

There has been widespread interest in a recent study published by Cole et al. (6) using a novel accelerated, high-dose intermittent theta burst stimulation protocol for treatment-resistant depression, which they named the Stanford Accelerated Intelligent Neuromodulation Therapy, or SAINT. Neuro-imaging was used for targeting and placement of the coil on the patients' heads was performed prospectively and at the single-subject level.

Shorter stimulation protocols such as iTBS are now available to improve clinical efficiency. While exciting, the results should be considered preliminary as the authors point out resulting effect sizes cannot be considered reliable given the small sample size and the uncontrolled study design. The administration of all-day stimulation sessions certainly increases the possibility of a placebo effect. The field of brain stimulation, much like the rest of psychiatry, has often failed to replicate positive results under double-blind conditions. Thus, enthusiasm for these results must be tempered until we have results from a sufficiently powered randomized controlled trial. A larger study, with randomization to sham or active SAINT, is necessary to determine efficacy before it could be called an evidence-based, standard-of-care approach to treatment of depression. Additionally, neuroimaging expertise, with specific MRI protocols and data pre-processing and analysis pipelines, are resources required to perform individualized connectivity analysis and deliver MRI-navigated stimulation in SAINT, the way these researchers did. This is not easily available to the wider TMS community at this time. At the end of the SAINT week 86% were in remission (MADRS score < or equal to 10). One month following SAINT, 57% of the participants were in remission and 67% were responders. Therefore, additional data is required to assess durability of this TMS treatment protocol

At this time the SAINT protocol should be considered experimental and is not recommended for widespread community use.

*Approved by the CTMSS Board on 11.04.2020*