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A Naturalistic Study Comparing Uni- and Bi-lateral Theta Burst Stimulation in Major Depression

Location: The Royal's Institute of Mental Health Research

Sara Tremblay, PhD, Neuromodulation Lab Lisa McMurray, MD, Geriatric Psychiatry

The Neuromodulation Unit is looking for participants to take part in a research study. The study aims to compare the efficacy of a novel short repetitive transcranial magnetic stimulation (rTMS) treatment in major depressive episodes, when applied to one or both sides of the brain.

We are seeking participants for our investigational clinical study in patients with treatment-resistant major depressive disorder.

Please note that all referrals are not automatically accepted. Patients will be contacted by telephone and prescreened for eligibility and may be scheduled for a screening visit to establish if they are eligible to participate in this study. For patients who are enrolled in the study, psychiatrist consultations will be provided and a treatment plan will be submitted to the referring physician.

If your patient suffers from a major depressive episode and you would like them to be assessed for our current study, please complete the attached referral form and fax to 613-761-3610 If you have any further questions, please find contact information on the attached form.

Sincerely,

Sara Tremblay, PhD, Study Investigator Neuromodulation Lab

Version 2, 26-08-2019

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Below is a checklist for the consultant to complete:

Inclusion criteria (male or female, must be over 18 years of age). All criteria must be met

Primary or predominant diagnosis of major depressive episode without psychotic features

Depressive symptoms have not improved after \geq 1 but \leq 7 adequate dose of antidepressant trial in the current depressive episode

Exclusion criteria (if one exclusion is checked, the subject is not eligible)	\checkmark
Current or past (< 3 months) substance (excluding caffeine or nicotine) or alcohol abuse/dependence, as defined in DSM-5 criteria	
Acute suicidality or threat to life from self-neglect	
Are pregnant or breastfeeding, or thinking of becoming pregnant during course of treatment	
Have a specific contraindication for TMS (e.g., personal history of epilepsy or seizure, metallic head implant, pacemaker)	

Note: This is not a complete list of inclusion/exclusion criteria. All criteria will be assessed prior to participation in the study. If interested, participants have to agree that their primary physician is informed.

For more information about the study, please contact Abir Gebara at 613-722-6521 ext. 6058

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PHYSICIAN REFERRAL FOR rTMS TREATMENT

Date of	f Referral:		_				
Patient	's Name:	First	Middle		La	Last	
E-mail:			Health Card:				
Teleph	one Number:	Home: ()		Мо	bile: ()		
Sex:	Female 🗆	Male 🗆	Other 🗆	D.O.B.: _	DD-MMM-YYYY		
		MED	DICAL INFO	RMATION	I		
Has the	Has the patient received TMS treatment in the past? Yes \Box No \Box						
	If yes, please	indicate <u>time a</u>	ond duration o	of treatment.			
Is the patient taking benzodiazepines?			s?	Ye	s 🗆 No 🗆		
	If yes, please	indicate name	and dose:				

REFERRING PHYSICIAN INFORMATION

Name:					
	First	Middle		Last	
Business Number: ()		Physician #			
				For OHIP billing	
Physician Sig	gnature:	 Patient Signature:			
				Version 2, 26-08-2019	
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