DESCRIPTION

*Brain Stimulation* aims to be the premier journal for publication of original research in the field of **neuromodulation**. The journal includes: a) Original articles; b) Short Communications; c) Invited and original reviews; d) Technology and methodological perspectives (reviews of new devices, description of new methods, etc.); and e) Letters to the Editor. Special issues of the journal will be considered based on scientific merit.

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AUDIENCE

Psychiatrists, neuroscientists, neurologists, surgical neurologists

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INTRODUCTION
BRAIN STIMULATION aims to be the premiere journal for publication of original research in the field of neuromodulation. The purview extends across the entire field of brain stimulation, including noninvasive and invasive techniques, and technologies that alter brain function through the use of electrical, magnetic, radiowave, or focally targeted pharmacological stimulation. BRAIN STIMULATION encourages manuscripts describing the effects of brain stimulation on basic processes, such as gene expression and other aspects of molecular biology, neurochemical regulation, functional brain activity, sensorimotor function, or cognitive and affective processes at the systems level. Likewise, BRAIN STIMULATION seeks the highest level of research on the biophysics and biopsychophysics of stimulation paradigms, as well as the use of these techniques as a probe to outline patterns of neural connectivity. As an equal partner with this basic emphasis, the journal encourages a strong representation of research on the therapeutic potential and adverse effects of the stimulation technologies. The Editors encourage clinical manuscripts not only describing clinical trials, but also conceptual pieces, discussions of ethics as they pertain to this field, or services research.

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Template and format for letters to the editor regarding TMS-related spells (seizures, syncopal episodes)
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Dear Editor:

We report the following TMS-related seizure or spell. The subject was a xx year old man/woman with the following diagnoses (healthy control, xx disease). The patient had the following risk factors (prior closed head injury, loss of consciousness, history of seizures or febrile seizures, family history of epilepsy). He/she was taking the following medications (list generic drugs and doses). On the day of the event, the subject had the following additional risk factors (change in sleep pattern, sleep deprivation, change in medication, occult drug use, high doses of caffeine, etc.).

We were delivering the TMS in the following manner - coil type (round, figure eight), coil location, TMS machine manufacturer, orientation of coil, biphasic or uniphasic pulse, intensity related to motor threshold, method of motor threshold determination (active, resting, EMG, visual), frequency, length of train, intertrain interval, total number of pulses in a session, number of sessions.

The event occurred x minutes into the YY train for this patient on the ZZ day of stimulation. The subject was sitting, standing, seated, upright, supine, etc. The setting was a research lab, clinical delivery suite, other. The TMS operator first noted (describe any movements, where, type, vocalizations, head turning, eye turning). The TMS operator had the following training regarding seizures. The movements lasted for XX minutes. We did the following (passive support, starting IV, administering medications).
The subject had urinary, fecal incontinence, post-ictal confusion lasting xx minutes or hours, tongue biting, other physical trauma. The seizure self-terminated or stopped after xx intervention. During the event it was possible/not possible to check pulse and blood pressure, which were XX.

A general neurologic exam and mental status exam was performed by XX, with what type of training, xx minutes after the event and the following was noted. These labs were drawn and were normal/abnormal (electrolytes, calcium, prolactin) or whatever. An EEG was done/not done and revealed the following (...). A brain CT/MRI revealed the following (...). There were/were not sequela. The patient was retreated with TMS (or not).

The clinical diagnosis of this event was TMS-related seizure, TMS-related syncope, other. The specific reasons for favoring this choice among the possible differential diagnoses were XX. This event is also listed in the following publication. This event was also reported to the FDA or other safety body.

Name of investigator and location of where the seizure occurred.

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