

CONCLUSION: Sustained and clinically meaningful TD improvements were observed with VBZ, regardless of primary psychiatric diagnosis. VBZ was generally well tolerated and no notable changes in psychiatric status were observed.

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Failure to Do Maintenance Therapy After Completion of Transcranial Magnetic Stimulation Treatment Is a Cause of Relapse of Depression in MDD Patient

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ABSTRACT: Objective: The purpose of this case report is to provide information regarding the importance and effectiveness of monthly maintenance therapy (if required) after completing full course of 36 TMS (Transcranial magnetic stimulation) sessions. (Most patients do not require the maintenance after full course of treatment.)

This is the first study to evaluate the cause of relapse of depression after TMS treatment can be due to failure to do maintenance therapy, no related studies are found in the literature.

METHOD: The participant is a 57-year-old female with chronic history of treatment resistant MDD since her teenage years. She has been treated 3 times with full course of TMS treatment in 2 years with excellent results, and she went in remission from depression after every treatment. However, due to lack of her attendance for maintenance therapy, despite suggestions by the psychiatrist, her depression relapsed each time within 2–3 months. She was unable to follow-up with maintenance therapy due to her financial situation and lack of coverage of maintenance therapy cost through insurance.

RESULT: Patient was monitored from initiation of therapy each day until end with clinical rating scale PHQ9 & GAD7 for depression & anxiety (in all 3 therapies in 2 years). Marked improvement was observed in her symptoms as shown with range during 3 therapies in the chart below. During each therapy, her remission started anytime from 10th–14th treatment and after

completion of treatment, she was in remission, fully functional & back to normal life.

Clinical rating	Baseline score in 3 therapies (Before TMS treatment)	Outcome score in 3 therapies (End of 36 TMS Treatments)
PHQ-9	Range: 18-26	Range: 5-9
GAD-7	Range: 14-21	Range: 6-7

CONCLUSION: Regardless of the limitations of the study (such as case study on one patient), our findings highly suggest that lack of maintenance therapy when needed after completing TMS treatment with full remission may be a cause of relapse of depression in MDD patients. Following through with proper maintenance therapy will prevent relapse of MDD and may have lead to more successful outcomes in subsequent patients. Randomized clinical trial is warranted on large patient population for further evaluation.

REFERENCE:

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Misdiagnosis as a Cause of Treatment Failure in Repetitive Transcranial Magnetic Stimulation Therapy (rTMS) for MDD

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BACKGROUND AND OBJECTIVE: Research suggests that repetitive Transcranial Magnetic Stimulation (rTMS) is effective, safe, and proven treatment option for patients with treatment resistant major depressive disorder (MDD). Success rate is high, around 65–70% nationwide. Around 30% patients are still not responding to the treatment. Objective of this study is to evaluate the cause of treatment failure or non-responsiveness of TMS treatment despite high efficacy of the therapy. This is the first study to evaluate the cause of treatment failure of TMS therapy.

METHOD: Retrospective, 16 months, post-TMS treatment, Clinical rating scales PHQ-9 and GAD-7.

68 patients who got treatment over 16 months were included in the study, inclusion criteria for this study