

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

Location: The Royal's Institute of Mental Health Research

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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 613-798-2973. If you have any further questions, please find contact information on the attached form.

Sincerely,



Sara Tremblay, PhD, Study Investigator
Neuromodulation Lab

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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). <i>All criteria must be met</i>	√
Primary or predominant diagnosis of major depressive episode without psychotic features	
Depressive symptoms have not improved after ≥ 1 but ≤ 7 adequate dose of antidepressant trial in the current depressive episode	

Exclusion criteria (if one exclusion is checked, the subject is not eligible)	√
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 Referral: _____

Patient's Name: _____
First Middle Last

E-mail: _____ Health Card: _____

Telephone Number: Home: (____) _____ Mobile: (____) _____

Sex: Female Male Other D.O.B.: _____
DD-MM-YYYY

MEDICAL INFORMATION

Has the patient received TMS treatment in the past? Yes No

If yes, please indicate time and duration of treatment: _____

Is the patient taking benzodiazepines? Yes No

If yes, please indicate name and dose: _____

REFERRING PHYSICIAN INFORMATION

Name: _____
First Middle Last

Business Number: (____) _____ Physician #: _____
For OHIP/RAMQ billing

Physician Signature: _____ Patient Signature: _____

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