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## EDITORIAL

# Why is electroconvulsive therapy underutilized in Brazil?

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Electroconvulsive therapy (ECT), first introduced in 1938 by Cerletti and Bini, is a crucial intervention for the treatment of severe psychotic and mood disorders and is supported by substantial evidence of its efficacy and safety.[1] ECT is no longer considered a treatment of "last resort"; in fact, most current guidelines recommend it as a first-line intervention for severe depressive episodes, psychotic symptoms, catatonia, and suicide risk when rapid symptom remission is necessary.[2] Although this technique is widely used in developed countries, it remains underutilized and heavily stigmatized in Brazil.

A study published in 2024 estimated the number of patients treated with ECT in Brazil.[1] Despite limitations owing to the lack of a national database of ECT, the estimated rate was 1.92 patients treated per 100,000 population. Compared to North America and Europe, Brazil has the lowest number of patients treated with ECT. The United States leads the world, with a treatment rate of 51 patients per 100,000 population[3]; Belgium ranks second, with 47 patients per 100,000.[3] Worldwide, only Poland and Latvia reported a lower usage than Brazil, with estimated rates of 1.3 and 0.45 patients treated per 100,000 population, respectively.[3] However, data on ECT practices in Latin America are scarce.

Outdated and inappropriate practices once common in Brazilian asylums, such as ECT administered without anesthesia, consent, or proper medical indication, have left a lasting negative impression, generating resistance among professionals, patients, and opinion leaders.[4] Public health policymakers in Brazil do not encourage ECT use. In 2002, the Federal Medical Council (CFM) regulated ECT for the first time through CFM Resolution 1640/2002,[5] recognizing ECT as safe and effective and establishing that it should be performed in hospital settings by a psychiatrist, with consent, and under general anesthesia. However, that same year, the Brazilian Ministry of Health launched a version of the National Hospital Services Evaluation Program specifically for psychiatric hospitals,[6] which graded hospitals that regularly performed or prescribed ECT as "poor," even when the procedure was performed with informed consent, in an appropriate environment, under anesthesia, and following proper clinical and laboratory assessments. The consequences of this evaluation were budget cuts to these institutions and the closure of ECT services at public hospitals. Currently, services offering ECT are available only in private hospitals and public institutions affiliated with universities, with independent budgets and administrative autonomy that allow them to fund treatment. In 2019, the Ministry of Health considered the inclusion and regulation of ECT in the country through Technical Note No. 11/2019.[7] However, the initiative was poorly received by mental health professionals and grassroots movements, leading to retraction of the note under the justification that the published version was not final and would undergo further revisions.[8]

Consequently, Brazil's Unified Health System does not formally include funding for ECT; thus, it is not available to the entire Brazilian population. Additionally, the persistent unrealistic negative portrayal of ECT in popular media continues to reinforce the stigma.

Finally, the general lack of knowledge and understanding of modern ECT techniques contributes to the persistence of stigma surrounding treatment. During medical training, little importance is given to the discipline of psychiatry. Typically, only students wishing to become psychiatrists are interested in this discipline. Moreover, very little if anything at all is said about ECT within this discipline. Currently, ECT is performed under general anesthesia, making it a comfortable, safe, and well-controlled procedure. Studies have shown that ECT reduces suicide risk, improves functional outcomes and quality of life, and decreases hospital readmission rates.[1] If scientific and clinical evidence were the only determining factors for its use, ECT could be used more often.

### Disclosure

The authors report no conflicts of interest.

### Data availability statement

Not applicable.

### Author contributions

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