Deep Brain Stimulation (DBS) and Psychiatric Illness

Q: DBS is used for what psychiatric illness?

Dr. Ward: DBS is used in a research setting for several psychiatric disorders, meaning that it has to be under an FDA-approved research protocol. Those include depression, obsessive-compulsive disorder, Alzheimer’s disease and Tourette’s. Additionally, for obsessive-compulsive disorder DBS can be implanted by means of an HDE or humanitarian device exception, where the patient does not have to be in a research program.

Q: How effective is DBS for treatment resistant OCD?

Dr. Fayad: Approximately 2/3 of the patients who receive deep brain stimulation for OCD will have a positive response. One-third will actually achieve remission.

Q: Who is a good candidate for DBS if they have OCD?

Dr. Ward: DBS, right now, is limited to patients who have intractable OCD or treatment-refractory OCD. These are patients that have had several medication trials and also cognitive behavior therapy, at least 20 hours, of psychotherapy for OCD. They must have had the illness for at least 5 years, rate very high on a severity scale for OCD, and the OCD is debilitating. So, it is really reserved for the severe cases of OCD that have failed all other treatments.

Q: What specialties make up the DBS Team at UF?

Dr. Fayad: Our DBS team here at UF is composed of experts in neurosurgery, neurology, psychiatry, neuropsychology, physical therapy, occupational therapy and speech.