

Consider CES for PTSD, insomnia, depression

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As a survivor of four deployments – Operation Desert Storm; Joint Task Force Guantanamo Bay, Cuba; Iraq; and Afghanistan – as well as being a survivor of the Fort Hood, Tex., massacre, I am well acquainted with the ravages of posttraumatic stress disorder. Using cranial electrotherapy stimulation in my private practice and in the combat theater has helped me revolutionize psychotherapeutic interventions as an adjunct to more traditional psychotherapy.

For many soldiers, I found that daily treatment with cranial electrotherapy stimulation (CES) for 20-60 minutes prevented medical evacuation out of the combat theater when medications had rendered these individuals incapable of carrying out their missions.

Returning the soldiers home in every case would have resulted in self-blame and guilt for leaving their comrades behind. This result could have hurt the soldiers' psyches, souls, and military careers. That's why I was heartened by the donation by Electromedical Products International of Mineral Wells, Tex., of several CES systems to U.S. soldiers who were serving in the most remote regions of Iraq and Afghanistan. Their use proved no less than lifesaving.

In light of the success I've seen with CES, I was thrilled to learn that the Food and Drug Administration recently decided to **reclassify** CES from class III to class II.

The move is sure to alter the course of both psychology and psychiatry, and will have a huge impact on the treatment of patients with anxiety and depression (*J. Affect. Disord.* 2014;164;171-7).



COURTESY DR. KATHY PLATONI

Col. (Ret.) Kathy Platoni, Psy.D., interacts with Afghani children north of Kabul while deployed with the 101st Field Artillery.

CES also helps promote more productive sleep, which is all the more valuable to soldiers in theater who often find slumber elusive. In addition, CES has been found to help promote modest improvements in chronically symptomatic bipolar patients ([J. ECT. 2013;29:E31-2](#)). Side effects are most often nonexistent.

CES has been in flux with the FDA since 1978, when it initially was labeled a class III device and until the agency could determine its proper classification. CES manufacturers were allowed to market their devices, but a cloud of uncertainty continued to hang over them.

Class III devices are considered “lifesaving” or “life-sustaining” devices (such as dialysis machines and pacemakers). Placing non–life-threatening/lifesaving devices such as CES devices in class III made little sense; and so began a long, arduous battle to convince the agency that a medical device could safely and effectively treat those three psychiatric disorders.

Of course, in terms of evidenced-based practices, one size never fits all. We know that exposure therapies and eye movement desensitization and reprocessing have done immeasurable good in reducing the disquieting symptoms of PTSD in thousands of cases ([Behav. Cogn. Psychother. 2013;4:290-300](#)). But these forms of treatment certainly do not work for everyone.

In summary, the research is clear: CES is a safe and effective alternative for the treatment of anxiety, insomnia, and depression. Mental health professionals would do well to consider this modality as adjunctive treatment for patients with those illnesses.

Dr. Platoni, former Army Reserve Psychology Consultant to the Chief, Medical Service Corp., has been a practicing clinical psychologist for more than 33 years. She has no financial disclosures.