



BrainsWay Deep TMS offers new hope for **MDD** and **OCD**

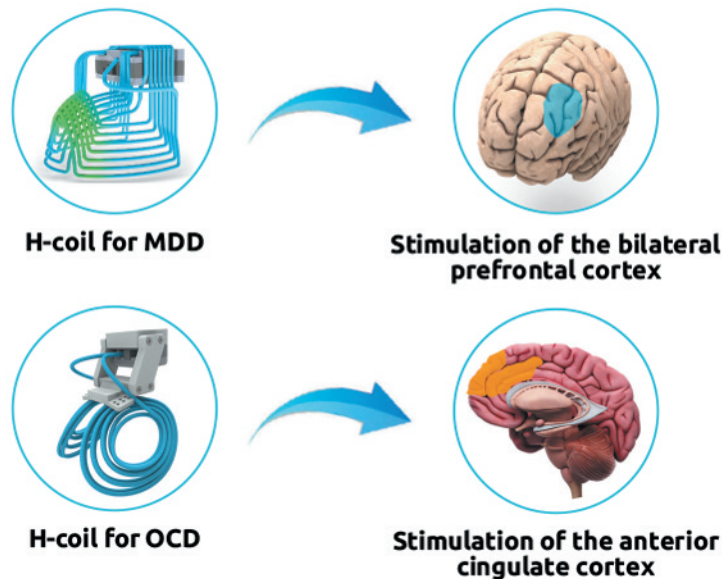


What is Deep-TMS?

BrainsWay Deep Transcranial Magnetic Stimulation is a non-invasive, FDA-Cleared, outpatient treatment for depression and OCD with proven clinical results.

The technology was designed to stimulate neuronal targets using its patented H-coils, resulting in a deep and broad penetration of the magnetic field into areas of the brain that are affected in neuropsychiatric disorders.

Covered by most insurers for MDD, TMS is well-tolerated, with no systemic side effects and does not require anesthesia. If you have patients in your practice with treatment-resistant depression or OCD, **consider referring for Deep TMS.**



Why BrainsWay can be a good option for your patients?

Patients with severe MDD or OCD symptoms don't always respond sufficiently to evidence-based psychological treatments

- Recurrent MDD episodes, as well as negative expectations about MDD treatment, have been shown to be associated with reduced outcomes for psychotherapy^{1,2}
- Studies demonstrate that severity of OCD is a reliable predictor of non-response to comprehensive cognitive therapy^{3,4}

Patients often fail to respond sufficiently to medications

- 33% of MDD patients are resistant to any medication. 52% fail to respond to 1st line therapy⁵ (STAR*D results)
- Approximately 50% of OCD patients are resistant to current first-line treatment methods, including SSRI medications⁶

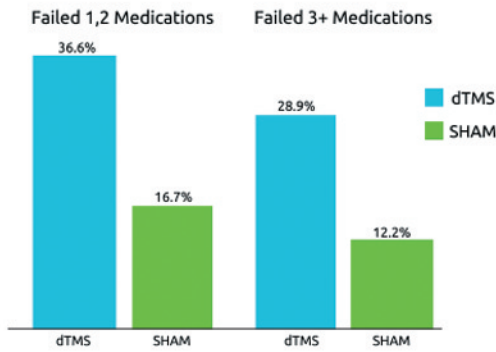
Patients often discontinue medication due to serious side effects

- Antidepressant medication frequently produces side effects, such as weight gain, sexual dysfunction, suicidal thoughts, nausea, insomnia and anxiety

BrainsWay - Treatment for Depression

In a large scale double-blinded multicenter RCT¹

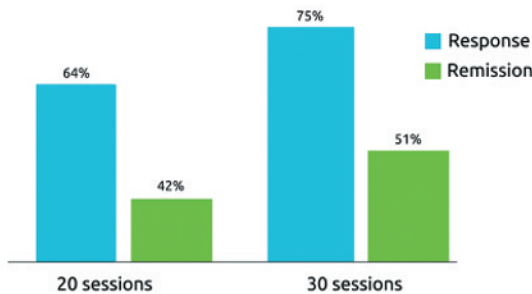
>1 in 3 patients achieved remission after 4 weeks



- No systemic side effects
- Low discontinuation rate of 8.1%
- 44% achieved response after the full 16-weeks course of treatment

The remission rate is even higher in real life practice setting²

>1 in 2 patients³ achieved remission



1. Levkovitz Y, et al. World Psychiatry 2015; 14:64-73

2. BrainsWay Ltd. Data on file.

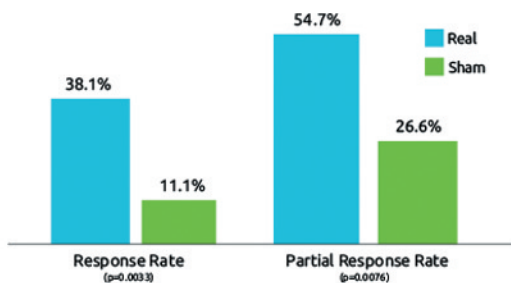
3. Patients who completed a treatment course of 30 sessions.

BrainsWay - Treatment for Obsessive-Compulsive Disorder

A Large-scale, double-blinded multicenter RCT demonstrates efficacy and safety

>1 in 3 patients achieved 30% reduction in Y-BOCS

>1 in 2 patients achieved over 20% reduction in Y-BOCS

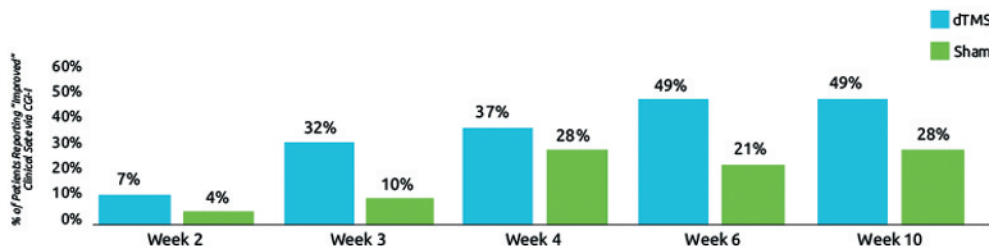


- Number Needed to Treat (NNT) of 3.7 after 6 weeks of treatment
- Low drop-out rate of 10.6%

- Patients remained on existing maintenance CBT and SSR medications.

- Treatment consists of 5 sessions per week for 6 weeks, with a tailored provocation protocol during each session.

> Improved CGI-I score maintained at week 10





BrainsWay

Find a BrainsWay
provider near you



BrainsWay Deep TMS Indications:

BrainsWay Deep TMS is indicated by the FDA for the treatment of depressive episodes in adult patients suffering from Major Depressive Disorder, who failed to achieve satisfactory improvement from previous anti-depressant medication treatment in the current episode. FDA 510(k) No. K122288.

BrainsWay Deep TMS is also indicated by the FDA as an intended adjunct treatment for adult patients suffering from Obsessive-Compulsive Disorder (OCD). FDA De Novo No. DEN170078.

Safety Information:

Patients should consult with their doctor before undergoing Deep TMS. The most common side-effects include headaches and application site pain or discomfort. There is also a very rare risk of seizure associated with the treatment. Patients with metal in or around the head, such as in metal plates, implants and stents, should not undergo Deep TMS treatment.

1. Carter, J.D., et al. Patient predictors of response to cognitive behaviour therapy and interpersonal psychotherapy in a randomised clinical trial for depression. *Journal of Affective Disorders*. 128 (2011) 252-261.
2. Carter, J.D., et al. Patient predictors of response to cognitive behaviour therapy and schema therapy for depression. *Australian & New Zealand Journal of Psychiatry*. 52 (2018) 887-897.
3. Steketee, G., et al. Predictors of treatment outcome in modular cognitive therapy for obsessive-compulsive disorder. *Depression and Anxiety*. 28 (2011) 333-341.
4. Kyrios, M., et al. Predictors of response to cognitive behaviour therapy for obsessive-compulsive disorder. *International Journal of Clinical and Health Psychology*. 15 (2015) 181-190.
5. Rush AJ, et al. Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR*D report. *Am J Psychiatry*. 163 (2006) 1905-17.
6. Kellner, M. Drug Treatment of obsessive-compulsive disorder. *Dialogues Clin Neurosci*. 2010 Jun; 12(2): 187-197.

Contact us: www.brainsway.com / contact@brainsway-usa.com / (844) 386 7001