Patients With Depression Receiving NeuroStar TMS Therapy Treatment No Longer Need Antidepressant Medications

A new study in Brain Stimulation evaluated the efficacy of NeuroStar TMS Therapy as the sole maintenance therapy to prevent relapse of depression for patients who initially responded to NeuroStar TMS Therapy. The study examined efficacy over 1 year of once-monthly scheduled maintenance treatment with NeuroStar TMS Therapy, as compared to monthly observation, for the prevention of symptomatic worsening in patients not taking any medications who had shown a clinical response to acute treatment.

The study enrolled 67 patients with pharmacoresistant major depressive disorder who were treated with an acute course of NeuroStar TMS Therapy for 6 weeks. Forty-nine patients who completed the 6-week treatment were then randomized to either maintenance treatment with a single session given once every 4 weeks or to monthly observation with no additional NeuroStar TMS Therapy treatment. NeuroStar TMS reintroduction was available for symptomatic worsening for either group. All patients were maintained without antidepressant medications for the duration of the study. Of 49 randomized patients, 16 (32.7%) completed all 53 weeks. Although there was no statistical advantage of monthly maintenance treatment to observation alone, both groups yielded similar stability of outcome over time.

Relamorelin Significantly Improves Symptoms of Anorexia Nervosa

Motus presented results of clinical proof-of-concept data for relamorelin (RM-131), their ghrelin agonist, in anorexia nervosa.

The Phase 2 study was a randomized, double-blind, placebo-controlled trial comprising 22 female patients with anorexia nervosa treated with either placebo or relamorelin 100 mcg once daily for 4 weeks. The primary objective of the study was to evaluate the effect of relamorelin on gastric emptying time and weight. The trial also assessed safety and tolerability.

Analysis of the data indicates relamorelin administered once daily for 4 weeks significantly improved gastric emptying time and led to a trend in weight gain in patients with anorexia nervosa.

The study demonstrated that treatment-resistant patients with depression treated with NeuroStar TMS Therapy may maintain their clinical benefit with occasional reintroduction only, and do not require antidepressant medication. A secondary finding also revealed a high remission rate of 61.2% among patients from the acute treatment phase, prior to randomization.

These results suggest that long-term management for patients after initial treatment may require a sequenced approach—for example, observation at first, moving to maintenance NeuroStar TMS Therapy as a second stage, and maybe in combination with pharmaceuticals as a last step.


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