



QR code — Ivy Collaborative

IVY COLLABORATIVE HEALTHCARE

We help people Feel Good, Look Good & Function Well

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www.IvyCollaborative.com

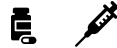


IDENTIFYING & MANAGING BRAIN FOG

Self-Help, Traditional Approaches & Ivy Collaborative Support

1. What Brain Fog Can Feel Like

Words hide. Names slip. Reading the same paragraph twice. Mental fatigue after a night that looked like sleep. Brain fog is not a single diagnosis—it is a cluster: poor focus, slow processing, short-term memory slips, and a cloudy feeling. Depression, anxiety, poor sleep, menopause, thyroid disease, medications, and post-viral syndromes can all drive it. When mood circuits in the prefrontal cortex are underactive, thinking often dulls with them. This is brain function, not laziness.



2. Self-Help Strategies

- Protect sleep: consistent bedtime, dark room, limited late screens
- Move most days; even a walk helps attention
- Limit stacked late caffeine and alcohol
- Write one list; do not rely on memory alone while foggy
- Tell one trusted person what you are noticing
- Know the myth: “push through and it will clear” is not a workup
- See a clinician if fog persists, worsens, or comes with mood change
- Call or text 988 if hopelessness or thoughts of self-harm appear

3. Traditional Medicine Options

- Primary-care and psychiatric evaluation of mood, sleep, and cognition
- Screen thyroid, anemia, B12, sleep apnea, and medication effects
- Treat depression or anxiety when they are part of the picture
- Evidence-based therapy (CBT) for attention and coping
- Understand limits: stimulants or antidepressants help some—and leave residual fog in others
- Ask about non-medication, FDA-cleared brain stimulation when depression-related fog persists

4. How Ivy Collaborative Can Help

- Evaluation of mood, anxious depression, sleep, and cognitive fog
- Exomind TMS (BTL) — FDA-cleared magnetic stimulation for major depressive disorder; considered when fog travels with depression*
- Focused pulses to prefrontal circuits involved in mood and executive function
- Typical protocol: sessions under 30 minutes; often 6 treatments over 1–3 weeks; no downtime*
- Medication management and coordinated psychotherapy when helpful
- Complements—not replaces—medical workup and sleep care

5. Helpful Links

Self-Help	Traditional Medicine	Ivy Collaborative
nimh.nih.gov sleepeducation.org <i>Sleep • Movement • Lists</i>	mayoclinic.org (depression) aasm.org <i>Labs • Mood • Sleep study</i>	ivycollaborative.com — Exomind TMS Schedule your Wellness Assessment <i>Exomind TMS • Consultation</i> <i>Physician-directed care with Dr. Jocelyn Bayliss, MD</i> <i>dual board-certified psychiatrist</i>

6. Contact Ivy Collaborative Healthcare

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Complimentary Wellness Assessments available • Support for mood-related cognitive fog

Fog that does not lift deserves a workup—not a lecture to try harder.



*Exomind (BTL) is FDA-cleared for major depressive disorder. Other uses (anxious depression, cognitive fog, binge-eating patterns, menopausal mood) are considered only after physician evaluation and are not separate FDA indications. Current clinic protocol is often sessions under 30 minutes, commonly 6 treatments over 1–3 weeks, and may be individualized. TMS is not emergency care. Metallic implants near the head, seizure history, and certain implanted devices are common contraindications. Crisis support: call or text 988. Serving Augusta, Evans, Grovetown, Martinez, North Augusta, Harlem, and Richmond, Columbia, and Burke Counties.