

Reflection on TMS and migraines by Dr Michael Dunne

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Repetitive Transcranial Magnetic Stimulation (rTMS) is a growing field which has a strong evidence base as an alternative or additive to medications in depression[1]. Generalised anxiety disorder, obsessive compulsive disorder[2] and post-traumatic stress disorder[3] also display positive outcomes in an expanding set of research data. rTMS has also been used in management of physical symptoms. Evidence is developing in chronic muscular and neuropathic pain[4], various pain syndromes, migraine and headache[5] among others. This is particularly exciting as it is such a well-tolerated treatment with minimal risks.

The late psychiatrist Dr John Rampono made the following quote during a presentation: “those who say the mind and the body are connected are wrong.” The initial reaction was confusion, until he followed with “the mind and the body are the same thing” – a concept I believe to be profoundly accurate. Modern research in medicine also suggests this to be true[6]. One such example is the effect of pain on psychological state and vice-versa. I currently work providing psychiatric care for patients admitted on medical and surgical wards, and in this context this is abundantly clear. Managing pain is extremely difficult if anxiety or depression are not managed. Depression and anxiety are unlikely to be adequately treated if pain is not well controlled. I believe treating each individual person in a holistic way rather than isolating and treating each symptom alone allows for more streamlined and effective outcomes.

A particular area of interest for me is migraines. These can be extremely debilitating for sufferers, and current preventative medications with blood pressure tablets and anti-epileptic medications have numerous side effects. As previously mentioned, migraines are an evolving area which has promising data for rTMS treatment^{4,[7]}. Migraines are 2-3x more likely in those with depression than those without, and depression can result in poor treatment outcomes in pain management in migraines[8]. Therefore given rTMS has been used to treat depression and migraines individually, I believe it is an exciting area to explore the effect in people who are suffering from both. With the Modalis team under the guidance of Dr Jaroslaw Hryniewicki psychiatrist we aim to assess outcomes on both depression symptoms and migraine symptoms in those undertaking rTMS treatment in order to expand the current literature in treating people as a holistic way. Treating the mind and the body, as one.

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