

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional Procedures Programme

Professional Expert questionnaire

Before completing this questionnaire, please read [Conflicts of Interest for Specialist Advisers](#).

Please respond in the boxes provided.

Please complete and return to: azad.hussain@nice.org.uk and IPSA@nice.org.uk

Procedure Name: Transcranial magnetic stimulation for auditory hallucinations

Name of Professional Expert: Mohamed Abdelghani

Job title: Consultant Psychiatrist

Professional Regulatory Body: GMC

Other (specify)

Registration number: 6112160

Specialist Society: Royal College of Psychiatrists

Nominated by (if applicable):

1 About you and your speciality's involvement with the procedure

1.1 Do you have adequate knowledge of this procedure to provide advice?

Yes.

No – please answer no more questions and return the form

Comments:

1.2 Is this procedure relevant to your speciality?

- Yes.
- No - please answer no more questions. Please give any information you can about who is likely to be doing the procedure and return the form.

Comments:

1.3 Is this procedure performed by clinicians in specialities other than your own?

- Yes – please comment
- No

Comments:

In addition to psychiatrists performing TMS in some countries neurologists & pain specialists also perform TMS.

1.4 If you are in a specialty that does this procedure, please indicate your experience with it:

- I have never done this procedure.
- I have done this procedure at least once.
- I do this procedure regularly.

Comments:

I'm the founder & the lead consultant psychiatrist for the TMS service at Camden & Islington NHS Foundation Trust.

1.5 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

- I have never taken part in the selection or referral of a patient for this procedure.
- I have taken part in patient selection or referred a patient for this procedure at least once.
- I take part in patient selection or refer patients for this procedure regularly.

Comments:

The lead consultant psychiatrist for the TMS service at Camden & Islington NHS Foundation Trust I'm responsible for patient selection but I don't refer them to another speciality as we treat eligible patients in our service.

1.6 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).
- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have had no involvement in research on this procedure.
- Other (please comment)

Comments:

1.7 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

- More than 50% of specialists engaged in this area of work.
- 10% to 50% of specialists engaged in this area of work.
- Fewer than 10% of specialists engaged in this area of work.
- Cannot give an estimate.

Comments:

2 About the procedure

2.1 Does the title used above describe the procedure adequately?

- Yes
- No - If no, please suggest alternative titles.

Comments:

2.2 Which of the following best describes the procedure (choose one):

- Established practice and no longer new.

- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.
- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

Comments:

TMS as a treatment for depression is well established; however TMS for auditory hallucinations is novel. Therefore, the safety & efficacy of TMS as a treatment for auditory hallucinations is still not established.

2.3 What is/are the best comparator(s) (standard practice) for this procedure?

The standard practice of treating auditory hallucinations is medication.

2.4 Are there any major trials or registries of this procedure currently in progress? If so, please list.

2.5 Please list any abstracts or conference proceedings that you are aware of that have been *recently* presented / published on this procedure (this can include your own work). Please note that NICE will do a comprehensive literature search on this procedure and we are only asking you for any very recent or abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important.

- Berlim MT, et.al (2013) Repetitive Transcranial Magnetic Stimulation (rTMS) for treating major depression and schizophrenia: a systematic review of recent meta-analysis, Annals of Medicine.

3 Safety and efficacy of the procedure

3.1 What are the potential harms of the procedure?

Please list any adverse events and major risks (even if uncommon) and, if possible, estimate their incidence:

Adverse events reported in the literature (if possible please cite literature)

Headache, facial muscle twitching, discomfort at the site of stimulation (pain), neck pain, toothache, hearing changes, watering of the eye, syncope, induction of hypomania / mania & seizure

Anecdotal adverse events (known from experience)

Tiredness / fatigue

Theoretical adverse events

TMS induced psychosis, anxiety, insomnia & suicidal ideations

3.2 Please list the key efficacy outcomes for this procedure?

Efficacy outcomes shows that active rTMS is more efficient in treating auditory hallucinations over sham (Berlim MT, et.al - 2013)

3.3 Please list any uncertainties or concerns about the *efficacy* of this procedure?

Durability of the treatment.

3.4 What clinician training is required to do this procedure safely?

Training on the basic concepts of neuromodulation. Knowledge of TMS & training on using the TMS machine.

3.5 What clinical facilities are needed to do this procedure safely?

TMS machine

3.6 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

4 Audit Criteria

Please suggest potential audit criteria for this procedure.

4.1 Beneficial outcome measures. This should include short and long term clinical outcomes, quality-of-life measures and patient related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured:

- Days spent in hospital (i.e. inpatient admission per year)
- Number of antipsychotic medication used.
- Number of contact with mental health crisis services per year.
- Number of contact with GP in relation to auditory hallucinations per year.
- CGI (Clinical Global Impression)
- PGI (Patient Global Impression)
- QOL (quality-of-life)

4.2 Adverse outcome measures. This should include early and late complications. Please state the post procedure timescales over which these should be measured.

- **Adverse events checklist; should be completed during the treatment, at the end of the treatment & 2 - 4 weeks after the last session.**

5 Uptake of the procedure in the NHS

5.1 If it is safe and efficacious, in your opinion, how quickly do you think use of this procedure will be adopted by the NHS (choose one)?

- Rapidly (within a year or two).
- Slowly (over decades)
- I do not think the NHS will adopt this procedure

Comments:

5.2 If it is safe and efficacious, in your opinion, will this procedure be carried out in (choose one):

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

Comments:

5.3 If it is safe and efficacious, in your opinion, the potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources:

- Major.
- Moderate.
- Minor.

Comments:

6 Other information

6.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

Comments:

7 Data protection and conflicts of interest

7.1 Data Protection

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The professional expert questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

- I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above. For more information about how we process your personal data please see our [privacy notice](#)

7.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

Please use the “Conflicts of Interest for Specialist Advisers” policy as a guide when declaring any conflicts of interest. Specialist Advisers should seek advice if needed from the Associate Director – Interventional Procedures. [Conflicts of Interest for Specialist Advisers](#)

Declarations of interest form			
Type of interest	Description of interest	Relevant dates	
		Interest arose	Interest ceased
Secretary of the Clinical TMS Society	The Clinical TMS Society is the largest professional body of TMS clinicians in the world (<i>Non-financial professional</i>)	April 2019	

Director of the Clinical TMS Society	The Clinical TMS Society is the largest professional body of TMS clinicians in the world (<i><u>Non-financial professional</u></i>)	April 2017	
Director of Dyad Medical Ltd	Private Practice (<i><u>financial interest</u></i>)	August 2015	

* Guidance notes for completion of the Declarations of interest form

Name and role	Insert your name and your position in relation to your role within NICE
Description of interest	<p>Provide a description of the interest that is being declared. This should contain enough information to be meaningful to enable a reasonable person with no prior knowledge to be able to read this and understand the nature of the interest.</p> <p>Types of interest:</p> <p>Direct interests</p> <p>Financial interests - Where an individual gets direct financial benefits from the consequences of a decision they are involved in making. <i>For examples of financial interests please refer to the policy on declaring and managing interests.</i></p> <p>Non-financial professional and personal interests - Where an individual obtains a non-financial professional or personal benefit, such as increasing or maintaining their professional reputation, from the consequences of a decision they are involved in making. <i>For examples of non-financial interests please refer to the policy on declaring and managing interests.</i></p> <p>Indirect interests - Where there is, or could be perceived to be, an opportunity for a third party associated with the individual in question to benefit.</p> <p>A benefit may arise from both a gain or avoidance of a loss.</p>
Relevant dates	Detail here when the interest arose and, if applicable, when it ceased.
Comments	This field should be populated by the guidance developer and outline the action taken in response to the declared interest. It should include the rationale for this action, and the name and role of the person who reviewed the declaration.

Thank you very much for your help.

**Dr Tom Clutton-Brock, Interventional
Procedures Advisory Committee Chair** **Mirella Marlow
Programme Director**