BrainsWay Deep TMS™ for Anxious Depression



The only TMS system FDA-cleared to reduce comorbid anxiety symptoms in adult patients with depression.

Anxiety is Frequently Diagnosed in Conjunction with Depression, and Can be Challenging to Address with Traditional Treatment Options

- ➤ 60-90% of patients with depression have moderate to severe anxiety.
- Higher medication dosages and more aggressive schedules are often used for anxious depression, resulting in increased incidence of side effects.
- Patients with anxious depression often do not experience sustained improvement after initial treatment success.



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BrainsWay Deep TMS Addresses Depression and Comorbid Anxiety in the Same Treatment

Deep TMS has significant advantages that address the limitations of existing treatments for anxious depression.

- Clinically proven to help many patients who do not respond to medication or psychotherapy.
- Has none of the systemic side effects associated with high doses of antidepressant and anxiety medication.
- May offer a reduced time course to respond than typical medication.

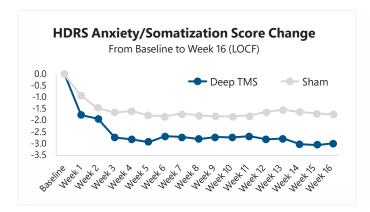
Deep TMS Treatment Stimulates Both Dysphoric and Anxiosomatic Brain Sites Using the H1 Coil

Treatment is designed to modulate the neural activity of brain sites related to depression and anxiety in the dorsolateral prefrontal cortex (DLPFC).

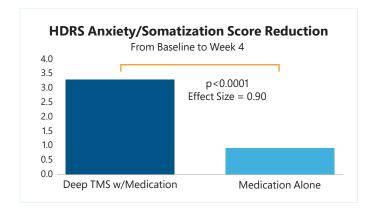


Data Across 11 Studies, Including Randomized Controlled Trials and Open-Label Studies, Demonstrates the Efficacy of Deep TMS in Reducing Anxiety Symptoms in Depressed Patients

In a multicenter, sham-controlled study, patients experienced a 40% reduction in anxiety symptoms when treated with Deep TMS for depression.



In an independent head-to-head study of depressed adults, Deep TMS outperformed traditional TMS and medication alone in addressing comorbid anxiety systems.



Comparison of the H1 Coil group with the Figure-8 treatment group indicated a significant difference in reducing anxiety symptoms in favor of the H1 Coil (p=0.042).



Deep TMS's Unique Ability to Treat Depression and Comorbid Anxiety in a Single Protocol Enables You to Attract New Patients in Your Community

BrainsWay's Practice Development Consultants work closely with you to build data-driven patient lead strategies and optimize practice workflow, helping ensure a strong return-on-investment.

Learn more about offering Deep TMS treatment for Anxious Depression in your practice

- ✓ SPEAK with a BrainsWay representative
- SCAN the OR code for more information
- ✓ **VISIT** the Knowledge Center at www.brainsway.com
- CALL us at 844-386-7001
- ✓ EMAIL us at DeepTMS@brainsway.com



INDICATION: BrainsWay Deep TMS is indicated by the FDA for the treatment of depressive episodes and for decreasing Anxiety symptoms for those who may exhibit comorbid anxiety symptoms in adult patients suffering from MDD and who failed to achieve satisfactory improvement from previous antidepressant medication treatment in the current episode. FDA 510(k) No. K122288. No. K210201

SAFETY INFORMATION: Patients should consult with their doctor before undergoing BrainsWay 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 as in metal plates, implants, and stents should not undergo Deep TMS treatment.

Kaufman J, Charney D. Comorbidity of mood and anxiety disorders. Depress Anxiety. 2000;12 Suppl 1:69-76

Dold M, et al. Clinical characteristics and treatment outcomes of patients with major depressive disorder and comorbid anxiety disorders—results from a European multicenter study. J Psychiatr Res. 2017 Aug; 91:1-13.

Levkovitz Y, et al. Efficacy and safety of deep transcranial magnetic stimulation for major depression: a prospective multicenter randomized controlled trial. World Psychiatry. 2015 Feb;14(1):64-73

Filipčić I et al. (2019) Efficacy of repetitive transcranial magnetic stimulation using a figure-8-coil or an H1-Coil in treatment of major depressive disorder; A randomized clinical trial. Journal of Psychiatric Research 114: 113-119

