Can the Clinical Outcome of Deep Brain Stimulation Be Predicted?

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Deep brain stimulation (DBS) of the subthalamic nucleus (STN) is widely considered to be an effective and safe treatment modality for advanced Parkinson disease (PD). STN DBS results in significant motor improvement and concomitant reduction in drug dose. However, over the last decade, neuropsychiatric complications following STN DBS for PD gained increasing attention. Multiple reasons were indicated for their occurrence. Behavioural and emotional alterations were related to the localization of the stimulating contacts, stimulation settings, potential current spread into neighbouring structures, natural disease course, postoperative L-dopa reduction and the patient’s presurgical vulnerability to neuropsychiatric disorders. Schneider et al. [1] state in a recently published issue of Stereotactic and Functional Neurosurgery that ‘affective side effects of DBS, which may have profound effects on post-surgical healing, suicidal tendencies and progression cannot be predicted’. To elucidate this aspect, the authors ‘conducted a prospective longitudinal study to identify presurgical variables that predict postsurgical affective symptoms’.

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