

# A study of the effect of transcranial magnetic stimulation on cerebellum vermis in treatment-resistant schizophrenia

<b>Submission date</b> 28/05/2020	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 08/06/2020	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 04/03/2022	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Schizophrenia is a common mental illness that can cause symptoms such as hearing voices and seeing visual hallucinations. Schizophrenia is a lifelong illness that often fails to respond to standard antipsychotic medications or is only partially responsive to the currently available medications. For treatment-resistant schizophrenia patients, there is an urgent need to develop new effective treatments.

Transcranial magnetic stimulation is a noninvasive procedure that uses a coil to generate magnetic fields to stimulate nerve cells in the brain. Evidence suggests that transcranial magnetic stimulation can reduce symptoms of schizophrenia, although trials to date have been limited to a small number of patients and the overall results have been mixed.

The cerebellum is a part of the brain that coordinates voluntary movements such as eye movements, posture, balance, coordination, and speech. Cerebellar abnormalities have been seen in patients with symptoms of schizophrenia, so, therefore, could be a potential therapeutic target for the treatment of schizophrenia. Although the relation of the cerebellar vermis, a part of the cerebellum, to schizophrenia is not clear, it is seen to be smaller in patients with chronic schizophrenia than those without. There has been shown to be short term significant improvement in some symptoms in schizophrenia when high-frequency magnetic stimulation was delivered to the cerebellar vermis.

This study aims to test whether stimulating the cerebellar vermis, using intermittent transcranial magnetic stimulation, can improve the symptoms of schizophrenia in patients with treatment-resistant schizophrenia.

### Who can participate?

Adult patients with a diagnosis of treatment-resistant schizophrenia

### What does the study involve?

Participants will be randomly allocated to receive either transcranial magnetic stimulation using

a "Figure of 8 coil" or a placebo treatment that uses a similar looking coil that does not give magnetic stimulation. For both groups of participants, there will be 2 sessions each day (half an hour apart) for 5 days over 1 week. Each session will last around 3 mins. Participants will have an assessment of their schizophrenia symptoms at the start of the study and these measurements will be repeated at 7 and 21 days

What are the possible benefits and risks of participating?

There are no serious or long-term side effects anticipated. Some participants may develop a headache for which pain relief will be provided.

Where is the study run from?

Shri Guru Ram Rai Institute (India)

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

From 2019 to 2020

Who is funding the study?

Shri Guru Ram Rai Institute (India)

Who is the main contact?

Dr Preeti Chauhan

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## Contact information

**Type(s)**

Scientific

**Contact name**

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## Additional identifiers

**Protocol serial number**

SGRR/IEC/1/19

## Study information

**Scientific Title**

Efficacy of adjunctive intermittent theta-burst transcranial magnetic stimulation for treatment-resistant schizophrenia: a randomized placebo-controlled study

**Study objectives**

There will be significant difference in percentage of change in positive, negative and cognitive symptoms following active intermittent theta burst stimulation as compare to placebo stimulation.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Approved 03/05/2019, Institutional Ethics Committee of Shri Guru Ram Rai Institute of Medical and Health Sciences (Administrative building, Patel nagar, Dehradun 248 001 India; +91 0135 2522100; smi.hospital@gmail.com), ref: SGRR/IEC/1/19

**Study design**

Single-centre, double-blind, placebo-controlled trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

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

Treatment-resistant schizophrenia

**Interventions**

Participants will be randomized using a lottery method to receive either the intervention of intermittent theta burst transcranial magnetic stimulation to the cerebellar vermis or placebo control.

**Intervention arm**

Intermittent theta-burst transcranial magnetic stimulation is a non-invasive form of brain stimulation in which a changing magnetic field is used to generate an electric current in a specific area brain (in this trial, the cerebellum-vermis) through electromagnetic stimulation. The MagVenture-MagPro-R30 will be used for stimulation using a coil figure of 8. Participants will receive 2 sessions each day (half an hour apart) for 5 days over 1 week, each session will last around 3 mins, with 600 pulses administered over the cerebellum.

**Control arm:**

The placebo control will involve the same schedule of Participants will receive 2 sessions each day (half an hour apart) for 5 days over 1 week, and each session will last around 3 mins, but will use the opposite side of Figure of 8 coil use so will not stimulate electrical activity in the brain.

Prior to the intervention participants' schizophrenia symptoms will be assessed and these measurements will be repeated at 7 and 21 days

**Intervention Type**

Procedure/Surgery

**Primary outcome(s)**

Schizophrenia symptoms measured using the Positive And Negative Symptoms Scale rating done at 0, 7, 21 days

**Key secondary outcome(s)**

Schizophrenia symptoms measured using the following at 0, 7, 21 days:

1. Simpson-Angus Extrapyramidal Side-Effects Scale (SAS)
2. Schizophrenia Cognition Rating Scale (SCoRS)
3. Brief Psychiatric Rating Scale (BPRS)
4. Clinical Global Impression (CGI) scale

**Completion date**

15/08/2020

## Eligibility

**Key inclusion criteria**

1. Diagnosis of schizophrenia, according to ICD-10 criteria
2. Treatment-resistant schizophrenia, according to Modified Kane Criteria.
3. Right-handed
4. Normotensive
5. Aged 18 to 59 years

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

36

**Key exclusion criteria**

1. Neurological disorders with a history of epilepsy, organ damage, and any neurological procedure
2. Pacemakers or other implanted metal devices
3. Received ECT  $\leq$  6 months before enrolment
4. Substance use disorders, except nicotine and caffeine

**Date of first enrolment**

15/05/2019

**Date of final enrolment**

15/05/2020

## Locations

**Countries of recruitment**

India

**Study participating centre**

Shri Guru Ram Rai Institute

Patel Nagar

Dehradun

India

248001

## Sponsor information

**Organisation**

Shri Guru Ram Rai Institute

**Organisation**

Shri Mehent IndiresH Hospital

## Funder(s)

**Funder type**

Not defined

**Funder Name**

Shri Guru Ram Rai University

## Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated and/or analysed during the current study during this study will be included in the subsequent results publication

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		22/09/2020	04/03/2022	Yes	No