

# TMS TRENDS

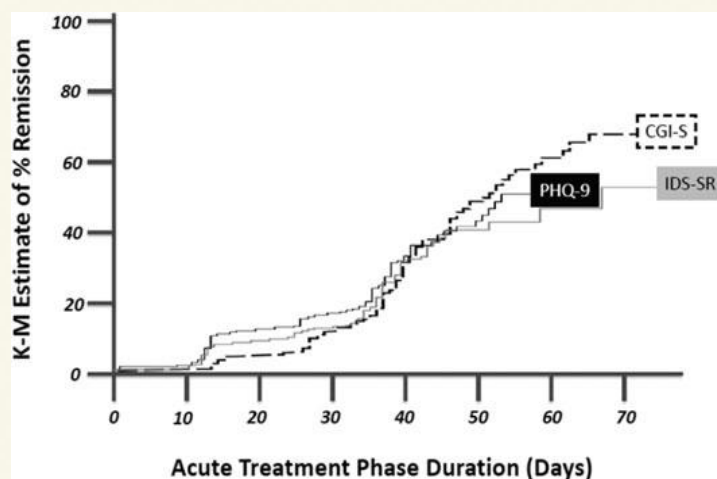
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## RECENTLY PUBLISHED ARTICLE ON TMS AND MAJOR DEPRESSION CO-AUTHORED BY DR. BOYADJIS

A recently published article in the journal *Depression and Anxiety* examines the effect of TMS Therapy on 307 individuals diagnosed with Major Depressive Disorder (MDD). The outcomes of these individuals were assessed at baseline, week two, at the point of maximal acute treatment benefit, or at week six (whichever came first). Evaluations were also obtained post-treatment, at three months, six months, nine months and twelve months after the last acute treatment/assessment. Although past studies have been done that document the efficacy of TMS treatment in controlled trials, there were no multi-site studies that demonstrate its effectiveness in clinical practice. The TMS Institute of Pennsylvania was one of 42 sites nationwide who participated in this study.

Patients chosen for the study had a mean of 2.5 unsuccessful antidepressant medication trials, and based on CGI-S criteria, 99% of the studied population fell under the categories of moderate to severe depression. According to the measures used by the study, a little over half of the studied population reached responder status within the acute treatment phase, with one third of the patients achieving remission.



In the course of the study, it was observed that there was only a modest difference in the effect of TMS for patients who reported severe pharmacoresistance and patients who exhibited a lesser resistance to medication. There was also a slightly better outcome for patients who were younger and/or reported a lesser severity of depression at baseline. However, the scores obtained from the subjects of the study suggest that there is a relative amount of consistency in the efficacy of TMS treatment across a range of factors, including the presence of a co-morbid anxiety disorder or a history of prior hospitalization.

Overall, the outcomes of this study indicate that TMS is a viable alternative to anti-depressant medications, with a high estimated rate of remission. Findings also suggest a positive correlation between duration of treatment and percentage of remission.

At the TMS Institute of Pennsylvania, we have treated patients whose ages ranged from 20 to 80, and we have seen positive results in every age group. However, treating individuals earlier in the course of the disease limits the length of time that an individual may suffer and also reduces the exposure to medication side effects. TMS should not be considered a last resort, but rather should be implemented when it becomes evident that other treatment modalities are ineffective or struggling with medication side-effects. With future changes of healthcare coverage of TMS, our hope is that more individuals will be able to reap the benefits of this leading-edge technology.

If you have any questions or would like more information regarding TMS as a treatment option, please contact us. We are happy to address any questions, curiosities or concerns you may have.