

Flow Patient Profiles

About This Document

This document provides a series of patient profiles designed to help clinicians better understand the potential applications of our product. Each profile illustrates real-world scenarios where our technology has been successfully utilised, showcasing the types of patients who may benefit most from our offerings

What's Inside

- **Detailed Patient Profiles:** Realistic examples based on actual clinical use cases, highlighting key indicators, symptoms, and conditions where our product has proven effective.
- **Guidance on Usage:** Insights into how and when to consider our product for your patients

Important Note on Data Privacy

While these profiles are inspired by real patients, all personal information has been removed or anonymized to protect patient privacy. The cases are representative of typical scenarios and are intended to guide clinical decision-making without compromising confidentiality.



Use of Flow for chronic MDD symptoms in perimenopause

Patient Profile:

48 year old, female, in full time employment.

Past Mental Health History:

This lady experienced 2 moderately severe depressive episodes in her late 20's with poor ability to tolerate SSRI medication due to adverse effects. Throughout her 30's she experienced chronic fluctuating mild-moderate depressive symptoms with pronounced premenstrual exacerbation. This pattern worsened in her early 40's and she reported other perimenopausal features from age 46 including night sweats, irregular cycle, vaginal dryness, and frequent headaches.

Decision to start Flow Treatment:

Further attempts to trial an SSRI and then mirtazapine were unsuccessful due to adverse effects and psychological therapy (CBT) was of little long term benefit despite reasonable engagement. HRT was introduced from age 47 leading to significant improvement in her physical symptoms but only modest improvement in mood symptoms and she continued to experience persistent depressive symptoms with premenstrual mood deterioration (MADRS-S baseline score 28).

Treatment plan & outcome:

Flow commenced via private clinic with activation phase 5 per week for 3 weeks, followed by 3 per week strengthening phase from week 4. Good adherence with no adverse effects from Flow. Marked improvement in mood symptoms, hormonal fluctuation, & daily functioning all noted during 1st month of use. Patient reported mood symptoms less well controlled by week 5 onwards with more hormonal exacerbation noted and MADRS-s scores reflected this.

Her schedule was customised to 5 per week from week 6, resulting in further clinical improvement and sustained remission. Patient has continued to use Flow at 4-5 sessions per week with no further relapse and is no longer experiencing premenstrual mood symptoms.

After 3 months of Flow use, patient reported she had been able to initiate and sustain regular exercise habits and make effective use of strategies previously tried in CBT to challenge and stop long standing patterns of negative ruminations.



Use of Flow for chronic MDD symptoms in perimenopause

Patient Profile:

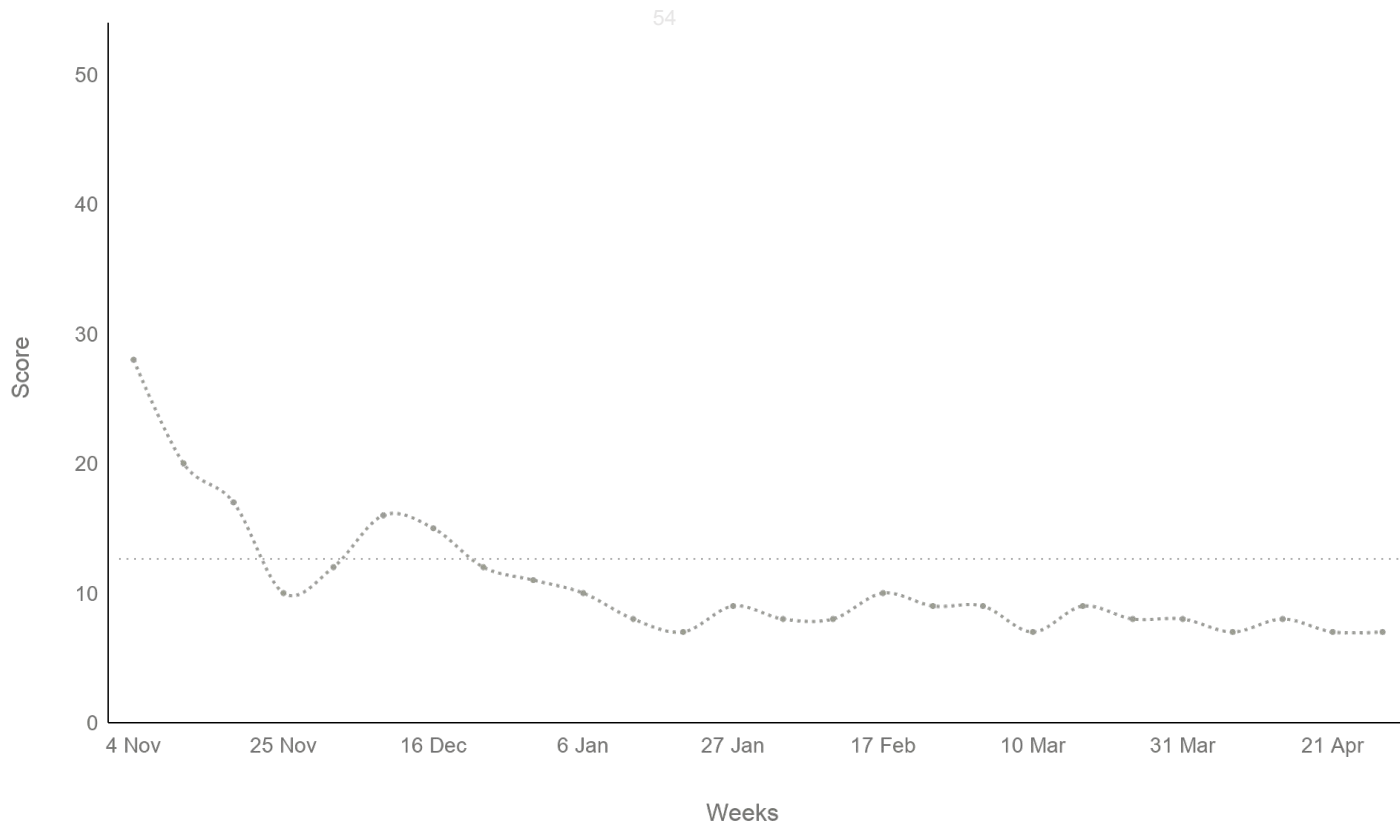
48 year old, female, in full time employment.

MADRS-S

Start score: 28

Last score: 8

72% 





Use of Flow in male patient with SSRI related sexual side effects

Patient Profile:

18 year old, male, student.

Past Mental Health History:

This young man experienced intermittent mild anxiety and depressive symptoms during mid-adolescence and was referred for counselling via his secondary school. He developed a moderately severe depressive episode at age 18 for which he was commenced on fluoxetine by his GP. He experienced some initial agitation and anxiety on commencing fluoxetine, requiring brief use of PRN benzodiazepines and which settled after 3 weeks.

He experienced some improvement in MDD symptoms with fluoxetine 20mg OD, however after 2 months of use he complained of reduced libido and persistent anorgasmia on fluoxetine and was thus switched to sertraline which he continued to experience sexual side effects on, resulting in intermittent adherence and self-discontinuation (after which his sexual dysfunction resolved). He presented with worsening mood symptoms (MADRS-S baseline score 26). He was reluctant to consider psychological therapy or trialling further antidepressant medication due to concerns regarding side effects and potential disruption to his studies in the run up to academic exams.

Treatment plan & outcome:

Flow commenced via private clinic with activation phase 5 per week for 3 weeks, followed by 3 per week strengthening phase from week 4. Good adherence with no adverse effects from Flow other than some tingling sensations during the initial 2-3 stimulations which became less intense thereafter. Improvement in his mood symptoms was experienced from his 2nd week of use and his parents noted he appeared much more spontaneous and less irritable. He was able to catch up on his studies and cope with his exam period with resilience. He continued to use Flow for 6 months before discontinuing and has remained well since.

He commented that *"medication forced me to choose between feeling better or having a sex life, whereas Flow has vastly improved my mental health without any side effects at all"*.



Use of Flow in male patient with SSRI related sexual side effects

Patient Profile:

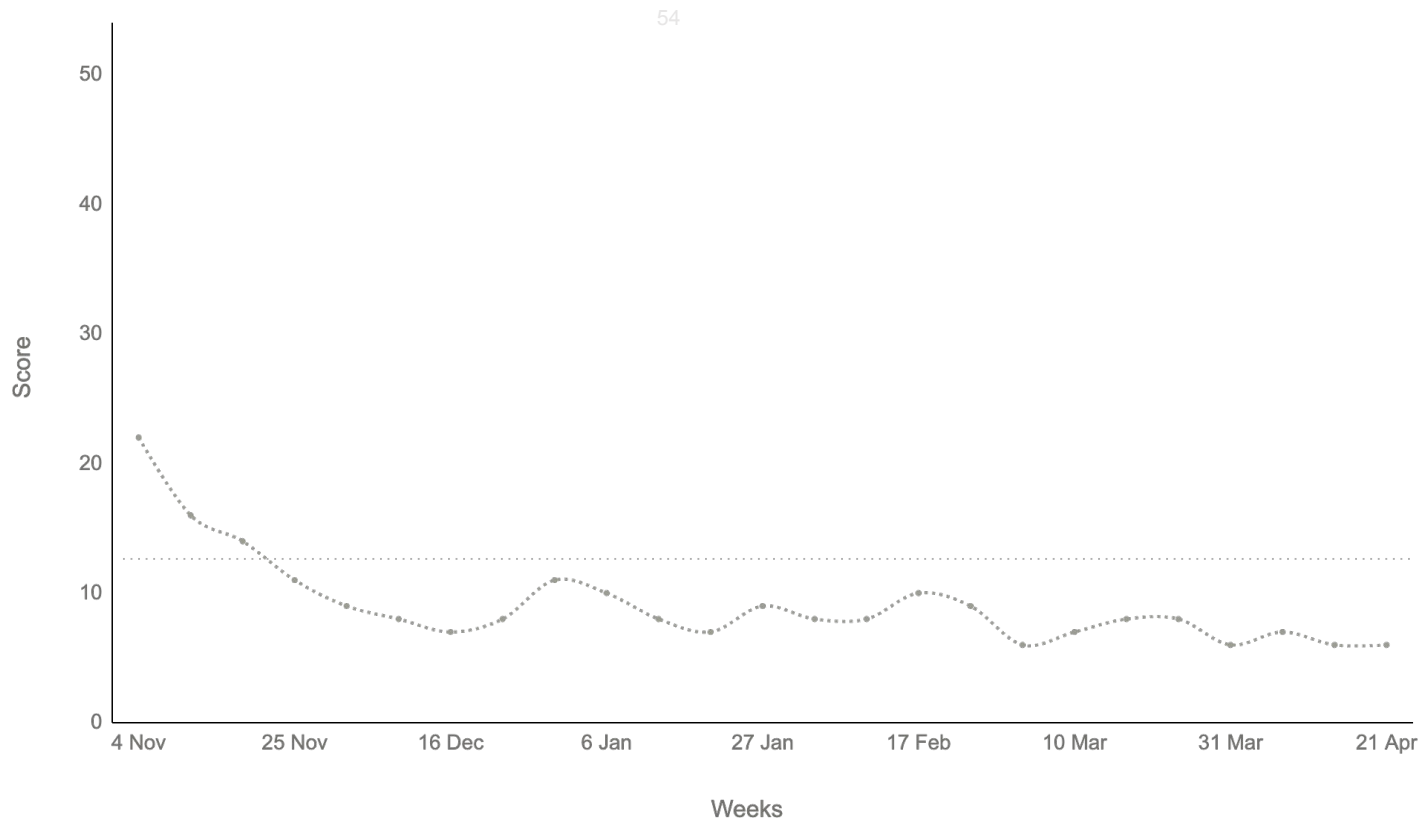
18 year old, male, student.

MADRS-S

Start score: 26

Last score: 6

77% 





Use of Flow in female patient with SNRI related sexual side effects

Patient Profile:

30 year old, female, part-time administrator and mum to one 5 year old child.

Past Mental Health History:

This lady experienced a moderately severe depressive episode in her early 20's whilst at university which responded well to CBT. She then developed severe postpartum depression at age 27 after the birth of her daughter which did not improve with SSRI medication. She was therefore switched to venlafaxine and experienced a good clinical response on 225mg/day alongside CBT. She experienced some initial nausea on commencing venlafaxine which settled down after 4 weeks. She also experienced reduced libido with anorgasmia which she did not initially consider to be an adverse effect caused by venlafaxine as sexual side effects were not discussed with her by her treating clinician and she was embarrassed to raise them herself, assuming these issues were "part of being a new mum and hormonal changes".

After 18 months she gradually discontinued the venlafaxine and noticed her libido quickly improved and ability to orgasm returned. She developed a further moderately severe depressive episode at age 30 and venlafaxine was recommenced. She noticed the same sexual side effects returned soon after and asked to discontinue medication and access alternative treatment rather than end up taking long term medication that would negatively impact her sexual function and relationship. She was reluctant to re-visit psychological therapy as she was already overwhelmed by having to take time off work sick and childcare commitments with poor motivation to access the positive coping strategies that she could usually draw on when well. She presented with a MADRS-S baseline score of 28.

Treatment plan & outcome:

Flow commenced via private clinic with activation phase 5 per week for 3 weeks, followed by 3 per week strengthening phase from week 4. Good adherence with no adverse effects from Flow other than some mild skin dryness in weeks 1-3 which was easily managed with regular moisturiser. Improvement in mood symptoms were noticeable by 2nd week of use, with her reporting a vast improvement in motivation and ability to use her CBT skills once again. She returned to work in week 4, and continued improvement was observed until reaching and maintaining remission from week 8. Given her history of recurrent MDD episodes and the favourable side effect profile of Flow, she plans to continue to use Flow for at least 12 months and will attend review appointments every 6 months with her private psychiatrist.

She commented that

"No-one explained that my antidepressant could cause sexual side effects, so it wasn't until I started it again that I realised it was definitely the cause of these problems. I think doctors should be more open about this because it caused a lot of problems in my relationship. I'm delighted that I can use Flow because it works so well for me and doesn't cause any of these issues"



Use of Flow in female patient with SNRI related sexual side effects

Patient Profile:

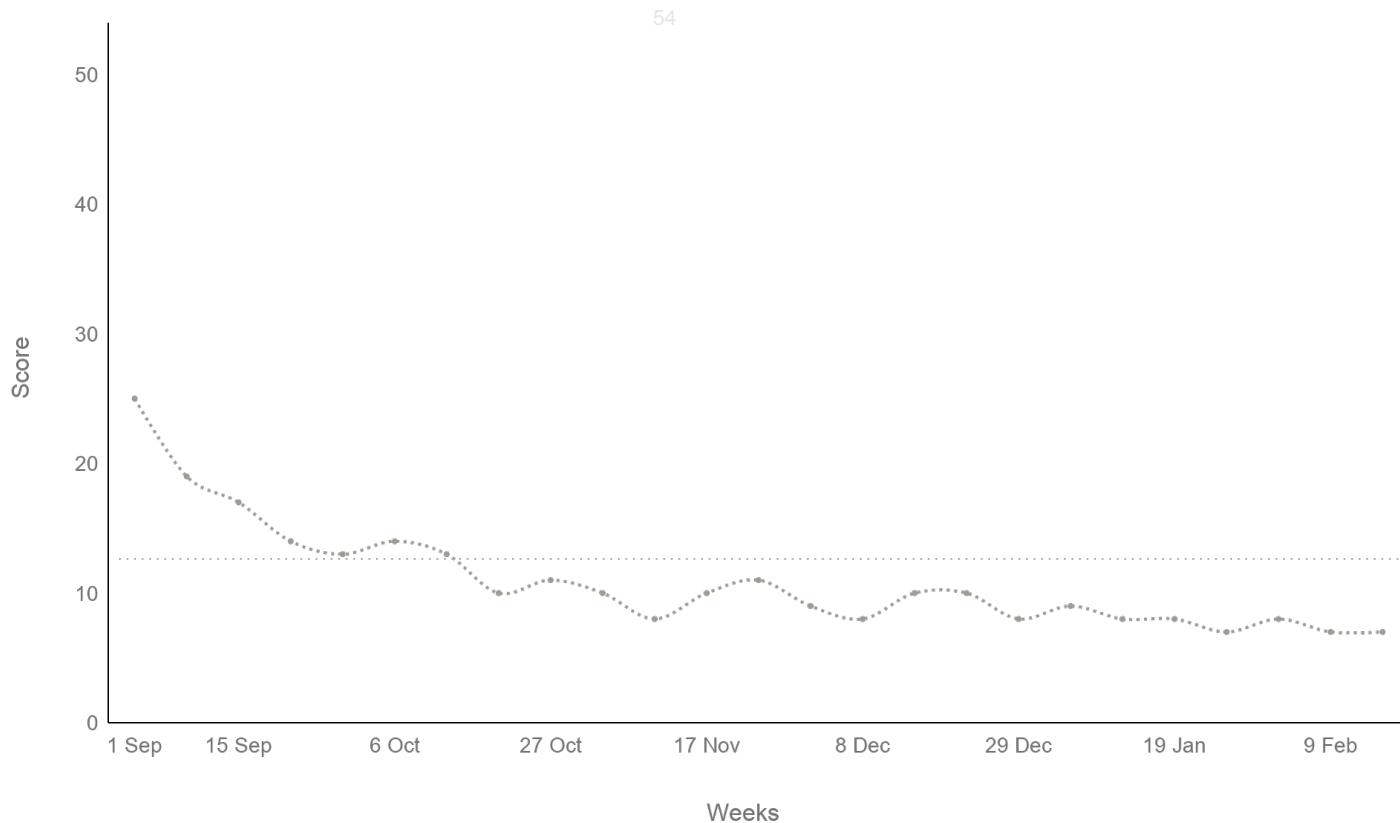
30 year old, female, part-time administrator and mum to one 5 year old child.

MADRS-S

Start score: 28

Last score: 7

75% 





Use of Flow as 1st line monotherapy for MDD

Patient Profile:

35 year old, male, in full time employment.

Past Mental Health History:

This man with no past mental health history developed depression after experiencing stress at work. His presentation was in keeping with a typical moderately severe depressive episode with persistent low mood, anhedonia, low energy, poor sleep, negative ruminations, reduced appetite, low libido, and poor motivation. He was initially reluctant to seek help as he felt embarrassed to speak to his GP but after 5 weeks of struggling and needing to take time off work, he attended an appointment with encouragement from his partner and was diagnosed with MDD. He was offered SSRI medication but was very reluctant to start this due to concerns regarding potential adverse effects. He was also offered referral for psychological therapy, however was not keen to take this up. He decided to consult with a private psychiatrist to explore alternative treatment options in more detail. His private psychiatrist discussed lifestyle modifications, private 1-1 therapy, a range of medications, and Flow tDCS.

He was very keen to trial Flow alongside some lifestyle modifications as he could start Flow within days, saw the ability to access at home as convenient, favoured the minimal side effect profile, and felt that Flow would be much easier for him to practically engage with compared to 1-1 therapy. He also found the idea that his private psychiatrist could remotely monitor his progress and adjust his stimulation schedule if needed appealing. His MADRS-s score at baseline was 26.

Treatment plan & outcome:

Flow was commenced with the standard clinical protocol (activation phase 5 per week for 3 weeks, followed by 3 per week strengthening phase from week 4). His adherence was good with no adverse effects other than reporting some mild prickling sensations on using the device and slight neck tension due to being over cautious over not wanting the headset to move; both of these settled quickly within the initial 1-2 weeks of starting once he was used to wearing the device. A marked and sustained improvement was seen in his mood symptoms including a dramatic improvement in sleep within the 1st 2 weeks of use with MADRS-s scores reflecting this. He returned to work during week 4 of Flow use and continued to stimulate 3 sessions per week for 6 months after which he discontinued use of the device and has remained well on no treatment for the past 3 months.

He stated *“Flow worked so well for me and was more acceptable than taking medication or committing to multiple therapy sessions. I also found Flow helped me to build healthy habits like regular exercise and eating better which I had been finding hard to do. I like knowing the device is there if I ever need it again.”*



Use of Flow as 1st line monotherapy for MDD

Patient Profile:

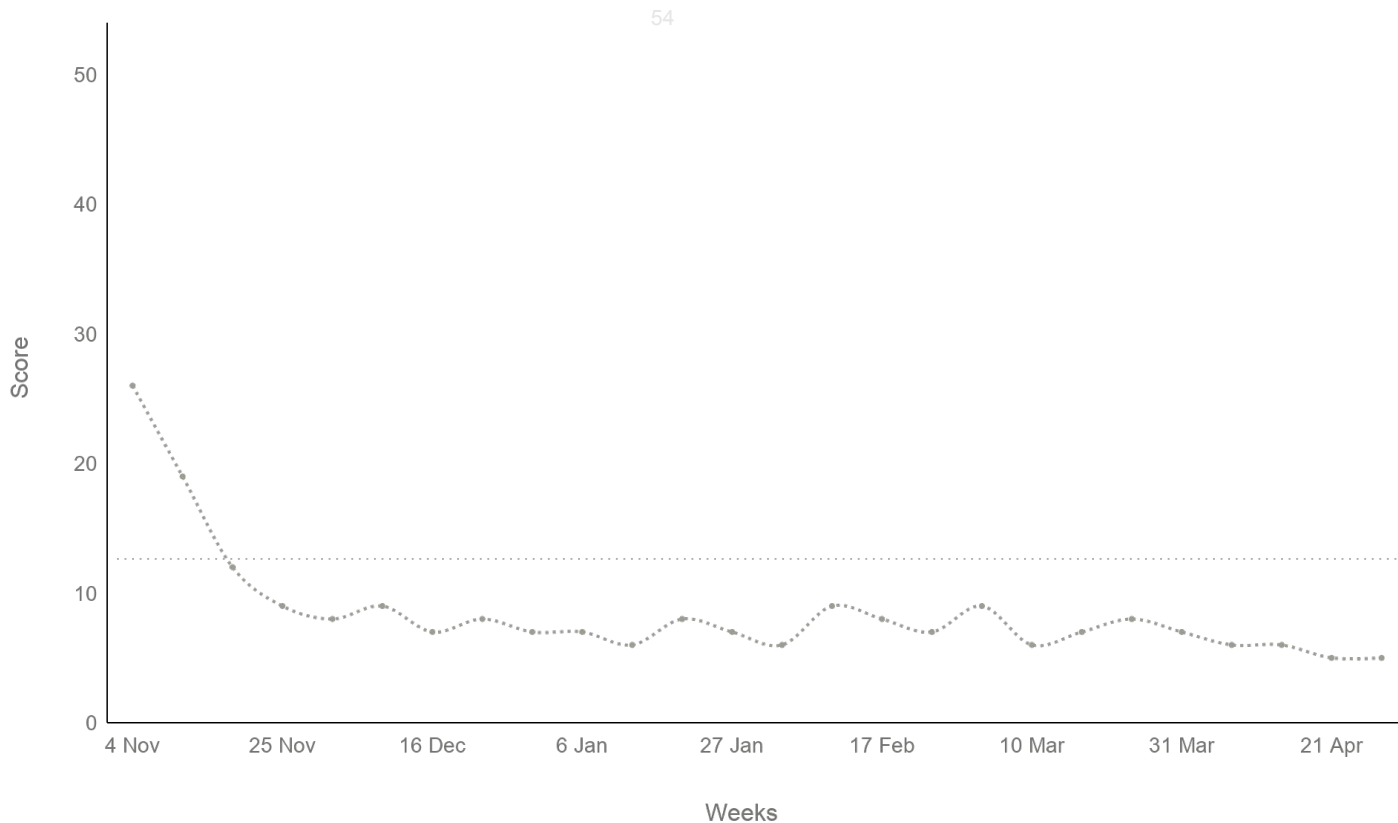
35 year old, male, in full time employment.

MADRS-S

Start score: 26

Last score: 5

81% 





Adjunctive use of customised Flow tDCS in a patient with chronic recurrent MDD

Patient Profile:

40 year old, female, employed professional, married

Past Mental Health History:

This lady with a strong family history of mood disorders presented with a chronic history of recurrent depressive disorder, beginning in late adolescence. She was happily married and had done well in her career despite her mental health challenges, but described often needing to take time off work due to frequent episodes of depression. She had tried several SSRI medications and mirtazapine at points during her 20's and early 30's with good adherence but only marginal clinical improvement and significant adverse effects including; sexual side effects, emotional blunting, and weight gain. She engaged with psychological therapy on more than one occasion and found this somewhat beneficial.

From her mid 30's she experienced a partial response to venlafaxine 225mg/day with less frequent and less severe depressive dips, however was unable to tolerate any increase above 225mg/day due to nausea and increased anxiety. Despite the improvement on venlafaxine, she continued to experience chronic residual subthreshold depressive symptoms and described often feeling she was "only just managing to cope", with 1-2 moderately severe depressive episodes per year, each typically lasting 4-6 weeks and impacting quality of life, ability to cope at work, and personal relationships. On presenting with another moderately severe depressive episode, her private psychiatrist suggested adding adjunctive Flow treatment to her management plan. Her baseline MADRS-S score was 34.

Treatment plan & outcome:

She tolerated Flow well with no adverse effects and a strong initial treatment response was observed. Her depressive symptoms worsened on moving from 5 stimulation sessions per week to 3 in weeks 4-5. Given her clear initial positive response to Flow, lack of adverse effects, and chronic history of recurrent depressive episodes with residual subthreshold symptoms in between episodes, the treating psychiatrist adjusted her treatment schedule back to 5 stimulations per week. Her presentation once again quickly improved and within 2 weeks of her schedule being increased she reported the absence of self critical thought patterns and passive suicidal ruminations that had been present for many years. She was extremely pleased with her progress and keen to continue using at 5 sessions per week in the longer term. Her psychiatrist has agreed to this plan and she will attend a review appointment every 3 months.

She said "I have struggled with depression for my entire life and had given up on finding anything that would change this. I cannot believe how much difference Flow has made to me, and neither can my spouse. I am grateful my psychiatrist can adjust my schedule and I am keen to use the headset 5x per week for now as I just want to sustain my progress and experience being well".



Adjunctive use of customised Flow tDCS in a patient with chronic recurrent MDD

Patient Profile:

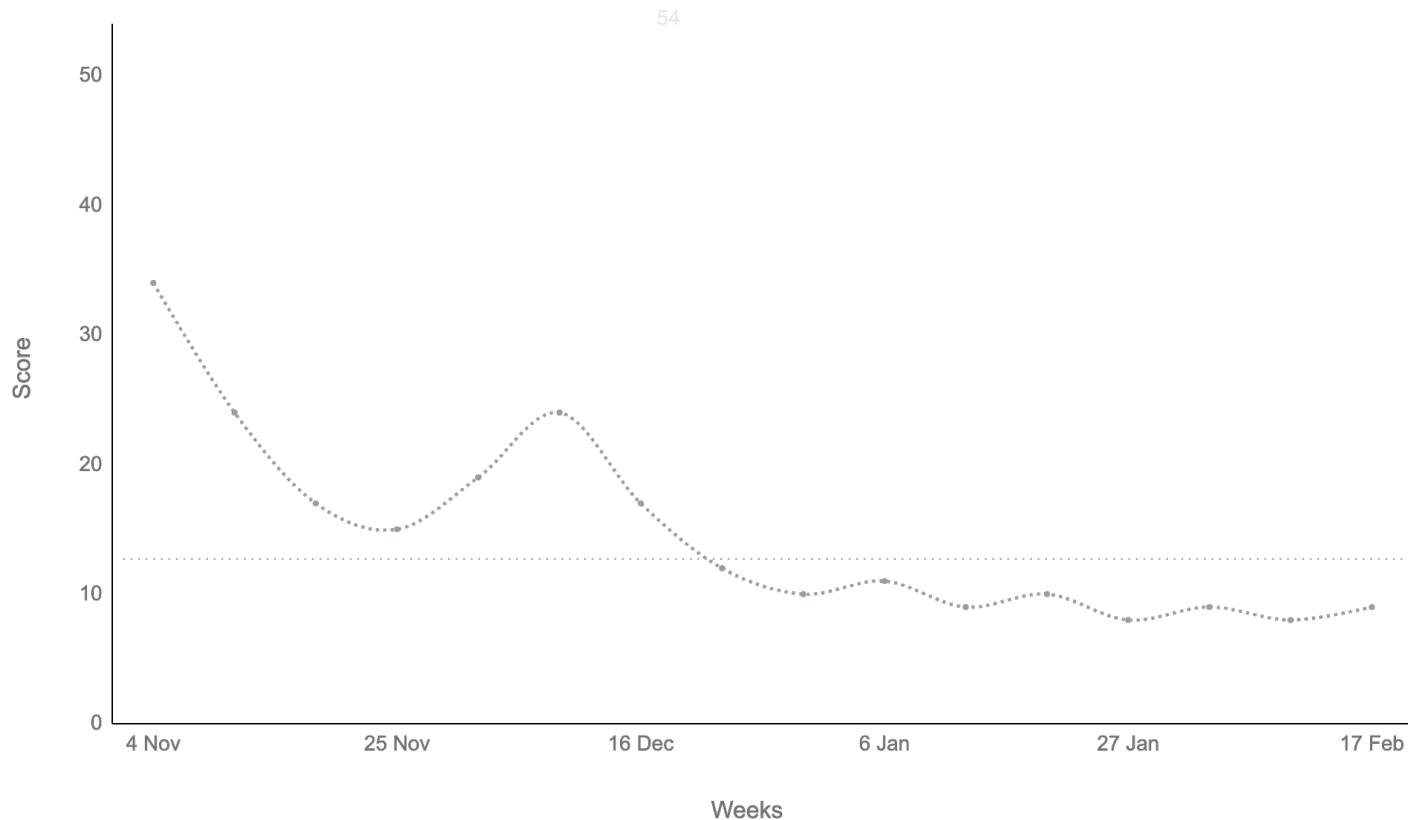
40 year old, female, employed professional, married

MADRS-S

Start score: 34

Last score: 9

74% 





Adjunctive use of Flow in post-partum depression

Patient Profile:

25 year old, female, married, 2 children aged 3 months and 18 months

Past Mental Health History:

This lady previously unknown to mental health services presented with an overdose taken with suicidal intent. She gave a history of worsening post-natal depression beginning 6 weeks earlier (when her youngest child was 6 weeks old). Ongoing suicidal thoughts were present with marked anhedonia, poor sleep, low mood, reduced motivation, and poor bond with her baby. She had not responded to an SSRI (sertraline). She was admitted to an inpatient setting and her medication was switched to venlafaxine and the dose optimised. This resulted in a partial response with some slight improvement in presentation and reduced suicidal risk, however several weeks into her admission she remained actively depressed and poorly engaged with her baby and remained unsuitable for discharge. She was commenced on Flow by her treating psychiatrist. Her baseline MADRS-S score was 41.

Treatment plan & outcome:

Flow was commenced with the standard clinical protocol (activation phase 5 per week for 3 weeks, followed by 3 per week strengthening phase from week 4). She experienced some slight skin dryness in the 1st 3 weeks of use which was easily managed with frequent moisturising. Other than this she tolerated Flow well with no adverse effects and good adherence. A strong initial treatment response was observed with her psychiatrist observing a rapid improvement and MADRS-S reduction to 23 within the 1st week of use. Her improvement continued with clear improvement in her ability to parent, and her being suitable for home leave by week 2. She was discharged in remission by week 3. After 2 months of Flow use her venlafaxine dose was reduced due to side effects (nausea and sweating) without any

She said "I have struggled with depression for my entire life and had given up on finding anything that would change this. I cannot believe how much difference Flow has made to me, and neither can my spouse. I am grateful my psychiatrist can adjust my schedule and I am keen to use the headset 5x per week for now as I just want to sustain my progress and experience being well".



Adjunctive use of Flow in post-partum depression

Patient Profile:

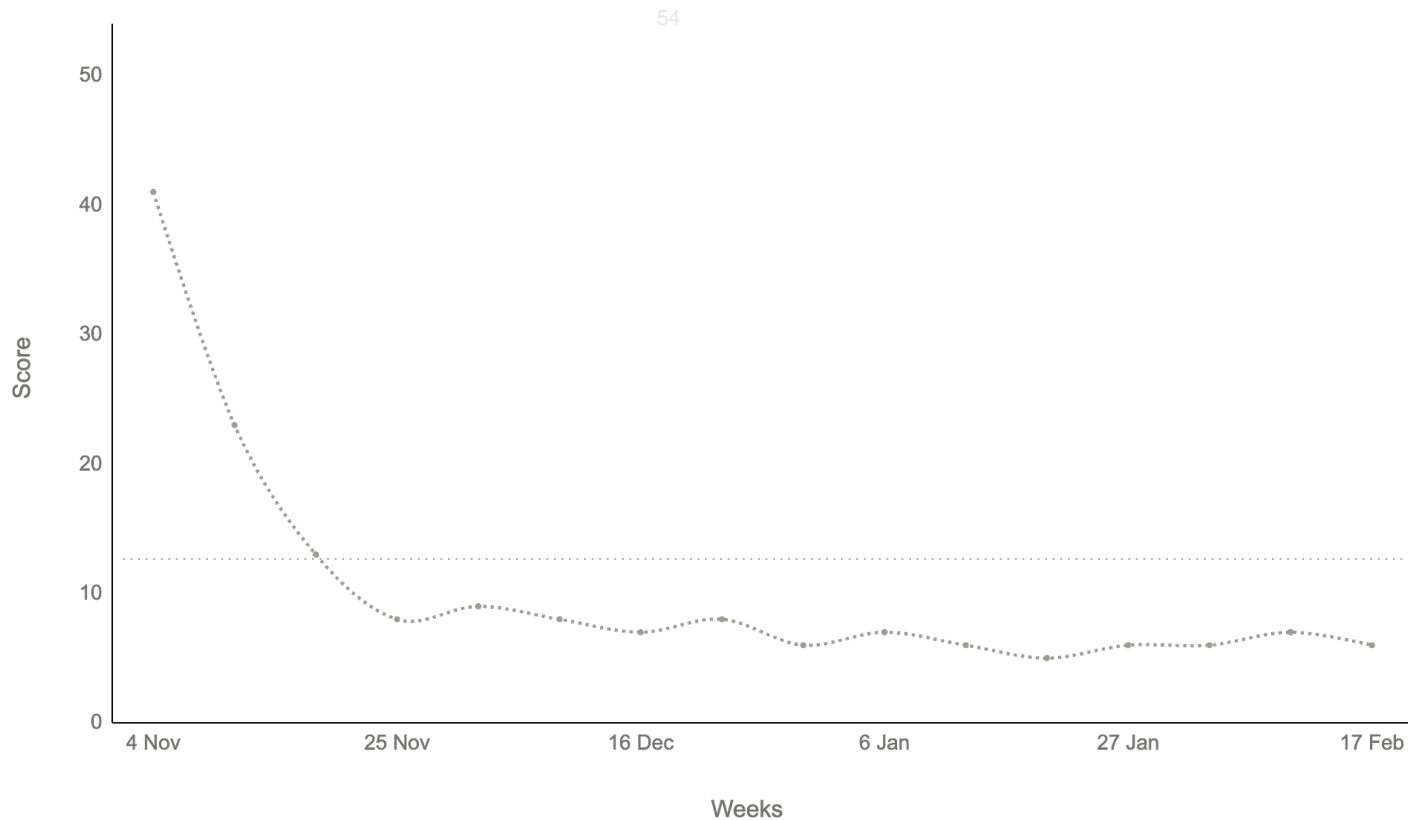
25 year old, female, married, 2 children aged 3 months and 18 months

MADRS-S

Start score: 41

Last score: 6

86% 





Use of Flow in patient with cancer and depression

Patient Profile:

56 year old, male, employed part-time.

Past Mental Health History:

This man had a background history of chronic fluctuating mild depressive symptoms present on and off for 6 years. He previously briefly tried SSRI medication via his GP without adequate response and as this exacerbated his anxiety he has been reluctant to revisit antidepressant medication since. He felt that stress at work was a key trigger for his mood symptoms and opted to work part-time 2 years ago and found this helpful. He was diagnosed with bowel cancer 18 months ago and underwent surgery plus chemotherapy.

He had been struggling with persistent mild-moderate depression since this diagnosis and in particular finding needing to attend for frequent surveillance/investigations for potential recurrence distressing and highly anxiety provoking. He reported persistent low mood with irritability, anhedonia, reduced energy, insomnia, poor concentration, marked anxiety, and a lack of motivation. He described passive hopeless thoughts of life being “pointless” and of viewing his future as being dominated by ill health. He was reluctant to consider psychological therapy as he already felt overwhelmed by attending frequent appointments regarding his cancer care and described difficulty in speaking about his feelings.

He was interested in Flow due to being able to access this at home with minimal side effect burden. He decided to consult with a private psychiatrist experienced in the use of Flow and after discussing tDCS in more detail opted to trial Flow. His initial MADRS-s score was 24.

Treatment plan & outcome:

On discussion with the GP overseeing Flow, it was decided to set his stimulation schedule for 6 weeks at 5 per week (prolonged activation phase), then reduce to 3 per week thereafter. This was due to the history of longstanding depressive symptoms and current ongoing stress relating to his physical health situation. It was pre-agreed that he would have a planned review with the at week 7-8 to check if any further adjustments in his stimulation schedule were required.

A marked improvement was seen in his mood symptoms within the initial 2 weeks of use and this improvement has been sustained over the subsequent 10 weeks with MADRS-s scores reflecting this. His anxiety and negative ruminations regarding his future were both greatly reduced. At his review at week 8 he was doing well having dropped down to 3 stimulations sessions per week and advised to continue on this going forward. He is keen to use the headset for the next 12 months and will consider reducing/stopping usage at that stage with support and monitoring via his psychiatrist, with the option of re-starting use promptly should his mood deteriorate.

He stated *“I could not believe how quickly Flow helped treat my depression. My mood, anxiety, and sleep all improved in the 1st week of use and by week 2 my constant negative thoughts and worries had subsided. I feel so much more able to cope with managing my cancer diagnosis and appointments now and I feel I can make the most of my life at last.”*



Use of Flow in patient with cancer and depression

Patient Profile:

56 year old, male, employed part-time.

MADRS-S

Start score: 24

Last score: 4

83% 

