

# Deep Brain Stimulation Who, When, Why?

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# Deep Brain Stimulation for movement disorders



Frame based or frameless stereotaxy accurately targets deep brain structures

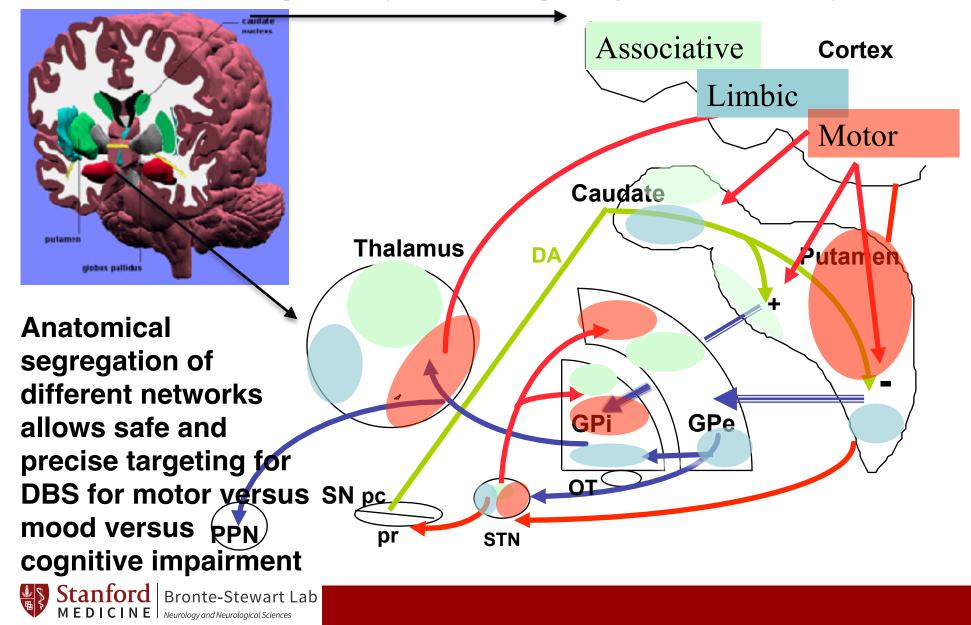


Microelectrode recording defines the region of interest

### The first generation of brain pacemakers

### Functional organization of the basal ganglia

Allows accurate placement of DBS leads in Dopaminergic Sensorimotor Circuitry



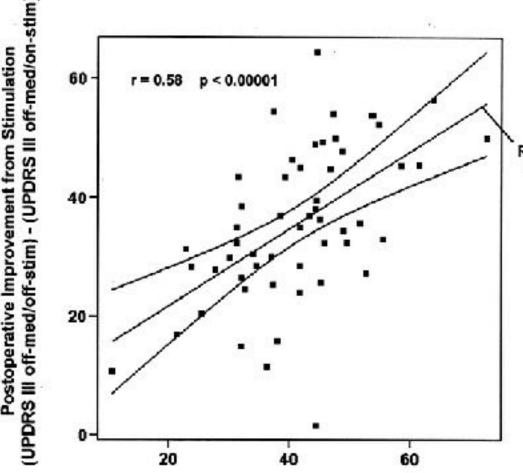
# **Predictive Criteria for DBS for PD**

- Well characterized patients
  - response of cardinal Motor Signs to DA medication
  - is this true for all motor symptoms?
  - non-motor symptoms
  - -age
  - goals aligned
- Stage of Disease
- Quality of Life data
- Well Placed Lead
  - Target/Node Identification and Approach
- Neurostimulation parameters targeted to underlying pathophysiology



# **DBS for PD- Who?**

Response to dopaminergic medication



#### **Caveats:**

Tremor may not respond to dopaminergic medication but does respond to DBS

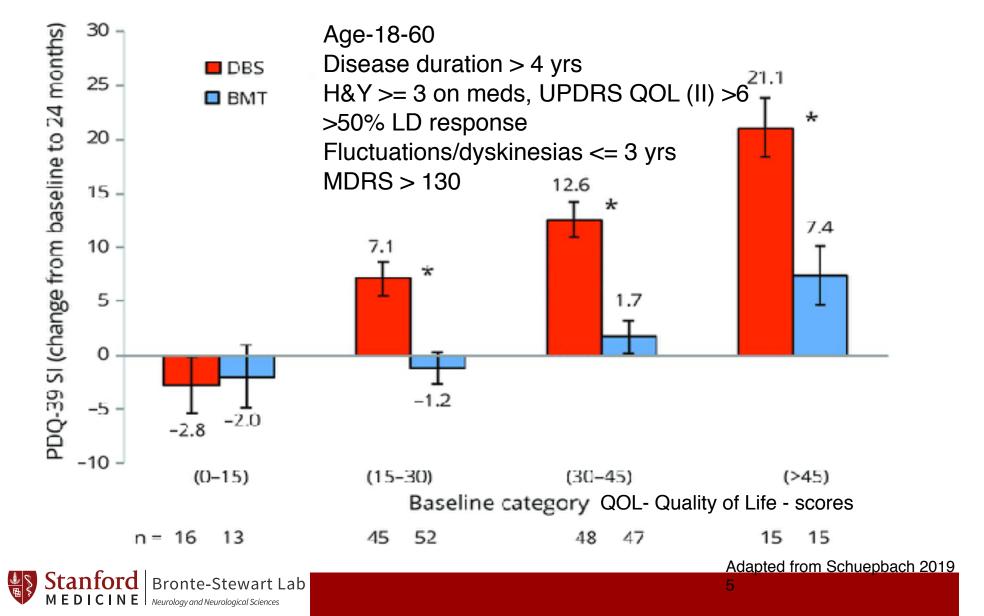
R-Square = 0.32

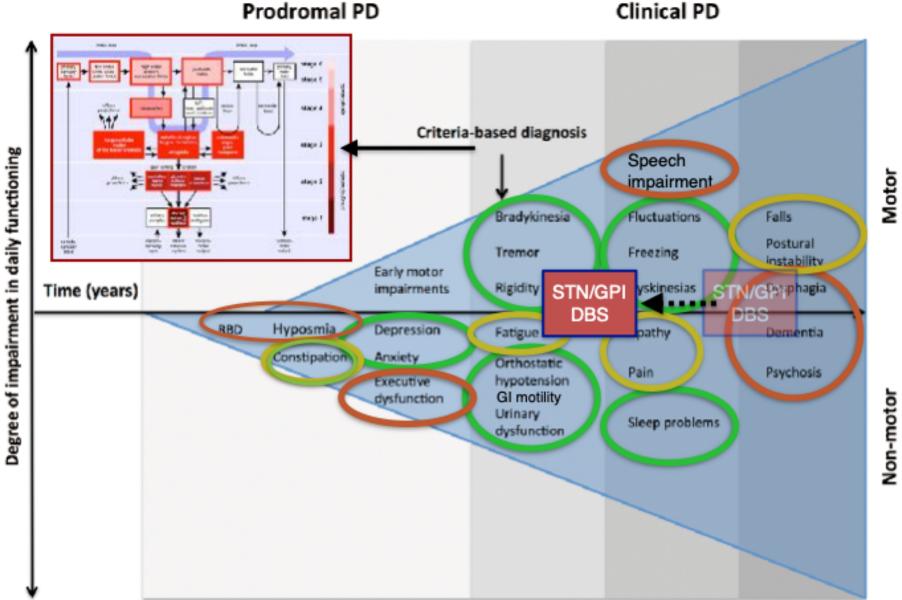
> If there are medication induced side effects such as dyskinesias or orthostatic hypotension the patient may be sub-therapeutic and so the off-on medication improvement will be artificially low

Preoperative Improvement from Levodopa (UPDRS III off-levodopa) - (UPDRS III on-levodopa) Adapted from Charles e al 2002



# DBS in Early Stage PD - QOL Predicted Better Outcome from DBS than medication - from the EARLYSTIM cohort

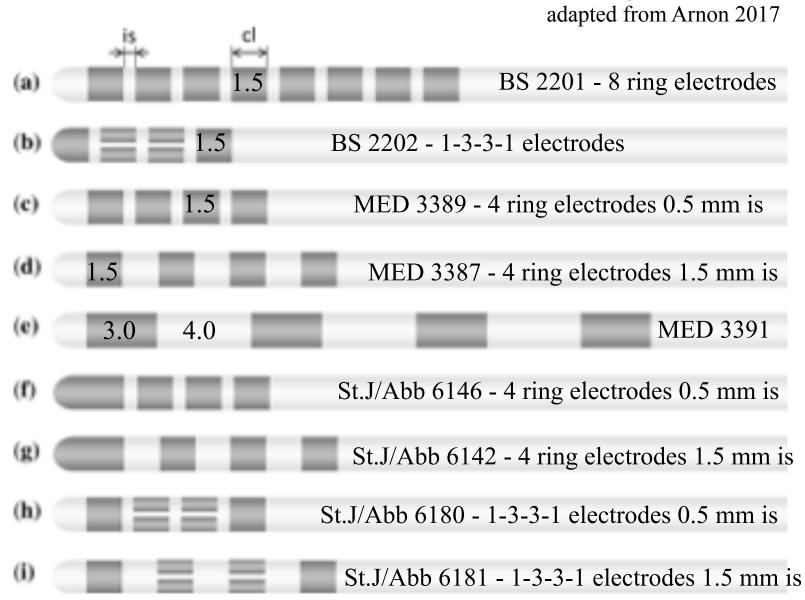






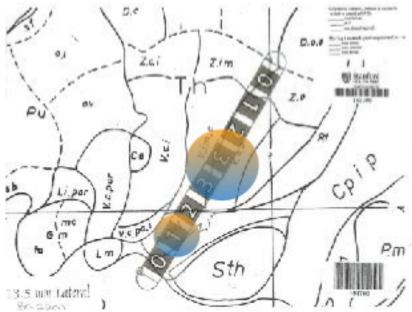
Breen et al., 2017 https://doi.org/10.1093/brain/aww32\*

## **Different DBS lead Configurations**



BS- Boston Scientific; MED- Medtronic. St.J/Abb- Saint Jude/Abbot

# Improving the Therapeutic Window



Segmented DBS leads and current steering to avoid side effects

Example of the BS 2201- eight electrode lead bridging the thalamus and posterior subthalamic area to treat postural/actionTremor

