

# TMS TRENDS

APRIL 2012

*A publication of the TMS Institute of Pennsylvania – Advanced Neuropsychiatric Solutions  
Terrence A. Boyadjis, MD, Director*

## TMS COVERAGE BREAKTHROUGH!

The Medicare administrator for most of New England has changed policy to approve coverage of Transcranial Magnetic Stimulation (TMS) for people suffering with treatment-resistant depression. The new policy, effective in March 2012, reverses a November 2011 policy of non-coverage and is the first in the nation Medicare TMS coverage policy. It is estimated that 14 million Americans suffer from major depressive disorder in a year; 30 to 50% of patients who seek treatment do not respond to medication. TMS is a relatively new alternative to electroconvulsive therapy with less severe side effects for patients whose depression has not responded to medication. In December [CEPAC](#), a public New England comparative effectiveness council of clinicians, researchers and patient advocates, met to consider evidence of the effectiveness and efficiency of TMS among other treatments. The [CEPAC vote to approve TMS](#) in December was cited by the Medicare contractor in its decision to change policy and approve coverage.

### MAY 8, 2012

The TMS Support Group of Chester County will continue to hold meetings on the second Tuesday of every month. Our next meeting will take place on Tuesday, May 8 at 7:00 PM. Meetings are located at 129 S. High Street, West Chester, PA 19382. All are welcome! Please call (610) 738-8671 for more information or for directions. We encourage members and interested family to join us!

## BRAIN STIMULATION UPDATE

Johns Hopkins University Department of Psychiatry and Behavioral Medicine recently hosted a symposium on brain stimulation. The latest research pertaining to improving ECT and TMS was discussed as well as other forms of neuromodulation such as Vagal Nerve Stimulation (VNS), and Deep Brain Stimulation (DBS). Unlike systemic medications, direct stimulation of the brain can be focal, targeting brain regions responsible for the condition and/or brain regions known to generate improvement in the condition.

Because brain stimulating treatments are targeted, they have the potential for:

- Greater efficacy
- Greater speed of response
- Less side-effects caused by stimulating uninvolved brain regions and/or receptors and neurotransmitters
- The blood brain barrier is an additional variable making it sometimes difficult for medication to reliably penetrate at adequate levels into the brain
- No systemic side-effects

In addition to the above-mentioned modalities, a portion of the meeting was devoted to discussion of investigational treatments such as Magnetic Seizure Therapy and Transcranial Direct Current Stimulation.

The prediction was made that TMS Therapy may come to dominate brain stimulation interventions not only because of its safety and efficacy, but because of its non-invasive nature.