

TMS, esketamine and ECT: questions for a clinician

A neutral comparison of assessment, visits, supervision and follow-up.

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TMS, esketamine and ECT are different forms of care. They are not interchangeable products. The CANMAT guidelines discuss their place in a wider care plan. Your clinician must weigh your health history, current needs, preferences and previous care.

How the visits differ

NICE describes rTMS as an outpatient procedure using a coil against the scalp. It does not usually need anaesthesia. Ask which device and schedule the clinic proposes, how staff supervise it and what travel it requires.

Esketamine is a medicine. Ask about the supervised setting, observation after dosing, travel restrictions and who manages your other medicines. Do not assume a clinic that offers TMS also offers esketamine. Ask about local authorization and funding for the specific medicine and indication.

ECT uses electrical stimulation under anaesthesia. NIMH describes it separately from magnetic stimulation. Ask about anaesthetic assessment, transport, cognitive risks and consent. A clinician may discuss ECT in a different clinical situation from outpatient TMS. A directory cannot decide which should come first.

Compare a complete care plan

Ask the clinician why the proposed option fits your circumstances. Ask what alternatives remain, how changes are reviewed and who provides care between visits. Ask what support your family can give with your permission.

Get separate quotes for assessment, treatment, observation, anaesthesia where relevant, travel and follow-up. Ask whether authorization covers only an initial course or also later care. A lower advertised session fee does not establish a lower total cost.

Do not stop treatment while comparing options. Take your questions to the clinician who knows your history. This page does not compare outcome rates or recommend one treatment over another.

Sources

- CANMAT, *2023 Update on Clinical Guidelines for Management of Major Depressive Disorder in Adults*, published 6 May 2024. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11351064/>. Fetched 2026-10-29.

- NICE, *Repetitive transcranial magnetic stimulation for depression*, published 16 December 2015 as IPG542; now HTG396. [Procedure](#) and [safety](#). Fetched 2026-10-29.
- NIMH, *Brain Stimulation Therapies*, reviewed March 2024. <https://www.nimh.nih.gov/health/topics/brain-stimulation-therapies/brain-stimulation-therapies>. Fetched 2026-10-29.
- NICE, NG222, *Depression in adults: treatment and management*, published 29 June 2022; recommendations fetched 2026-10-29. <https://www.nice.org.uk/guidance/ng222/chapter/Recommendations>.

Confirm suitability, protocol and cost with a qualified clinician.

Frequently asked questions

Can this guide decide whether TMS is suitable for me?

No. Confirm suitability, protocol and cost with a qualified clinician.