



TMS at Bedford Counseling Associates

A Program of The Mental Health Center of Greater Manchester

2 Wall Street, 3rd Floor
Manchester, NH 03101

TRANSCRANIAL MAGNETIC STIMULATION (TMS) Guidelines for Referring Community Providers

We are pleased to provide Transcranial Magnetic Stimulation (TMS) services at The Mental Health Center of Greater Manchester (MHCGM) in our Bedford Counseling Associates office. FDA has approved TMS for people suffering from treatment resistant depression.

Medically agreed upon definition of treatment resistant depression or treatment refractory depression is when a patient continues to suffer with severe depressive symptoms (corresponds to PHQ-9 score of ≥ 17) after a trial of at least 2 antidepressants, belonging to two different classes, on adequate doses and for adequate duration, and/or psychotherapy. TMS requires a diagnosis of MDD, recurrent, severe, without or with psychotic features (F33.2, F33.3).

1. Referring prescriber responsibilities/checklist:

- A. Fax the following to (603) 641-6910
 - a. Demographic information to include insurance information.
 - b. Provide results of PHQ9 screening (score of 17 or higher required for referral).
 - c. Last progress note, and any information pertaining to failed antidepressant medication trials and psychotherapy history if available
- B. **Important:** Advise patient to prepare a list of **ALL** of their current Medical Providers, specialty and contact information.

2. What are the contraindications and cautions for TMS?

- A. Absolute Contraindications: Ferromagnetic objects (containing iron) and implanted electronic devices within 12 inches of the site of stimulation. Examples include (but are not limited to) cochlear implants, aneurysm, clips/coils, ferromagnetic tattoo ink, shunts, stents, bullet fragments, vagal nerve stimulators, spinal cord stimulators etc.
- B. Relative contraindications: Devices placed beyond 12 inches from the coil, and reviewed on a case by case basis. The TMS team will seek medical clearance, when needed from a patient's neurologist or other specialists.

3. Steps after receiving TMS Referral: (for you and your patient's information)

- A. After referral is received, we will do a preliminary review of insurance before referral is accepted.
- B. After referral acceptance, MHCGM will call the patient to schedule:
 - a. a required office visit to our office at 2 Wall Street, Suite 300, Manchester NH 03101
 - b. a virtual or in-person TMS assessment.
 - c. For the office visit, patients will be asked to sign Release of Information forms (for treatment coordination and medical clearance, if needed) to the providers on their list; and receive a TMS information brochure and TMS Consent Form to review prior to TMS MD appointment.
- C. TMS Assessment: TMS team will do TMS safety assessment, coordinate with patient's providers, obtain documentation of past TMS or ECT (if applicable), and medical clearance (if applicable).
- D. Upon TMS MD approval, TMS team will submit these documents for insurance authorization.
- E. Referring Provider will be informed of the insurance outcome.

Thank you for your review of this information and referring patients who may benefit from our TMS Services.

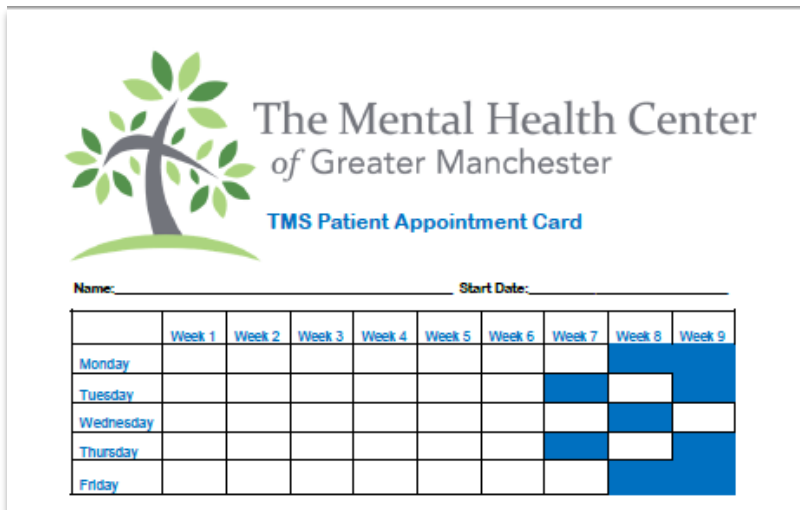
Additional TMS Information:

1. How to counsel and educate patients for TMS?

- A. **Site:** TMS is delivered about 5 cm anterolateral, on the left side of vertex [left dorsolateral prefrontal cortex (DLPFC) region]. The magnetic field reaches around 1 centimeter deep from the coil. There are two proposed mechanisms of action:
- TMS increases metabolism in Frontal Cortex: Frontal cortex is involved in executive functioning. In patients with MDD, lower metabolism in frontal cortex has been observed and TMS has shown to increase it.
 - By decreasing Default Mode Network activity: There is a network of brain nodes that is called Default Mode Network (DMN). DMN is active when we are awake and sitting idle, but not sleeping. In patients with depression, this network is observed to be more active which correlates with patients having negative thoughts and guilt. TMS decreases DMN activity.
- B. **Response Rate:** We will do depression and anxiety symptom severity assessments prior to TMS treatment and weekly thereafter to track response. TMS has been shown to decrease depressive symptoms in almost 80% of patients with treatment resistant depression. The effects usually last at least a year. If patient experiences improvement after 1st course of TMS treatment and depressive symptoms reappear later, TMS can be administered again. The time it takes for the patient to feel improvement is variable, from within a few sessions to after a few weeks. In some cases, benefits are not experienced until the last few sessions in the series, at which point, it is a standard practice to seek insurance authorization for 10 extra sessions. Referring provider will be provided a summary of treatment sessions and patient response at the conclusion of treatment.
- C. **Common side-effects:**
- Stimulation site discomfort or pain is the most common complaint. This is because TMS is a novel stimulus and stimulates scalp muscles. The discomfort is mild and improves within a day or first few days of treatment. To minimize this, we develop an individualized titration protocol per patient's tolerability.
 - Seizure risk: TMS can lead to a seizure episode in 0.1 to 0.5 percent of patients. Seizures that occur are self-limited, require no medications, do not recur and have not been reported to lead to seizure disorder. Risk factor/s are history of epilepsy, neurologic disorders, certain medications, substance use, and sleep deprivation.
 - TMS team can also provide Work/School Accommodation Letter if requested by the patient.

2. What is the time commitment needed for treatment with TMS?

A series of TMS treatment consists of 36 sessions. Each treatment session is about 20-minutes long. Treatment sessions are given 5 days a week for the first 6 weeks (30 sessions), then 6 sessions (3, 2, and 1 treatment/week) over 3 weeks. Hence, a complete TMS treatment takes about 9 weeks. While it is acceptable to miss a day or 1/two but inability to remain consistent can limit the efficacy of TMS.



The Mental Health Center
of Greater Manchester
TMS Patient Appointment Card

Name: _____ Start Date: _____

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									