

# TMS at a Glance

## 8 THINGS TO KNOW

1. FDA-cleared for the treatment of **Major Depressive Disorder** (MDD), **Obsessive-Compulsive Disorder** (OCD), & **smoking cessation**
2. Likelihood of MDD patients achieving remission is limited and declines with each successive medication trial. **After 2 medication trials, there is a 16.2 percent chance of remission** with a new trial. <sup>1</sup> Studies have shown the below TMS rates: <sup>2</sup>

**RESPONSE - 62% | REMISSION - 41% | DURABILITY - 62.5%**<sup>3</sup>

3. Appropriate for use either as an **adjunct** or as a **monotherapy**
4. **Well-tolerated, non-invasive, & low-risk** treatment for MDD, requiring no post-treatment downtime. Occasional side effects (scalp sensitivity or headaches)
5. Performed in an office setting — **average treatment plan** usually consists of 20 minute treatment sessions performed 5 days each week for 6 consecutive weeks
6. Covered by **most major insurance**; Medicaid & Medicare accepted in various locations.
7. Works via magnetic pulses that induce electrical currents, **stimulating neurons** to bring about therapeutic effect. TMS for MDD targets the left dorsolateral prefrontal cortex. TMS for OCD delivers bilateral stimulation to the medial prefrontal cortex and cingulate cortex.
8. **Possible Contraindications:**
  - History of seizures
  - Implanted medical devices like a pacemaker
  - Non-removable metallic implants above the neckline

(1) Star\*D Study; Rush et al., Am. J Psychiatry 2006, PMID 17074942. (2) Dunner et al., J Clin Psychiatry 2014, PMID 25271871.  
(3) 12-mo follow-up measured via IRS-SR scale with a cohort of 120 patients

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