

## WHAT IS TMS?

Transcranial magnetic stimulation (“TMS”) is a safe, long-lasting, proven-effective treatment option for depression that uses magnetic currents to stimulate neurons of the brain. These neurons are located in areas of the brain believed to control mood regulation.


TMS is an outpatient procedure with no anesthesia required, and the patient is able to return to normal activity immediately after treatment. The treatment lasts only 19 minutes, and most patients report no side effects.

Our practice is conveniently located in Midtown East, Manhattan.



TMS is FDA-approved for the treatment of depression since 2008.

## Ready to start healing?

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## About our psychiatrist DR. DAVID WOO, M.D.



Dr. David Woo is certified in Psychiatry and Geriatric Psychiatry by the American Board of Psychiatry and Neurology. He has been seeing patients in private practice since 2002, and has undergone extensive training and certification to administer the TMS procedure in his practice using the Neurostar TMS Therapy system.



## MADISON AVENUE TMS & PSYCHIATRY

## THERE IS A WAY FORWARD FROM TREATMENT-RESISTANT DEPRESSION.



Beat depression with transcranial magnetic stimulation.

-  Effective
-  Lasting
-  Non-invasive
-  Low potential for side effects

 515 Madison Ave.  
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## WHO IS TMS FOR?

TMS is recommended for patients with treatment-resistant depression, meaning for patients who have not responded to treatment with multiple antidepressants.

TMS is ideal for patients who:

- Have tried various rounds of different medications and psychotherapy with no relief from their symptoms
- Wish to avoid the side effects of medication, such as sexual dysfunction and weight gain
- Are planning to become pregnant
- Do not have a seizure disorder or a history of seizures
- Do not have any metal implant within the head



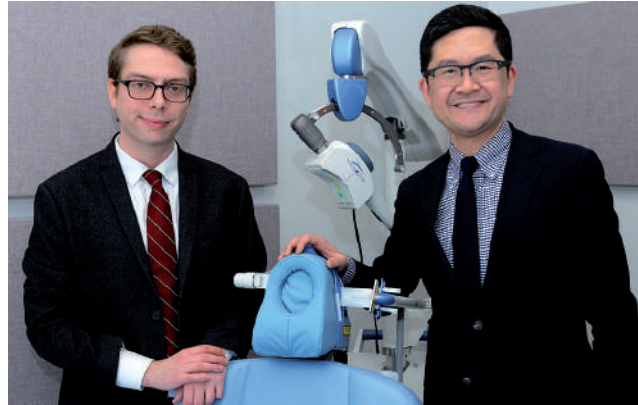
## Are you a candidate for TMS?

Take our online quiz and find out.  
[www.madisonavetms.com/quiz](http://www.madisonavetms.com/quiz)

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## Insurance coverage

TMS treatment is covered by Medicare. We may be able to negotiate in-network coverage with private insurance plans. Self-payment plans are also available.



## TMS vs. Electroconvulsive therapy: Is TMS the same as ECT?

No. Electroconvulsive therapy (or ECT, formerly called “electroshock therapy”) is a more invasive procedure, administered in a hospital under anesthesia. While ECT may have a significant recovery time and cause side effects like memory loss, TMS requires no hospital stay or recovery time, and patients report few to no side effects.

## DOES TMS WORK?

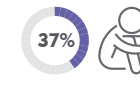
TMS has been proven effective in a number of clinical studies.



**30 trials** with over 2,000 patients showed TMS to be effective in the treatment of depression.<sup>1</sup>



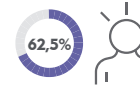
In one study, **58%** of people treated with TMS experienced significant improvement.<sup>2</sup>



**37%** of people treated with TMS **no longer experienced symptoms of depression.**<sup>2</sup>



People treated with TMS were **2-4 times more likely** to no longer experience symptoms of depression than people treated with antidepressants alone.<sup>3</sup>



**62.5%** of people treated with TMS who experienced relief **continued to show improvement after 1 year.**<sup>4</sup>

Sources:

1. Demitrack, Mark. “Transcranial Magnetic Stimulation for the Treatment of Major Depression. Clinical, Economic, and Practical Issues, Part II. Psychopharm Review, 2010;45(8):57-66
2. Carpenter LL et al. Transcranial Magnetic Stimulation (TMS) for major depression: a multisite, naturalistic observational study of acute treatment outcomes in clinical practice. Depression and Anxiety. 2012;29(7):587-596.
3. George MS et al. Daily Left Prefrontal Transcranial Magnetic Stimulation Therapy for Major Depressive Disorder. Arch Gen Psychiatry. 2010;67(5):507-16.
4. Dunner DL et al. A multisite, naturalistic, observational study of transcranial magnetic stimulation for patients with pharmacoresistant major depressive disorder: durability of benefit over a 1-year follow-up period. J Clin Psychiatry. 2014;75(12):1394-401.

