

Interventional Therapies for Depression			
	Esketamine	rTMS	ECT
Advantages	Rapid antidepressant and antisuicide effects within hours Possibly works in bipolar depression, but ECT and rTMS have better evidence there	Best tolerability of the three Works in bipolar and unipolar depression	Best efficacy of the three Works in bipolar and unipolar depression Particularly useful for psychotic depression and catatonia Neuroprotective
Disadvantages	Transient dissociation and hypertension Long-term maintenance is required, but long-term risks are not clear; these potentially include bladder inflammation, cognitive problems, addiction, and withdrawal problems May be neuroprotective or neurotoxic	Seizure risk	Memory loss that may persist after treatment Headaches and transient hypertension during treatment Requires anesthesia Patients usually need transportation to sessions and cannot work during treatment
Treatment Schedule	8 weeks, starting at 2 times per week and tapering to once weekly after 4 weeks; doses are given intranasally in a monitored setting Maintenance treatment is required 1–2 times per month	6 weeks at 5 times per week Maintenance sessions are rarely needed	4 weeks at 3 times per week Monthly maintenance sessions may be needed

From the Expert Q&A:
“Getting Uncomfortable with Esketamine”
 with Nolan Williams, MD
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