showcase



Rebecca Cohen and Jordana Hollen

Cohen & Associates



Dr. Rebecca Cohen arned a Bachelor of Science degree in biopsychology at Tufts University, and a Master of Science degree in medical sciences at Boston University based on research completed at Harvard Medical School Department of Neurology.

Dr. Cohen completed her medical degree at Boston University where she was recipient of the psychiatry department's Malamud Award for Excellence. She began her adult psychiatry training at Hennepin County Medical Center in Minneapolis, MN, later transferring to Georgetown University Medical Center in Washington, D.C. where she served as Chief Psychiatry Resident at Georgetown Hospital during her final year. As an interventional psychiatrist and psychopharmacologist specializing in the treatment of mood and anxiety disorders as well as a nationally recognized expert in transcranial magnetic stimulation (TMS), Dr. Cohen established her private practice, Cohen & Associates, in 2014 to deliver top tier Psychiatric evaluations and comprehensive clinical care. She has expanded the scope of her practice with the addition of outstanding colleagues and technologies and is recognized as a top provider of evidence-based and compassionate care.





Dr. Jordana Hollen earned a Bachelor of Science degree in Psychology from the University of North Carolina at Chapel Hill Honors Program where she graduated Phi Beta Kappa. After completing her Psychiatry residency training at the University of Florida, she returned to North Carolina for private practice. Simultaneously, she served as a Psychiatry preceptor for both Wake Forest and Duke University's Physician Assistant Programs. Subsequently, she relocated with her family to Florida to work full-time at an outpatient psychiatric practice as both a Staff Psychiatrist and Medical Director.

Dr. Hollen is trained in psychopharmacology, psychotherapy, and TMS. Dr. Hollen is board certified by The American Board of Psychiatry and Neurology; and she specializes in providing outpatient psychiatric care for adults. Dr. Hollen has experience treating a variety of mental health concerns with a special focus on mood and anxiety disorders, as well as a particular interest in women's health. She treats a range of conditions including major depressive disorder, generalized anxiety disorder, panic disorder, postpartum depression, bipolar disorder and attention deficit/hyperactivity disorder.

As physicians who have been prolific in both academic and clinical spheres, what motivates you to adopt TMS neuronavigation as an approach in neuroscience and psychiatry?

Since its FDA approval in the United States in 2008, we, as clinicians, have closely followed the evolution of TMS technology over the past decade. Our goals are to provide the most advanced, state-of-the-art technology for our patients. We leverage current evidence-based recommendations to improve outcomes, as well as improve tolerability during a patient's treatment course. By utilizing individualized, anatomical measurements for each patient with visor2, we have been able to customize their clinical care and treatment protocols. We know that adding the precision of neuronavigation helps confirm the optimal treatment location and reproducibility during their treatment sessions. It has been exciting to adopt this added technology to our clinical repertoire. The motor mapping feature of visor2 also refines treatment protocols by providing the most sensitive measure of the SMT and in turn, improving patient tolerability.

In 2010, when we first provided TMS treatment, the individual session took 43 minutes and was a "one-size, fits all" approach to identify the coil location on every patient. Currently, we provide accelerated, precision-defined theta burst treatment, which takes three minutes and can be performed multiple times daily.

We would be very curious to understand what you see as the most holistic approach to promoting health and well-being of the patients that you encounter.

One of the most essential and rewarding aspects of our work is educating patients about their illness. In our southeast region of the United States, there are many patients who still feel a sense of shame and stigma surrounding their psychiatric symptoms. Education is power; and in our field of medicine, psychoeducation can truly empower patients. One of our goals throughout treatment is to provide a better understanding and appreciation of the biological components of psychiatric disease. This provides the foundation for why we might suggest a certain medication, or why we might suggest a treatment option like brain stimulation. Further, when patients better understand the importance of certain treatment suggestions such as improved sleep hygiene, stress management, exercise, and/or substance use, we see these behavioral changes being integrated and utilized, and therefore, overall improvement in treatment adherence and outcomes.

Have your patients responded well to TMS treatment? Are there any particular success stories that you'd like to share with us?

This is an important, extremely relevant question and one that has been a highly discussed and debated topic at the last several International Clinical TMS Society meetings. It is our belief that the precision technology utilized in our TMS program epitomizes safety and reliability. Throughout our medical training and medical careers, we have evidenced that no person's anatomy is identical and the same applies to the intricacies of the brain. There are infinite variations and nuances to neuroanatomy. Neuronavigation works synergistically with the TMS device to account for these variations, enabling clinicians to more accurately define treatment location, instead of using standardized measurements. The evidence is coming, and we are following it closely!

What impact do you expect TMS to have both on patients and practitioners in the future?

TMS has changed our careers. As psychopharmacologists in private practice, it is increasingly clear that there is always a percentage of treatment-resistant cases of both major depression and anxiety disorders. While medications can be extremely beneficial and well-tolerated for some, there are always patients who cannot achieve full symptom remission (which can invariably lead to illness reoccurrence), or patients who experience problematic and/or intolerable side effects, leading to a lack of psychotropic adherence. TMS offers the much-needed, non-pharmacologic option which has so many patients relieved and clinically improved. Further, TMS has shown to be much more durable

compared with other treatment options. In all areas of medicine, patients should have options for their care.

We have both experienced so many memorable TMS success stories - that is why we are advocates for brain stimulation and have sought to raise the clinical bar by providing more innovative care to patients in our region.

What degree of impact would you expect TMS treatment to have both on patients and practitioners in the future?

The exploding advances in neuroscience are likely going to continue to improve our understanding and enhance clinical care in the field of psychiatry. Specialists around the world are seeking to elucidate other effective protocols for psychiatric, neurologic and medical diagnoses. There are many important indications still in the development pipeline -- we are excited to see what comes next!

The visor2[™] premium TMS navigation solution used in this clinical TMS practices utilizes an infrared stereoscopic tracking camera for real-time tracking of the patient and coil's position and orientation, an all-in-one touchscreen PC, and a lightweight eego[™] amplifier for measurement of EMG data.

ANT Neuro is proud and grateful to collaborate with Dr. Rebecca Cohen and Dr. Jordana Hollen, who we hope to continue to closely work with to continue successfully treating patients through our visor2™ solution.

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