 (18.58%)	1324 (31.60%)
No insurance	405 (12.92%)	791 (19.85%)	916 (22.66%)	652 (17.82%)	592 (14.13%)
Other	332 (10.59%)	314 (7.88%)	376 (9.30%)	388 (10.60%)	311 (7.42%)
Private	1402 (44.72%)	895 (22.46%)	1005 (24.86%)	1185 (32.39%)	1326 (31.65%)
Substance use					
No	2406 (76.75%)	2124 (53.30%)	2416 (59.77%)	2251 (61.52%)	2386 (56.95%)
Yes	729 (23.25%)	1861 (46.70%)	1626 (40.23%)	1408 (38.48%)	1804 (43.05%)
Personality disorder					
No	3035 (96.81%)	3873 (97.19%)	3924 (97.08%)	3505 (95.79%)	3972 (94.80%)
Yes	100 (3.19%)	112 (2.81%)	118 (2.92%)	154 (4.21%)	218 (5.20%)

- Rate: 0.7-3.3%
- Age
- Sex
- Insurance
- Comorbidity
- Readmission

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ECT Utilization by Race

- Regression
 - OR 1.89
 - (P<0.0001)

Race	OR vs White
Asian	0.427
Black	0.274
Hispanic	0.386
Other	0.528

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Discussion: Finding the Cause

- Confounding
- Access
- Treatment setting
- Response
- Presentation
 - Psychosis
- Bias
- Stigma

Conclusion: Disparities Persist

- Covariates
- Strengths
- Weaknesses
- Future Directions

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References

1. Espinoza RT, Kellner CH. Electroconvulsive Therapy. *N Engl J Med*. 2022;386(7):667-672. doi:10.1056/NEJMra2034954
2. Kho KH, van Vreeswijk MF, Simpson S, Zwinderman AH. A meta-analysis of electroconvulsive therapy efficacy in depression. *J ECT*. 2003;19(3):139-147. doi:10.1097/00124509-200309000-00005
3. Pagnin D, de Queiroz V, Pini S, Cassano GB. Efficacy of ECT in depression: a meta-analytic review. *J ECT*. 2004;20(1):13-20. doi:10.1097/00124509-200403000-00004
4. Kaster TS, Vigod SN, Gomes T, Sutradhar R, Wijeyesundera DN, Blumberger DM. Risk of serious medical events in patients with depression treated with electroconvulsive therapy: a propensity score-matched, retrospective cohort study. *Lancet Psychiatry*. 2021;8(8):686-695. doi:10.1016/S2215-0366(21)00168-1
5. Watts BV, Peltzman T, Shiner B. Mortality after electroconvulsive therapy. *The British Journal of Psychiatry*. 2021;219(5):588-593. doi:10.1192/bjp.2021.63
6. Sackeim HA. Modern Electroconvulsive Therapy: Vastly Improved yet Greatly Underused. *JAMA Psychiatry*. 2017;74(8):779-780. doi:10.1001/jamapsychiatry.2017.1670
7. Payne NA, Prudic J. Electroconvulsive Therapy Part II: A Biopsychosocial Perspective. *J Psychiatr Pract*. 2009;15(5):369-390. doi:10.1097/01.pra.0000361278.73092.85
8. Morrissey JP, Steadman HJ, Burton NM. A profile of ACT recipients in New York State during 1972 and 1977. *Am J Psychiatry*. 1981;138(5):618-622. doi:10.1176/ajp.138.5.618
9. Kramer BA. Use of ECT in California, 1977-1983. *Am J Psychiatry*. 1985;142(10):1190-1192. doi:10.1176/ajp.142.10.1190
10. ones KC, Salemi JL, Dongarwar D, et al. Racial/Ethnic Disparities in Receipt of Electroconvulsive Therapy for Elderly Patients With a Principal Diagnosis of Depression in Inpatient Settings. *Am J Geriatr Psychiatry*. 2019;27(3):266-278. doi:10.1016/j.jagp.2018.11.007
11. Case BG, Bertollo DN, Laska EM, Siegel CE, Wanderling JA, Olfson M. Racial differences in the availability and use of electroconvulsive therapy for recurrent major depression. *J Affect Disord*. 2012;136(3):359-365. doi:10.1016/j.jad.2011.11.026
12. Breakey WR, Dunn GJ. Racial Disparity in the Use of ECT for Affective Disorders. *AJP*. 2004;161(9):1635-1641. doi:10.1176/appi.ajp.161.9.1635
13. Dennis PA, Thomas SN, Husain MM, Dennis NM. Racial Disparities in the Administration of ECT in Texas, 1998-2013. *J ECT*. 2019;35(2):103-105. doi:10.1097/YCT.0000000000000555
14. Williams J, Chiu L, Livingston R. Electroconvulsive Therapy (ECT) and Race: A Report of ECT Use and Sociodemographic Trends in Texas. *The Journal of ECT*. 2017;33(2):111. doi:10.1097/YCT.0000000000000379
15. Ona CM, Onoye JM, Goebert D, et al. Sociodemographic Characterization of ECT Utilization in Hawaii. *The Journal of ECT*. 2014;30(1):43. doi:10.1097/YCT.0000000000000075
16. Williams M, Rummans T, Sampson S, et al. Outcome of ECT by Race in the CORE Multi-Site Study. *J ECT*. 2008;24(2):117-121. doi:10.1097/YCT.0b013e31815c6641
17. Black Parker C, McCall WV, Spearman-McCarthy EV, Rosenquist P, Cortese N. Clinicians' Racial Bias Contributing to Disparities in Electroconvulsive Therapy for Patients From Racial-Ethnic Minority Groups. *PS*. 2021;72(6):684-690. doi:10.1176/appi.ps.202000142

Questions

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