

When Initial Treatment Is Not Enough

When depression has not improved enough, it does not mean you or your family has failed. Depression is not a normal part of aging, and medical conditions, chronic pain, mobility changes, grief, and changes in independence can make recovery more complex.

Depression can complicate the management of other health conditions and may be overlooked in older adults. BioMental evaluates psychiatric and medical safety, previous treatment response, daily needs, available support, and personal preferences. Some patients may be candidates for both deep transcranial magnetic stimulation (dTMS) and SPRAVATO.

Safety Review and Preparation

Age alone is not a barrier to evaluation. Bring information that helps the team assess safety and practical fit:

- Current medications, supplements, and prior depression treatments
- Blood pressure, falls, balance, memory changes, or new diagnoses
- Seizure history, implanted devices, alcohol or substance use
- Transportation, appointment support, and daily independence

Insurance Coverage

dTMS and SPRAVATO may be covered when medical criteria are met. Requirements and prior authorization vary. Our team verifies benefits and explains expected costs before treatment.



Individual results and coverage vary. A clinical evaluation is required.



What if the first option does not help enough?

dTMS and SPRAVATO work differently. An inadequate response to one does not automatically mean the other will be ineffective. The treatment plan should be reassessed rather than considered a failure.

We are here to help.

Our team can review treatment fit, medical considerations, scheduling, insurance, and next steps.



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Compassionate care. Science-backed results.



Deep Transcranial Magnetic Stimulation or SPRAVATO

For Depression in Older Adults

- ✓ Two office-based options
- ✓ No surgery or hospitalization
- ✓ Individualized medical review
- ✓ Insurance support



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dTMS

Non-invasive magnetic stimulation delivered through a cushioned helmet while you remain awake and seated.



TREATMENT

Non-drug magnetic stimulation



TIME IN CLINIC

Usually 10-20 minutes; the first mapping visit takes longer



TYPICAL SCHEDULE

Weekday visits for 4-6 weeks, followed by taper or continuation when recommended



BEFORE THE VISIT

No fasting or sedation preparation is generally required



AFTER THE VISIT

Most patients can drive and resume usual activities when clinically appropriate



MEDICATION PLAN

May continue alongside medication and psychotherapy when appropriate



COMMON EFFECTS

Temporary headache or scalp, facial, or jaw discomfort



SAFETY REVIEW

Seizure risk, neurologic history, and metal or electronic implants

SPRAVATO

Prescription esketamine nasal spray self-administered under supervision in a certified clinic.



TREATMENT

Prescription esketamine nasal spray



TIME IN CLINIC

At least 2 hours after dosing, plus check-in and preparation



TYPICAL SCHEDULE

Twice weekly in weeks 1-4, weekly in weeks 5-8, then weekly or every 2 weeks when continued



BEFORE THE VISIT

Avoid food for at least 2 hours and liquids for at least 30 minutes



AFTER THE VISIT

A ride home is required; no driving until the next day after restful sleep



MEDICATION PLAN

For treatment-resistant depression, may be used alone or with an oral antidepressant



COMMON EFFECTS

Dissociation, sedation, dizziness, nausea, and increased blood pressure



SAFETY REVIEW

Blood pressure, cardiovascular or cerebrovascular conditions, cognition, fall risk, and substance use

Which Option May Fit?

No test can reliably predict the better option. BioMental compares safety, treatment history, daily needs, and preferences. Some patients may be candidates for both.

- Medical and neurologic conditions or implanted devices
- Cognition, memory, and changes in daily independence
- Blood pressure, falls, balance, and mobility
- Current medications and previous treatment response
- Transportation and support at home
- Insurance coverage and personal preference

Evidence in Older Adults

An open-label dTMS analysis of 247 adults ages 60-91 reported 79.4% response and 60.3% remission among those completing at least 30 sessions. There was no sham group.

In a four-week randomized study of adults age 65 and older, SPRAVATO plus a new oral antidepressant did not significantly outperform a new oral antidepressant plus placebo nasal spray on the primary endpoint.

These were not head-to-head studies and do not show that one treatment is superior. Designs differed, and individual results vary.

Questions for Your Visit

- Which safety considerations matter most for my health and medications?
- How would each schedule affect my routine and transportation?
- When and how will we review whether treatment is helping?

Response means symptoms decreased by at least 50%.
Remission means symptoms became minimal on a standardized depression scale.