

Depression therapy has magnetic appeal across Minnesota

July 1 2024, by Jeremy Olson, Star Tribune



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A magnetic therapy for persistent depression is in such demand in the

Twin Cities that Allina Health has doubled its capacity with the opening of a new mental health center in Fridley, Minnesota.

While [antidepressant medications](#) and talk therapy are still the first options, Allina psychiatrist Dr. Bennett Poss said alternatives are needed for the growing share of patients who aren't helped by those treatments alone. Transcranial magnetic stimulation has been an option in the U.S. for 15 years, but it emerged in the post-pandemic era as more people sought [depression treatment](#) and more research validated its potential.

"Evidence-wise, it's one of those things that has actually panned out better or at least as advertised," said Poss, who provides TMS at Allina's Abbott Northwestern Hospital in Minneapolis. "There are so many things that look good in clinical trials and then they make it to patient care and they're not so good."

TMS involves magnetic coils that are placed on the scalp for around 30 minutes and direct pulses into the brain, usually at a golf-ball-sized target on the front left side that regulates mood. After one to two months of five-day-a-week treatments, about half of patients report some benefit and a third see remission of depressive symptoms, studies have shown.

Poss likened it to lifting weights or running, and he said that it stimulates a part of the brain that is underutilized in people with depression.

"We put it into use more than you would otherwise, and over time it causes some of the same changes you would actually see with exercise" to the body, he said.

More than 23% of Minnesota adults reported in 2022 that they had depression at some point, an increase from 15% in 2011, according to survey data from the Centers for Disease Control and Prevention. Minnesota in that time span went from below the national average to at

or slightly above it.

TMS is only recommended for a fraction of those patients who have been diagnosed with [major depressive disorder](#), which is marked by severe and prolonged sadness and hopelessness. But clinicians said that is being diagnosed more as well.

"The cool thing about (TMS) is once people have received the treatment, and if they respond to it, they don't have to continue it, necessarily. So it's distinct in some ways from medication," said Dr. Sophia Albott, who heads the University of Minnesota's division of adult mental health.

The treatment has roots at the University of Minnesota, where Dr. Ziad Nahas was involved in [clinical trials](#) that persuaded the U.S. Food and Drug Administration to approve it in 2008 as a treatment for major depression in adults.

Albott said the magnetic therapy was originally limited to patients who had tried therapy and had no success, or had [severe side effects](#), with at least four antidepressant drugs. The federal Medicare program recently expanded its coverage so that patients only had to try two drugs before being eligible for TMS, which partly explains the recent growth in Minnesota.

Coverage in Minnesota varies by insurance plan and employer. HealthPartners generally uses prior authorization in its plans to make sure patients have tried other treatments first, but Medica does not use that restriction.

Albott said she hopes it becomes more of a first-line therapy, though its time commitment will remain a barrier along with the roughly \$10,000 cost shared between patients and insurers. Recent research has tried to predict which patients respond best to TMS, whether it substantially

increases interest in daily life and reduces suicidal impulses, and whether it can be expanded for use by adolescents and for neurological conditions such as stroke.

The treatment already has been approved for smoking and obsessive compulsive disorder, and some researchers believe it can treat the ear-ringing condition known as tinnitus, which also reportedly increased during the COVID-19 pandemic.

Becky Steffens, 39, of Coon Rapids, didn't believe it would work, not after 15 years of dealing with depressive symptoms. Success at the University of Minnesota's clinic for treatment-resistant depression came when her doctors switched sides and directed magnetic pulses into the right side of her brain. Research has found that some patients need stimulation on that side to regulate a different portion of the brain that fuels negative thoughts.

Treatment wasn't easy because it disrupted work and was noisy and uncomfortable, she said. "It's like a little bird is pecking on the same spot on your head over and over for like 50 minutes."

It also wasn't one-and-done success, as she needed two rounds and once-a-week maintenance treatments along with other depression therapies. But TMS gave Steffens several months of complete remission and reduced symptoms the rest of the time that allowed her to discover joys in life such as painting and volunteering.

"I'm able to have a baseline where I'm not necessarily, like, happy and joyful and everything is great," she said, "but I'm not sad and stuck. I feel like it's kind of a place where I'm able to have emotions, feel them and then come back to a baseline ... and not get stuck in those negative sticky thoughts."

Poss said there will be need for other treatments, including more extreme but highly effective electroconvulsive therapy that causes patients to go into seizures and "resets" their brains without depressive symptoms. But he said he is particularly optimistic about TMS now that it is gaining interest and access is expanding.

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Citation: Depression therapy has magnetic appeal across Minnesota (2024, July 1) retrieved 19 July 2024 from <https://medicalxpress.com/news/2024-07-depression-therapy-magnetic-appeal-minnesota.html>

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