

March 9, 2021

To: President and Members of the Board, Royal Australian and New Zealand College of Psychiatrists

We note with considerable disquiet the most recent version of the [Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines \(CPG\) for the treatment of mood disorders published in the Australian and New Zealand Journal of Psychiatry](#) in January of this year. The content of the guidelines as they relate to the treatment of depression with repetitive transcranial magnetic stimulation (TMS) are inaccurate, misleading and inconsistent with both the scientific literature and the views of professional and regulatory bodies internationally. It is of grave concern to this organization and doubtless to TMS practitioners everywhere as well as the many patients who stand to benefit from this treatment, that the guidelines promulgated in Australia and New Zealand, where there is a long and distinguished history of development of this technology to the benefit of patients, are not in this instance evidence based and do not reflect the evolution of scientific evidence over time.

The specific issues with the way TMS has been presented in the guidelines are too extensive for us to detail in this letter. However, there are several critical points:

1. The current version of the CPG fails to make clear evidence-based recommendations in regards to the use of TMS therapy. We note that there were clear evidence-based recommendations in a prior version of the guidelines but these have been excluded on this occasion. We can see no rationale for this decision and it does not appear to be justified at any point within the CPG. The evidence base supporting the use of TMS as a treatment for patients with depression is substantial and clear. This evidence base has not lessened since the previous version of the CPG was written and if anything has been further bolstered in recent year by continued academic studies demonstrating the efficacy of TMS. We also have strong concerns that the literature used to support the conclusions of the TMS section is not comprehensive or sufficiently up-to-date.
2. Instead of evidence-based recommendations the guidelines make a number of consensus-based recommendations. These recommendations are not consistent with either current practice or the scientific evidence base. It seems extraordinarily unlikely to us that these consensus-based recommendations would have been developed by a process that involved substantial and representative consultation with experts in this field.
3. The guidelines essentially present TMS as an alternative treatment rather than a core part of the management of patients with mood disorders. This is an unjustifiable stance given the degree to which TMS is now being used widely in clinical practice around the world. It is clearly a mainstream therapy

that is typically provided in a manner that is integrated with other pharmacological and psychotherapeutic approaches.

4. The CPG appears to be quite imbalanced in the way in which TMS presented compared to other treatment options. The authors have written the TMS section as a critique in a manner which is inconsistent with how other forms of therapy have been described.

In conclusion, the 2020 version of the RANZCP CPG for mood disorders is substantially flawed in its representation of the treatment of depression with TMS treatment. We wholeheartedly support calls for the substantive revision of this section of the guidelines and would suggest that this needs to be undertaken in a manner that includes the involvement of individuals with substantial expertise in the field.

Additional Resources:

[Australian and New Zealand Journal of Psychiatry – The place of non-invasive brain stimulation in the RANZCP Clinical Practice Guidelines for Mood Disorders](#)

[The Clinical TMS Society Consensus Review and Treatment Recommendations for TMS Therapy for Major Depressive Disorder](#)

[Journal of Clinical Psychiatry](#)