

# How brain functioning affects the results of transcranial magnetic stimulation treatment

<b>Submission date</b> 22/08/2025	<b>Recruitment status</b> Recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 28/08/2025	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 09/09/2025	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

The symptoms of depression can be complex and vary widely between people. If you're depressed, you may feel sad, hopeless and lose interest in things you used to enjoy. Transcranial magnetic stimulation (TMS) is a noninvasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression. TMS is typically used when medication hasn't been effective.

This study aims to test whether a new TMS protocol, including individual imaging-based targeting, improves outcomes in depression.

### Who can participate?

Patients aged 18 to 67 years referred to the Helsinki University Central Hospital for rTMS for major depressive disorder (MDD)

### What does the study involve?

The study involves a 2-hour visit to Aalto University Advanced Magnetic Imaging Centre for magnetic resonance imaging (MRI). This is followed by a 1-2-hour meeting including definition of dose and possible targets for the treatment. A nurse uses a randomized list to select the protocol, and the participants and the researchers who evaluate the outcome will not know the method. TMS is delivered five times a week for up to 20 sessions and combined with brief cognitive tasks and questionnaires.

### What are the possible benefits and risks of participating?

Possible benefits of the study include improved outcomes of rTMS treatment and risks resemble those of usual TMS treatment, including uncomfortable stimulation site sensations and a small risk of seizure.

### Where is the study run from?

Helsinki University Central Hospital Department of Psychiatry (Finland)

### When is the study starting and how long is it expected to run for?

January 2023 to May 2028

Who is funding the study?

1. Research Council of Finland
2. Finnish government funding for health care research
3. Helsinki and Uusimaa Hospital District

Who is the main contact?

Dr Tuukka Raij, [tuukka.raij@hus.fi](mailto:tuukka.raij@hus.fi)

## Contact information

### Type(s)

Public, Scientific, Principal investigator

### Contact name

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## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### ClinicalTrials.gov (NCT)

Nil known

### Protocol serial number

7111

## Study information

### Scientific Title

Effect of cognition and target model optimization on outcome of Helsinki individual transcranial magnetic stimulation treatment

### Acronym

HIT3

### Study objectives

New protocol results in better outcome than regular transcranial magnetic stimulation (TMS)

### **Ethics approval required**

Ethics approval required

### **Ethics approval(s)**

approved 25/06/2025, HUS regional medical research ethics committee (HUS Keskuskirjaamo, Helsinki, PO Box 200, Finland; +358 (0)403594618; eettiset.toimikunnat@hus.fi), ref: HUS/12135/2022

### **Study design**

Interventional double-blind randomized controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment, Efficacy

### **Health condition(s) or problem(s) studied**

Major depressive disorder, resistant to at least two antidepressants

### **Interventions**

Participants are randomized 1:1 to receive transcranial magnetic theta burst stimulation with:

1. Regular theta burst protocol
2. New protocol including individually planned targeting

Each group is further divided 1:1 to a cognitive priming task or no task.

The research nurse who delivers treatment uses balanced lists for randomization, while researchers who evaluate the outcome and the patient remain blind to the treatment arm. Theta burst stimuli are delivered at 120% (or nearest tolerated) of motor threshold five times a week for 20 days.

### **Intervention Type**

Device

### **Phase**

Phase III

### **Drug/device/biological/vaccine name(s)**

Transcranial magnetic stimulation

### **Primary outcome(s)**

Severity of depression measured using the Montgomery Åsberg Depression Rating Scale (MADRS) rated before and within 2 weeks after treatment

### **Key secondary outcome(s)**

1. Functioning measured using the Social and Occupational Functioning Scale (SOFAS) before and within 2 weeks after treatment
2. Severity of depression measured using the self-evaluated Patient health questionnaire (PHQ-

- 9) before and within 2 weeks after treatment and 6 weeks after treatment
3. Remission defined as MADRS <11 within 2 weeks after treatment
4. Response defined as MADRS within 2 weeks after treatment >50 % less than MADRS before treatment

**Completion date**

31/05/2028

## Eligibility

**Key inclusion criteria**

1. Diagnosis of major depressive disorder (DSM-IV) as the principal diagnosis with Patient Health Questionnaire-9 score >14
2. Inability to tolerate antidepressant medication or unresponsiveness to minimum of 2 months trial with adequate dose of antidepressant
3. No change in antidepressive medication in 4 weeks prior to treatment

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Upper age limit**

67 years

**Sex**

All

**Key exclusion criteria**

1. Previous rTMS treatment
2. Borderline personality features exceeding 7 points in McLean Screening Instrument for Borderline Personality Disorder, or other somatic or psychiatric conditions that likely interfere with recovery from depression with TMS (an unstable medical illness, substantial neurological illness, chronic pain, psychotic disorder or current psychotic symptoms, substance abuse or dependency within last 3 months, >2 mg lorazepam equivalents benzodiazepine use daily or any anticonvulsant, or lifetime history of non-response to an adequate course - i.e., a minimum of eight treatments - of electroconvulsive therapy)
3. Patients with safety risks including active suicidality, pregnancy, magnetic metal or leads in the upper body, or history of seizures

**Date of first enrolment**

15/09/2025

**Date of final enrolment**

31/12/2027

## Locations

**Countries of recruitment**

Finland

**Study participating centre**

**Helsinki University Central Hospital Department of Psychiatry**

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PO Box 590

Helsinki

Finland

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## Sponsor information

**Organisation**

Hospital District of Helsinki and Uusimaa

**ROR**

<https://ror.org/020cpqb94>

## Funder(s)

**Funder type**

Government

**Funder Name**

Research Council of Finland

**Alternative Name(s)**

Academy of Finland, Suomen Akatemia, Finlands Akademi, AKA

**Funding Body Type**

Government organisation

**Funding Body Subtype**

Research institutes and centers

**Location**

Finland

### Funder Name

Helsinki and Uusimaa Hospital District

### Funder Name

Government of Finland

## Results and Publications

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available due to the need to protect privacy of the participants.

### IPD sharing plan summary

Not expected to be made available

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes