BrainsWay Deep TMS™ for Obsessive-Compulsive Disorder



Obsessive-Compulsive Disorder (OCD)

The only TMS device with clinically proven efficacy for OCD backed by a double-blind, multicenter, sham-controlled trial and substantial post-marketing data.



Current Treatment Options for OCD are Limited and Often Ineffective

- Pharmacotherapy results in ≥30% improvement for only 40-60% of OCD patients, and approximately half of OCD patients cease medications due to side effects.[1]
- Nearly 80% of OCD patients remain symptomatic after psychotherapy.[2]

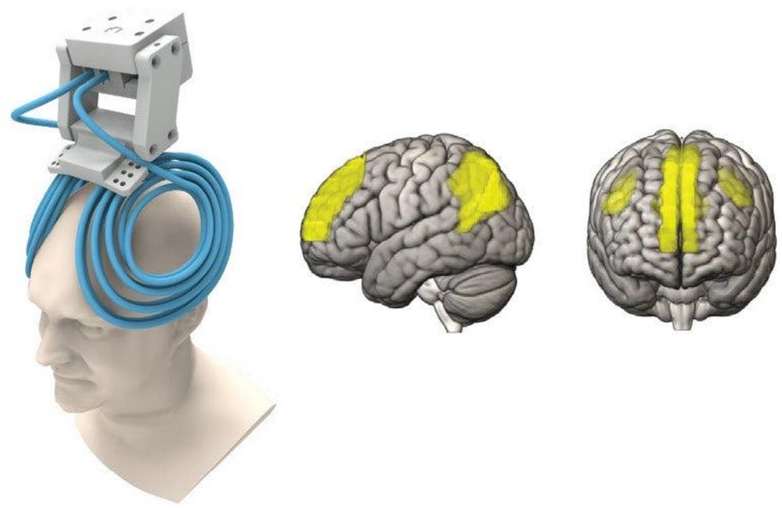
BrainsWay Deep TMS is an Innovative, Noninvasive Solution to Treat OCD

Deep TMS has significant advantages that address limitations of traditional OCD treatments.

- Clinically proven to help many patients who don't respond to one or more antidepressants and psychotherapy.
- Has none of the systemic side effects associated with medication.
- Can complement medication, incorporating personalized exposure therapy that activates associated brain structures for stimulation.

Deep TMS Treatment Utilizes the H7 Coil to Stimulate Brain Circuits Associated with OCD

- The H7 Coil targets the Default Mode Network, and is designed to regulate the CSTC circuit believed to be involved in inhibition of impulsive behavior. This includes the medial prefrontal cortex and cingulate cortex.



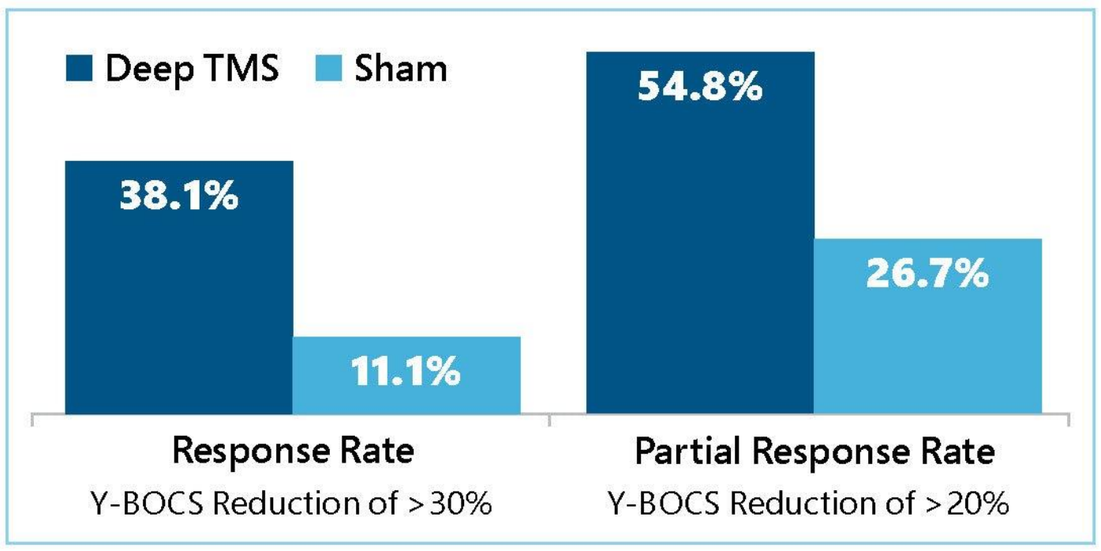
BrainsWay®

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Safety and Efficacy of BrainsWay Deep TMS for OCD has Been Demonstrated in a Large Scale, Double-Blinded, Multicenter Randomized Controlled Trial and Post-Marketing Analysis.

The pivotal study included adult patients with at least moderate OCD, nearly all of whom had failed to improve sufficiently with prior medication and/or psychotherapy trials.

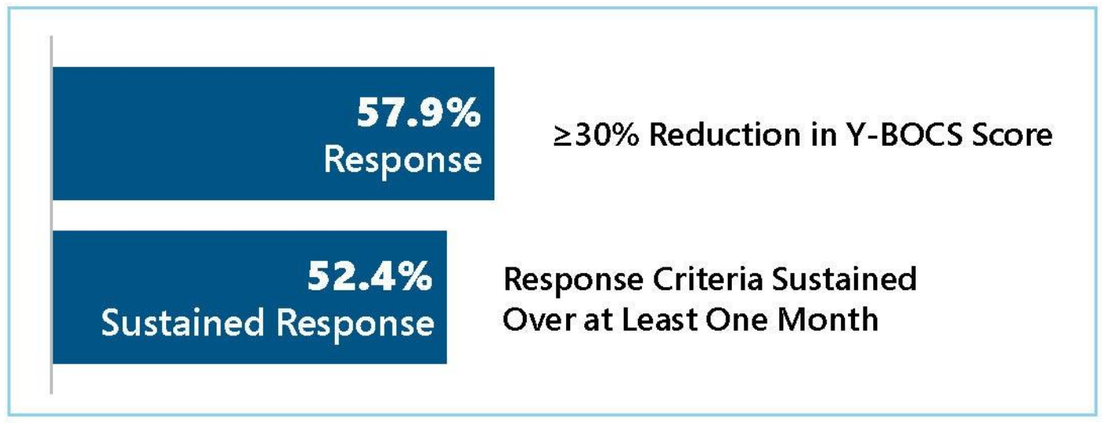
› **Greater than 1 in 3 patients achieved response** and **greater than 1 in 2 achieved partial response, indicating a meaningful reduction in symptoms**, after 6 weeks.[3]



› **Significant improvement was seen in a shorter period than typical medication protocols**, and was sustained through week 10.

In real clinical practice settings, the majority of treatment-resistant OCD patients have achieved meaningful symptom reduction.

› Among patients who completed a treatment course of 29 sessions in real clinical practice settings, **greater than 1 in 2 achieved a sustained response**.[4]



› No statistical difference was seen in adverse events between the Deep TMS and Sham groups and no seizures were observed.



Empower Your Patients to Take Control Over Their Obsessive Thoughts and Behaviors by Offering Deep TMS in Your Practice

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 OCD in your practice

☑ **SPEAK** with a **BrainsWay representative**

☑ **SCAN** the **QR code** for more information

☑ **VISIT** the Knowledge Center at **www.brainsway.com**

☑ **CALL** us at **844-386-7001**

☑ **EMAIL** us at **DeepTMS@brainsway.com**

SCAN ME

INDICATION: BrainsWay Deep TMS is indicated by the FDA as an intended adjunct treatment for adult patients suffering from Obsessive-Compulsive Disorder (OCD). FDA De Novo No. DEN170078 (Model 102) and FDA 510(k) No. K183303 (Model 104)

SAFETY INFORMATION: 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 such as in metal plates, implants, and stents should not undergo Deep TMS treatment.

REFERENCES:

[1] McDougle CJ, Goodman WK, Leckman JF, Price LH. The psychopharmacology of obsessive-compulsive disorder implications for treatment and pathogenesis. PsychiatrClinNorth Am. 1993;16:749–766

[2] Fisher, PL et al. People with obsessive-compulsive disorder often remain symptomatic following psychological treatment: A clinical significance analysis of manualized psychological interventions. J. of Affective Disorders, 1 October 2020, Pages 94-108

[3] Carmi L, et al. Efficacy and Safety of Deep Transcranial Magnetic Stimulation for Obsessive-Compulsive Disorder: A Prospective Multicenter Randomized Double-Blind Placebo-Controlled Trial. Am J Psychiatry 2019; 0:1–8;

[4] Roth Y, et al. Real-world efficacy of deep TMS for obsessive-compulsive disorder: Post-marketing data collected from twenty-two clinical sites. J Psychiatr Res. 2020 Nov 4;S0022-3956(20)31065-7

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