## **Obsessive-compulsive disorder case series**

Five consecutive patients suffering from treatment-refractory Obsessive-compulsive disorder (OCD) with comorbid bipolar disorder (BD) (I or II) underwent DBS of the ventral anterior limb of the internal capsule (vALIC). Graat et al. examined effectiveness of DBS on symptoms of OCD and depression, using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) and Hamilton Depression Rating Scale (HAM-D). We monitored side-effects, in particular, DBS-induced (hypo)manic symptoms, using the Young mania rating scale (YMRS).

Follow-up time ranged between 15 and 68 months. vALIC-DBS led to a significant improvement of OCD and depressive symptoms. Mean Y-BOCS score decreased from 36.8 (SD 2.4) to 22.4 (SD 9.4). Mean HAM-D score dropped from 24.2 (SD 8.6) to 16.5 (SD 11.3). Transient hypomanic symptoms were observed in 4 out of 5 patients and in 1 patient, hypomanic symptoms resolved by adjusting stimulation and medication. Changes in YMRS scores were not significant. Hypomanic symptoms did not result in admission or lasting adverse consequences.

DBS effectively alleviates symptoms of OCD and depression in patients with OCD and BD but there is a large risk of developing transient hypomanic symptoms. Altogether, comorbid BD should not be considered as an absolute contra-indication for DBS in OCD patients with comorbid BD, but patients should be monitored carefully during optimization and follow-up of DBS <sup>1)</sup>.

Graat I, van Rooijen G, Mocking R, Vulink N, de Koning P, Schuurman R, Denys D. Is deep brain stimulation effective and safe for patients with obsessive compulsive disorder and comorbid bipolar disorder? J Affect Disord. 2019 Nov 30;264:69-75. doi: 10.1016/j.jad.2019.11.152. [Epub ahead of print] PubMed PMID: 31846903.

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Last update: 2024/06/07 02:54

