

Referring Your Patient For TMS



THRIVE
INTEGRATIVE PSYCHIATRY

What to Expect

Thank you for entrusting us in the collaborative care of your patient. Below you'll find basic information for referring providers about TMS treatment. Please don't hesitate to call or email our clinical team anytime if you have concerns or questions or would like further information!

What is TMS? TMS is FDA approved, non-drug treatment for depression and anxiety. The APA identifies TMS as a 2nd line treatment for depression. TMS uses an MRI strength magnet which, when pulsed on the scalp, creates an electromagnetic field that fires neurons. Repeated stimulation has been shown to reduce symptoms and improve functioning in patients with depression and anxiety.

How does it work? Multiple mechanisms of action have been demonstrated including: promoting synaptic plasticity and neural network repair (e.g., default mode network, salience network); neurotransmitter release; neural oscillatory effects (brain waves); increasing BDNF; vagus nerve stimulation; among others.

Is it safe? Decades of research show that TMS is safe. The most serious potential adverse event is seizure at a rate of 0.1% per patient (less than many antidepressants). More common side effects can include scalp pain or discomfort under the magnet as it pulses, resolving after 7-10 treatments. Less common side effects reported include headache, fatigue, increased emotion - also resolving after the first week or two. The dropout rate in studies is >4%, our dropout rate is >1%.

Does it work? Controlled trials repeatedly show conservatively 2/3 of patients experience significant improvement and 1/3 experience remission. 86% of our patients here at Thrive report significant improvement and 50% report remission. (See our PHQ9 data on the back). Improvement is typically reported around week 3-4.

Does it last? Research out to 12 months shows 2/3 of patients maintain their results. More research is needed on the durability of results. Approximately 10% of our patients return for a repeat course due to the return of symptoms around 8-10 months after the first course.

What does TMS treatment entail? Your patient will receive TMS treatment at our clinic 5 days a week for 6 weeks with 6 taper sessions spread out over weeks 7-9. Treatment sessions can be as short as 4 minutes up to 40 minutes depending on multiple clinical factors. We also incorporate evidence-based mindfulness practice into the daily TMS sessions due to the well-established benefits of mindfulness for depression and anxiety.

Will you be taking over the care of my patient? No. You will continue to manage your patient like normal during and after TMS. We will provide TMS and regular follow up visits with the patient during TMS treatment to monitor treatment. We will keep you informed as to your patient's response and collaborate with you should any issues or recommendations arise.

Who can I call if I have questions or concerns? Our treatment team consists of two PMHNPs and two TMS Technicians. Our Medical Director, Jennifer Behnke, is available for phone, zoom, or in-person meetings by calling our office or emailing our TMS Coordinator anytime at (503) 379-0208, reception@thriveintegrativepsychiatry.com

PHQ-9 Outcomes of Patients with MDD

Total Number of Treatments	3660
Mean Number of Treatments	43
Mean Baseline Score	18
Mean Outcome Score	7
Responding	60 (85.7%)
Remission	35 (50.0%)

Data current as of 7/1/23

**n=78; "responding" = PHQ9 decreased by half or more; "remission" = PHQ9 score of 4 or less*

*(Compare to STAR*D data which reports antidepressants have a 50% response rate and 25-35% remission rate, decreasing with each subsequent medication trial)*



Indications: Adult MDD, Depression with Anxiety, OCD, migraine with aura, nicotine use disorder

Potential impending indications based on current research: Adolescents, PTSD, GAD, Bipolar depression

- *Note: several providers are treating depression and anxiety concurrently based on protocols from current research with significant improvement in GAD7 scores and overall reports of anxiety. This is off-label at present. We do treat anxiety in the context of depression here at Thrive.*

Contraindications:

- Metal implants near the head (dental fillings and titanium ok), pacemaker/electrical implants
- Epilepsy
- Severe head trauma, CNS tumor, dementia, or risk for increased intracranial pressure
- Unstable medical symptoms or active psychosis

Pros:

- Efficacy: Approx. 86% significant reduction (symptoms decreased by at least 50%), approx. 60% remission
- Durability: 70-84% retained response at 12 mos
- Tolerability: no systemic side effects (vs. meds), no long-term side effects
- Feasibility: non-invasive, no sedation or hospitalization (vs. ECT)

Cons:

- Time commitment: daily sessions (5-30 min), 5 days/wk, 6 wks
- Approx. 35% report temporary pain or discomfort at coil site during initial treatment (*resolves after 1 week*)
- 0.1% risk of seizure per patient (vs. tricyclic antidepressants 0.4-2%, bupropion 0.4%, SSRI's 0.1-.0.3%, SNRI's 0.2-0.3%, atypical antipsychotics 0.4-0.9%)

Insurance we accept for TMS: BCBS, MODA, Pacificsource, Samaritan, First Choice Health, Aetna, Tricare/Triwest, Providence, United, Optum, Kaiser Added Choice

Self-Pay: We offer payment plans up to 6 mos for folks not covered by insurance. We also include low frequency stimulation for anxiety (if indicated) at *no extra charge*. Additionally, we offer hardship scholarships based on income and need (application required).

Mindfulness+TMS focus: We have partnered with Amy Hollaran-Steiner, LCSW and experienced MBSR Trainer, to create a mindfulness program specifically tailored for our TMS patients! Our mindfulness program utilizes Amy's MBSR-based workbook with education/practice tailored to each week of TMS, and online access to Amy's youtube channel with guided meditations, instruction, education, etc. Additionally, we utilize Headspace and provide our patients with a free annual Headspace membership.

Who is a good candidate?: Depression of all types responds to TMS. Anxiety disorders also respond well. Research has shown improvement in addictive/compulsive behaviors, PTSD, ADHD, and other symptoms but more research is needed. *At this time insurance will only cover TMS for MDD, Depression with Anxiety, and OCD.*

Who is not a good candidate?:

- active heavy substance abuse (including heavy ETOH or heavy cannabis use)
- poor med compliance
- dysregulated/severe personality disorder
- someone who can't commit to the daily schedule or has barriers like unreliable transportation or lives far away
- any of the contraindications above

How to refer: Traci is our TMS Coordinator. *Please call Traci at our main number (503) 379-0208 for referrals or fax information to our secure fax line (503) 662-6068 and we'll take it from there.*

FYI: You can tell your patients to expect a call from one of our staff to clarify any clinical details, discuss TMS, discuss insurance coverage/finances (we check each patient's specific benefits and provide a written breakdown so there are no surprises), meet with one of our TMS clinicians, and answer all questions. From that point, we submit for prior authorization, TMS is usually approved within a week. We will then call to schedule.