

TMS TRENDS

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TMS IN THE NEWS

Brainsway Ltd., an Israeli medical device company founded in 2003, has entered the US market, promoting their deep-TMS system. Brainsway's device, which was FDA-cleared in January 2013, now joins the industry leader Neuronetics in providing TMS therapy. Over 60 trials in leading institutions worldwide led to the FDA indication for the treatment of Major Depressive Disorder in patients who failed to benefit from any number of antidepressant trials.

The Brainsway system utilizes an H-coil and reportedly penetrates as deeply as 8 cm into the brain to directly stimulate neural structures involved in mood regulation.

We look forward to the increased public awareness that Brainsway's presence will bring.

David Brock, MD, Medical Director at Neuronetics, the Malvern-based manufacturer of the NeuroStar TMS Therapy system, presented data from a recent study at the 2013 American Psychiatric Association (APA) Annual Meeting in San Francisco. The study was designed to test long-term effectiveness of TMS in clinical practice settings. 307 patients with unipolar, medication-resistant depression were given the initial TMS treatment. 52 weeks after the initial treatment, researchers found that 68% of these patients showed symptomatic improvement, while 45% of patients had total remission.

"There was certainly no doubt about the acute efficacy, with patients who had failed initial drug treatment," Brock said in a recent interview with the Daily Local. "The big question was whether the response could be maintained. The results show that after one year response and remission rates are maintained." These results further demonstrate the long-term efficacy of TMS for patients with medication resistant depression.

DSM-5 RELEASED

The fifth edition of the American Psychiatric Association (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM) has just been released, and is already meeting resistance among the psychiatric community.

The DSM is a standard classification of mental disorders used by mental health professionals in the US. The goal of the manual, as with all previous editions is to provide a common language for describing psychopathology.

Almost immediately, the new manual stirred up significant controversy. Among its harshest critics, the National Institute of Mental Health (NIMH) has announced that it will no longer fund research based on DSM symptom clusters, stating that the DSM is irrelevant to determining the cause and treatment of psychological problems.

Among some of the changes in the new DSM:

1. The 5-axial diagnostic system of the previous DSM has been removed from DSM-5 in favor of non-axial documentation of diagnosis.
2. In addition to categorical diagnoses, a dimensional approach allows clinicians to rate disorders, along a continuum of severity that will largely eliminate the need for "not otherwise specified" (NOS) conditions, now termed "not elsewhere defined" (NED) conditions.
3. "Mental retardation has a new name: "intellectual disability."
4. Substance abuse and substance dependence have been combined into single substance use disorders specific to each substance of abuse within a new "addictions and related disorders" category.

It will be interesting to see how the controversy over this new edition is resolved.